BY ORDER OF THE COMMANDER AIR EDUCATION AND TRAINING COMMAND

AIR EDUCATION AND TRAINING COMMAND INSTRUCTION 48-103

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Aerospace Medicine

TRAINEE HEALTH AND HUMAN PERFORMANCE PROGRAM

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This instruction implements Air Force Policy Directive (AFPD) 48-1, *Aerospace & Operational Medicine Enterprise (AOME)* and Air Force Mission Directive 3, *Air Education and Training Command*. This guidance is in line with Air Force Instruction (AFI) 48-101, *Aerospace Medicine Enterprise*; Air Force Manual (AFMAN) 48-105, *Public Health Surveillance*; Department of the Air Force Manual (DAFMAN) 48-123, *Medical Examinations and Standards*. This instruction establishes the guidance required to execute the Trainee Health and Human Performance (THAHP) program, including the organizational structure, functional responsibilities, and operational scope and capabilities of the Air Force THAHP program. It applies to Air and Space Force Active Duty and any personnel or units that are executing or supporting a specified portion of the Air Education and Training Command (AETC) mission including Air National Guard, Air Force Reserve Command trainees, students and Allied Nation training missions taking place in Air Force (AF) facilities and on AF installations. Unless otherwise specified, the AETC Surgeon General (AETC/SG) is the waiver authority for this instruction. This publication may be supplemented. Forward proposed unit level supplements to this instruction to AETC/SG for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the Department of the Air Force (DAF) Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See DAFMAN 90-161, *Publishing Processes and Procedures*, for a description of the authorities associated with the tier numbers. Submit requests

for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. This publication is compliant with AFI 90-201, *The Air Force Inspection System*, and associated Self-Assessment Checklist is completed. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, USC, Section 9013, Secretary of the Air Force and the Health Insurance Portability and Accountability Act of 1996. The applicable System of Record Notices (SORN) F036 AETC Z, *Basic Training Management System (BTMS) Records* and EDHA 07, *Military Health Information System* are available at: **http://dpclo.defense.gov/Privacy/SORNs.aspx**. Ensure all records generated as a result of processes prescribed in this publication adhere to AFI 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with (IAW) the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System.

SUMMARY OF CHANGES

This rewrite of Air Education and Training Command Instruction (AETCI) 48-103 is in response to customer feedback and process improvements which incorporates changes that more specifically define activities. Revisions include changing ‘training’ in the title to ‘trainee’, removing the Mission Essential Tasks and Line Support indicator, referencing the AETC Heat Injury Questionnaire, adding **Medical Hold/Students Out of Training (SOT) indicators**, **adding section summarizing human performance**, making corrections to the Military Training Consult Service; **Attachment 2**, and adding of Bioenvironmental Engineering responsibilities and AETC Heat Injury Questionnaire; **Attachment 3**.

Chapter 1

PROGRAM OVERVIEW FOR TRAINEE HEALTH AND HUMAN PERFORMANCE PROGRAM

1.1. Introduction and Overview.

1.1.1. The military accession training environment presents unique challenges in ensuring force health protection, minimizing adverse health-related impacts, and optimizing human performance. Examples of the challenges in military training courses include intense, prolonged physical activities, unique emotional/cognitive demands, and challenging living arrangements.

1.1.2. This Instruction provides guidance, highlights responsibilities, establishes procedures for routine epidemiological surveys of indicators for the THAHP program. The intent is to provide a framework for medical support to ground based training pipelines focused on improving warrior development in alignment with specific missions described in Air Force Policy Directive (AFPD) 48-1, *Aerospace and Operational Medicine Enterprise*.

1.1.2.1. The THAHP program consists of all health service activities that directly support execution of the AETC primary mission. These health services support areas include aviation, occupational, environmental, and operational medicine; industrial hygiene; public health; force health readiness and protection, human performance, sustainment, and optimization, while supporting all training pipelines.

1.1.2.2. Promote and Sustain a Healthy and Fit Force--Provide proactive surveillance activities required to ensure the success and safety of all personnel in training and directly involved in training; Military Training Instructors (MTIs) and Military Training Leaders (MTLs).

1.1.2.3. Prevent Illness and Injury--Understand trainee morbidity/mortality trends, provide activities and expertise crucial to illness, injury, casualty prevention, and to optimize the safety and health of training personnel in any circumstance or location.

1.1.2.4. Restore Health--Provide clinical services for trainees and training staff under any circumstance required for the training mission.

1.1.2.5. Sustain, Optimize, and Enhance Human Performance—Research and employ objective occupation selection criteria, evidenced-based medical standards, and the tools and techniques necessary to sustain the levels of individual physical and cognitive performance planned for and expected of the human components of weapon systems existing today and those of the future.

1.2. Overview of Human Performance.

1.2.1. The DoD-recognized foundational framework of Human Performance (HP) for Services emerged in 2011 with the publication of Chairman of the Joint Chiefs of Staff Instruction 3405.01, *Chairman's Total Force Fitness Framework*. It establishes a framework, Total Force Fitness (TFF), of eight interrelated and functional domains as its pillars and are guided by five overarching tenets.

1.2.1.1. Physical Fitness - the ability to physically accomplish all aspects of the mission while remaining healthy and uninjured.

1.2.1.2. Environmental Fitness - the ability to perform mission-specific duties in any environment.

1.2.1.3. Medical and Dental Fitness - the ability to meet established standards for medical readiness.

1.2.1.4. Nutritional Fitness - the ability to recognize and select the requisite nutrition to sustain and optimize physical and cognitive performance and health.

1.2.1.5. Spiritual Fitness - the ability to adhere to beliefs, principles, or values needed to persevere and prevail in accomplishing missions.

1.2.1.6. Psychological Fitness - the ability to effectively cope with the unique mental stressors and challenges needed to ensure mission readiness.

1.2.1.7. Behavioral Fitness - the relationship between one's behaviors and health.

1.2.1.8. Social Fitness - the ability to engage in healthy social networks that promote overall well-being and optimal performance.

1.2.2. The five tenants of TFF extend beyond the individual Service member. Thus, TFF should:

1.2.2.1. Tenant 1. Strengthen resilience in families, communities, and organizations.

1.2.2.2. Tenant 2. Be incorporated into any definition of total fitness as Service member's family's health plays a key role in sustained professional success.

1.2.2.3. Tenant 3. Incorporate metrics to measure positive and negative outcomes and must demonstrate upward performance migration towards total fitness.

1.2.2.4. Tenant 4. Recognize the Airmen’s link to the fitness of the society from which the Service members are drawn, and to which they will return.

1.2.2.5. Tenant 5. Must be integrated by leadership as it is essential in achieving total fitness.

1.2.3. HP has been implemented by commanders integrating HP into their missions (e.g. Comprehensive Readiness for Aircrew Flying Training, Optimizing the Human Weapon System, True North, and others). Routine refinement of these programs breaks down into three elements:

1.2.3.1. HP Sustainment - Efforts to maintain target performance levels throughout an Airman’s career (spanning accession through separation or retirement) while minimizing adverse health effects.

1.2.3.2. HP Optimization - Efforts to achieve the most efficient use of limited human resources by comprehensively integrating Airmen with organizational and technical system.

1.2.3.3. HP Enhancement - Efforts to enable humans to operate beyond currently achievable and/or sustainable performance threshold.

1.3. AETC Unit Level Management.

1.3.1. Management of the THAHP programs to achieve objectives and desired effects will follow established principles of program management:

1.3.2. Establish clear prevention objectives and goals.

1.3.3. Define tasks and responsibilities necessary to achieve objectives.

1.3.4. Specify clear and reasonable timelines.

1.3.5. Ensure accountability.

1.3.6. Measure effectiveness of reaching the objectives and desired effects.

1.3.7. Redirect local plans, guidance, and practices as needed to better achieve desired effects.

1.4. THAHP Program Scope.

1.4.1. The THAHP program is an AETC enabling capability, focused on the analysis of, preparation for, and response to operationally driven health issues impacting trainees and training support staff. The THAHP program directly supports the training missions and leadership by ensuring Preventive Medicine (PM) practices are used to prevent and minimize the impact of injuries and illnesses in AF training populations. In addition to traditional PM efforts, THAHP program includes performance-focused interventions, where appropriate, like sports medicine for high performing athletes. THAHP programs should monitor cadre behavior with respect to recruits, students and trainees. AETC has implemented the Military Training Consult Service to strengthen institutional safeguards in MTI selection and sustainment (**Attachment 2,** Military Training Consult Service).

1.4.2. The THAHP program is implemented at all AETC locations with a steady state training mission. This includes Active Duty, Air National Guard, Air Force Reserve, Joint and International students. **(T-2)**

1.4.3. The Military Treatment Facility will implement and support the THAHP program with assigned personnel as the base operational mission demands. **(T-2)** Defining the scope of the THAHP program and missions covered will be the responsibility of the Preventive Medicine Officer in collaboration with Chief of Aerospace Medicine (SGP), Chief of Medical Staff (SGH), Clinic Medical Directors, Squadron and Medical Group (MDG) commanders, the military training line command and Headquarters AETC Chief, Trainee Health and Human Performance (HQ AETC/SGPJ). **(T-2)** Medical support for training is analogous to flight medicine's mission-focused support, but adapted for each Training Mission, pipelines and unique health risks.

1.4.4. The THAHP program ensures that prevention expertise is provided to establish and maintain pertinent, mission-orientated support to training operations. All THAHP program personnel must be aware of all training pipelines, environments and activities at their assigned location to effectively provide PM support to the commander. **(T-2)**

Chapter 2

ROLES AND RESPONSILITIES

2.1. Command Surgeon General (AETC/SG).

2.1.1. Chairs the Trainee Health Committee (THC).

2.1.1.1. Oversees THAHP to establish priorities in training pipeline healthcare.

2.1.1.2. Supports and advocates for training pipeline changes that will improve human performance in the training environment.

2.1.1.3. Refers issues, as needed, to AF/SG and/or DAF.

2.1.2. Determines funding requirements for maintaining and updating electronic and repository for trainee health data IAW AFMAN 48-105, paragraph 1.4.1.

2.1.3. Resources support activities for THAHP programs through the Air Force Medical Service (AFMS) Program Objective Memorandum process.

2.1.4. Designates in writing a physician (preferably PM) with trainee health experience to serve as the AETC THAHP program manager.

2.2. Chief of Aerospace Medicine, AETC (AETC/SGP).

2.2.1. Integrates THAHP program into the Aerospace Medicine Enterprise and mission operations within AETC.

2.2.2. Serves as Deputy Chair for the THC.

2.2.3. Coordinates with the AF/SG Consultant for PM and the Air Force Medical Support Agency, Aerospace Operations Division (AFMSA/SG3P) as needed.

2.2.4. Advocates for trainee health surveillance information management and information technology requirements.

2.3. Chief of Trainee Health and Human Performance (AETC/SGPJ).

2.3.1. Develops recommendations for guidance, plans and procedures for the THAHP program.

2.3.2. Serves as AETC THAHP program expert for installation Trainee Health issues.

2.3.3. Develops processes for and maintains standardized trainee health metrics (see **paragraph 3.5**) and identifies information management and information technology reporting solutions.

2.3.4. Facilitates I-THAHP program communication, activities, and research projects.

2.3.5. Provides resource and personnel guidance, as well as consultative, analytic and subject matter expertise to I-THAHP program managers.

2.3.6. Assists I-THAHP program managers to identify essential data elements to support installation-specific trainee health mission(s).

2.3.7. Ensures clear channels of communication with AF/SG, PM consultant and I-THAHP program managers.

2.3.8. Leads periodic teleconference calls with I-THAHP program managers to address trainee health.

2.3.9. Conducts initial and staff assistance visits at trainee health locations as needed.

2.3.10. Coordinates any required THAHP program related meetings (i.e., THC or ad hoc meetings required to address program issues).

2.3.11. Uses PM principles to identify and determine the scope and impact of a problem then develops recommended actions, and implements changes to prevent, mitigate, and manage the problems.

2.4. Medical Group Commander (MDG/CC) or Director at bases where Installation Trainee Health and Human Performance (I-THAHP) is determined necessary.

2.4.1. Knowledgeable of the installation's unique training environment(s)

2.4.2. Represents I-THAHP at appropriate wing/installation level forums (or designates an alternate).

2.4.3. Collaborates with DAF for solutions to issues identified by the I-THAHP program.

2.5. Operational Medical Readiness Squadron Commander (OMRS/CC) or equivalent.

2.5.1. Appoints in writing a physician (preferably a PM, residency-trained) to serve in I-THAHP program manager billets. If unavailable, appoints a non-PM-trained physician in coordination with the AETC/SGPJ. If a non-PM-trained physician is unavailable, consider appointment of an Aerospace Physician Assistant or Aerospace Nurse Practitioner.

2.5.2. Maintains familiarity with the installation's unique training environment(s).

2.5.3. Ensures that I-THAHP manager's assigned duties are consistent with **paragraph 2.8**.

2.5.4. Ensures continuity THAHP mission during manning deficits.

2.6. Group Chief of Aerospace Medicine (SGP)/Group Chief of Medical Staff (SGH).

2.6.1. Integrates THAHP program into the Aerospace Medicine Enterprise.

2.6.2. Provides I-THAHP program technical support.

2.6.3. Maintains familiarity with the installation's unique training environment(s).

2.6.4. Continues to execute THAHP mission during manning deficits (e.g., deployments or Permanent Change of Station processes).

2.6.5. Participates in the local THAHP forums as needed.

2.6.6. Provides consultation to I-THAHP program managers on all aspects of Aerospace Medicine Programs.

2.6.7. Ensures that Independent Duty Medical Technicians assigned to support Trainee Health programs function/perform IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program*.

2.6.8. Consults with Major Command (MAJCOM) SGP or Command Preventive Medicine Officer on trainee health issues as needed.

2.7. I-THAHP Program Manager.

2.7.1. Knowledgeable of the installation's unique training environment(s).

2.7.2. Tracks and trends the training population's health metrics in **paragraph 3.5**.

2.7.3. Analyze trainee health human performance outcomes.

2.7.3.1. Identify the week and location of training.

2.7.3.2. Identify root cause risk factors for injuries/ illnesses/ attrition.

2.7.3.3. Utilize data from population health metrics trends, human performance outcomes, and/or root cause analysis to reduce attrition from injuries and illness, and support the mission.

2.7.4. Conducts epidemiologic investigations and/or focused evaluations of training sites when prompted by injury/illness trends or Wing safety requests. Training sites include field training sites, housing facilities, classrooms, laundry and food service operations, sports facilities, gymnasiums, swimming pools, recreational facilities and fitness centers.

2.7.5. Conducts threat analyses, develops mitigation strategies, and educates/advises installation leadership on:

2.7.5.1. Preventive health interventions critical to training mission success.

2.7.5.2. Adverse health impact of training activities.

2.7.6. Represents I-THAHP program at MAJCOM level meetings and other appropriate forums.

2.7.7. The Installation Trainee Health Work Group (I-THWG) is the forum to report significant surveillance events, the indicators in **paragraph 3.5** and other prevention activities. The Aerospace Medical Council (AMC) will be the reviewing authority. If there is no I-THWG the responsibility falls to the AMC.

2.7.8. Submits annual I-THAHP program reports to the AETC/SGPJ. The annual report will include standardized metrics (see **paragraph 3.5**) as well as installation programs/initiatives that may significantly impact the health of training populations.

2.7.9. Advises PHOs, bioenvironmental engineering (BE), immunization clinic staff and health promotion personnel on I-THAHP issues, as required.

2.7.10. Develops local response plans for specific communicable disease outbreaks and/or threats as they occur in the training population. Response plans are executed in coordination with the PHO in the event the outbreak or threat extends to non-training populations.

2.7.11. Coordinates with PHO on communicable disease outbreak investigations when they occur in training populations.

2.7.12. Coordinates with BE on thermal injury investigations when they occur in training population, annually review the Thermal Stress Program, and provide subject matter expert consultation on thermal injury/illness mitigation training for cadre, MTIs and MTLs.

2.7.13. Advises local Training Wing or Group on dietary supplement and caloric intake policies to ensure consistency with Human Performance Resource Center's Operation Safe Supplements, **http://opss.org**.

2.7.14. Assists training command by validating medical necessity, if it exists, for supplemental caloric replacement for trainees in high demand or prolonged training settings to maintain optimal human performance. Provision of Full Meal Rate or provisions beyond Government Meal Rate (~3,600 calories) requires the Training commanders to staff a request to AETC Air Force Installation Mission Support Center (AETC/AFIMSC).

2.7.15. Provides consultation, training, technical expertise and site visits for Training Squadron Commanders regarding matters specified in paragraphs **1.1.2.1** through **1.1.2.5** in the performance scope of practice of THAHP.

2.8. Public Health.

2.8.1. Supports THAHP programs in accordance with specifications outlined in AFMAN 48-105, *Public Health Surveillance*, and as needed for epidemiologic investigation.

2.8.2. Collaborates with I-THAHP and DAF at wing and installation forums for preventing and controlling diseases and injuries in the trainee populations.

2.9. Bioenvironmental Engineering.

2.9.1. Work with I-THAHP program to annually review the Department of the Air Force Instruction (DAFI) 48-151 *Thermal Stress Program* and provide subject matter expert consultation on thermal injury mitigation.

2.9.2. Work with Public Health to ensure the workplace investigations of thermal illness are documented in the AETC heat injury investigation questionnaire; **Attachment 3**.

2.10. Training Health Clinic/Operational Medical Clinics.

2.10.1. Trainees and students can be assigned to the following clinics per the Military Treatment Facility local guidance; Training Health Clinic, Operational Medical Clinics defined as Basic Operational Medical Clinics, Warrior Operational Medical Clinic, and Flight Medicine Operational Clinic.

2.10.2. Conducts medical in-processing, screenings, immunizations, provides primary care and case management of referral care for training population.

2.10.3. Trainee Health can have TRICARE empanelment instructors and their families, but primary responsibility is focus on the care of trainees and students.

2.10.4. Promptly notifies I-THAHP program manager of unusual injury or illness trends.

2.11. Trainee Health Committee (AETC-THC).

2.11.1. Maintains situational awareness of disease patterns, infectious disease outbreaks, injuries, or fatalities associated with training.

2.11.2. Develops and maintains a charter.

2.11.3. Identifies and recommends guidance, manning, resources and metrics for THAHP programs.

2.11.4. Provides a forum to resolve issues forwarded from Installation Trainee Health and Human Performance (I-THAHP) program managers.

2.11.5. Membership includes, but is not limited to: AETC/SG (chair), AETC/SGP (deputy chair), Public Health Officers (PHOs) and THAHP program managers. All other required

memberships will be defined in the THC charter. Ad hoc participants are identified and requested as needed.

Chapter 3

TRAINEE HEALTH AND HUMAN PERFORMANCE PROGRAM

3.1. Alignment: As with AFPD 48-1, *Aerospace and Occupational Medicine Enterprise (AOME)*, the THAHP program produces four key effects: Promote and Sustain a Healthy and Fit Force; Prevent Illness and Injury; Restore Health; and Optimize and Sustain Human Performance.

3.2. Key Players: The THAHP program is comprised of Team Aerospace resources and activities including but not limited to: Training Health Clinic, Operational Medical Clinics, Preventive Medicine, BE, Immunizations, Flight and Operational Medicine, Optometry, Public Health, and Mental Health. Additional specialties outside of Team Aerospace may be consulted as needed. These personnel work collaboratively for the overall success of the training missions.

3.3. Objective: To optimize the health and sustain the performance of training populations.

3.4. Desired Effects.

3.4.1. Medically ready, capable and resilient trainers and trainees.

3.4.2. Trusted rapport with Training Command, instructors and trainees; enabling effective assessment of human performance threats and operationally acceptable mitigation.

3.5. Trainee Health and Human Performance Indicators.

3.5.1. Overall Graduation Rates.

3.5.1.1. On Time Graduation Rate = Total number of students graduated on time divided by Total number of students brought to school IAW AETCI 36-2651, *Basic Military and Technical Training*.

3.5.1.2. AETC/SGPJ will collect Tech Training Graduation and Medical Attrition data and make available to Preventive Medicine Officers at training bases to conduct epidemiology and monitor success of prevention programs. **(T-2)**

3.5.1.3. 737 Training Group produces this indicator for Basic Military Training (BMT) and Preventive Medicine Officers at Joint Base San Antonio-Lackland will procure and use this data to conduct epidemiology and monitor success of prevention programs in BMT. **(T-2)**

3.5.2. Attrition Rates.

3.5.2.1. Total Attrition Rate Data is a component of the Tech Training Graduation and Medical Attrition data.

3.5.2.2. Medical Attrition Rate is included in the Tech Training Graduation and Medical Attrition data.

3.5.2.3. Non-Medical Attrition Data is a component of the Tech Training Graduation and Medical Attrition data.

3.5.3. Illness and Injury Rates and Patterns.

3.5.3.1. Incidence Rates for diagnosis categories = Number of cases in each category divided by number of students in training. Time frames tracked could be per week, month,

quarter or year. BMT will report these rates separately from tech school. **(T-2)** I-THAHP program managers will report overall rates to AETC/SGPJ by wing per annum. **(T-2)**

3.5.3.2. The minimum necessary categories that I-THAHP program managers will report are: Lower extremity injuries (including stress fractures, ankle/knee injuries), Influenza-like illness, febrile respiratory illness, Acute Gastroenteritis, Climatic injuries/Environmental (heat and cold). **(T-2)**

3.5.3.3. I-THAHP program managers will conduct epidemiologic investigations for any unusual spikes or outbreaks occurring within categories listed in **paragraph 3.5.3.2** and report to AETC/SGPJ upon occurrence. (To include other significant occurrences not specifically cited above). **(T-2)**

3.5.4. Medical Hold/Students Out of Training (SOT)

3.5.4.1. SOT status accounts for students temporarily removed from training but expected to return to the current course. The student remains in SOT status until returned to or is eliminated from training. SOT status for any of the following reasons: confinement, leave, awaiting reentry into training (same course), medical, security, excessive absence, awaiting class start, administrative action, academic failure, and/or performance failure.

3.5.4.2. 2AF/A3O produces this indicator for BMT and Technical Training sites and provides access to the AETC/SGPJ and I-THAHP program managers.

3.5.4.3. Monitor SOT for medical reasons and Medical Hold categories and conduct epidemiology investigations and data analysis for any trends.

3.6. Leadership Forums.

3.6.1. Local THAHP working groups.

3.6.2. Training Wing/Group/Squadron meetings.

3.6.3. PHF – Population Health Function.

3.6.4. AMRO – Airmen Medical Readiness Optimization.

3.6.5. CAIB – Community Action Integration Board.

3.6.6. AMC – Aerospace Medicine Council.

3.6.7. ESOH Council – Environmental, Safety, and Occupational Health Council

3.6.8. OEHWG – Occupational and Environmental Health Working Group.

3.7. Reporting.

3.7.1. THAHP program review will occur at the working group level or at AMC at a periodicity determined by the SGP.

3.7.2. THAHP indicators will be briefed at least quarterly to the MDG Executive Committee.

3.7.3. The MDG may present some or all of the THAHP indicators at Training Wing or Ops Group staff meetings as desired (after proper coordination).

CHRISTOPHER GRUSSENDORF, Col, USAF, MC, FS
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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

CJCSI 3405.01, *Chairman's Total Force Fitness Framework*, 1 September 2011

DoDI 6025.18, *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs*,13 March 2019

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Prescribed Forms

None

Adopted Form

DAF 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AETC—Air Education and Training Command

AETCI—Air Education and Training Command Instruction

AF—Air Force

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AMC—Aerospace Medicine Council

AMRO—Airmen Medical Readiness Optimization

ARC—Annual Resiliency Consultation

BE—Bioenvironmental Engineering

BMT—Basic Military Training

CAIB—Community Action Information Board

CC—Commander

DAF—Department of the Air Force

DAFI—Department of the Air Force Instruction

DAFMAN—Department of the Air Force Manual

ESOH—Environmental, Safety, and Occupational Health

HP—Human Performance

IAW—In Accordance With

I-THAHP—Installation Trainee Health and Human Performance

I-THWG—Installation Trainee Health Working Group

MAJCOM—Major Command

MDG—Medical Group

MTCS—Military Training Consult Service

MTI—Military Training Instructor

MTL—Military Training Leader

OEHWG—Occupational and Environmental Health Working Group

OPR—Office of Primary Responsibility

PHO—Public Health Officer

PHF—Population Health Function

PM—Preventive Medicine

SG—Surgeon General

SOT—Students Out of Training

TFF—Total Force Fitness

THAHP—Trainee Health and Human Performance

THC—Trainee Health Committee

Office Symbols

AETC/AFIMSC—Air Force Installation Mission Support Center

AETC/SG—Command Surgeon General, Air Education and Training Command

AETC/SGPJ—Chief, Trainee Health and Human Performance

AFMSA/SG3P—Air Force Medical Support Agency, Aerospace Operations Division

AF/SG—Surgeon General, US Air Force

MDG/CC—Medical Group Commander

OMRS/CC—Operational Medical Readiness Squadron Commander

SGH—Chief, Medical Staff

SGP—Chief, Aerospace Medicine

Terms

Surveillance—systematic collection, analysis, interpretation, and dissemination of injury and illness-related data. Surveillance systems aid in the identification of unique training-related health hazards, risks, and exposures.

Trainee Health—applied Preventive Medicine and epidemiologic principles used to control disease, reduce injuries, and promote human performance in the military training environment.

Attachment 2

MILITARY TRAINING CONSULT SERVICE

A2.1. Objective: This attachment describes established medical processes in support of United States Air Force BMT operations, specifically the Military Training Consult Service (MTCS).

A2.1.1. MTCS is a four-member team of psychologists and mental health technicians assigned to the 37 Training Wing, 737th Training Group to provide command consultation, assist in MTI selection and training, and psychological resiliency support to instructors for safe, effective performance throughout the special duty assignment.

A2.2. Responsibilities:

A2.2.1. The 37th Training Wing will ensure sufficient resources for MTCS operations.

A2.2.2. The 37th Training Wing will assure compliance with this guidance memorandum.

A2.2.3. The 59th Medical Wing will oversee credentialing and privileging of MTCS staff and ensure appropriate access to electronic medical systems of record.

A2.3. MTCS:

A2.3.1. MTI Selection:

A2.3.1.1. MTCS will develop and monitor the MTI Psychological Screening Protocol for effective use and potential improvements, and will provide updates and training to AFMS providers in the use of the protocol.

A2.3.1.2. MTCS will administer the Multi-Dimensional 360 Assessment to candidates being considered for MTI duty.

A2.3.1.3. MTCS will receive and review results of the psychological screening interview and provider assessment, will integrate results from the Multi-Dimensional 360 Assessment, and will make recommendation on psychological fitness/suitability and safety risk to the 737 Training Group. Protected Health Information will be disclosed in accordance with DoDI 6025.18, *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs*.

A2.3.1.4. MTCS will continually monitor and statistically analyze the effectiveness of instruments for ongoing validation and improvement.

A2.3.2. Command Consultation: MTCS will serve as consultants to Group, Squadron, and Flight leadership regarding psychological/behavioral issues that may impact individual, group, or unit safety and mission performance. This may include conducting focused attitude/climate assessment of units, groups, or individuals regarding performance and resiliency issues. MTCS may also conduct program evaluation analyses as requested by command, as well as review and interpret survey and other data for trend information for the command.

A2.3.3. Instructor Consultation Services: MTCS will provide or arrange for a continuum of service options for assistance, including educational trainings and consultation to individuals, groups, and family members of MTIs in topics relevant to MTI duty performance, resiliency, work-life balance, and relationships. These prevention/education efforts are not associated with medical/mental health documentation of any kind. MTIs, staff, or family members who

may need or desire mental health, medical, or other services will be educated regarding resources available in the area and referred to specialty care as necessary in coordination with the 59th Medical Wing.

A2.3.4. MTI Special Duty Annual Resiliency Consultation:

A2.3.4.1. All MTIs will receive an Annual Resiliency Consultation (ARC) in support of safe and effective functioning and resilience through MTI special duty. Timing at initial assignment,12, 24, and 36 months is intended to coincide with early in-duty performance following training, at approximate mid-tour, and prior to completion of the assignment.

A2.3.4.2. This ARC is a non-clinical consultation and is a coaching session; and is not a mental health visit. The ARC focus is resiliency for BMT Flight Commanders and their professional growth, as well as effective management and support of subordinate MTIs. This program assists flight commanders in familiarization with the advantages of MTCS and indications for MTI referral.

A2.3.4.3. ARC is comprised of an individual preventive mental health screening with MTCS staff regarding psychological and behavioral health and risk factors relevant to safe and effective performance in MTI special duty. Education and appropriate referrals will be provided to the MTI if needed or desired. A brief notation of this consultation during MTI special duty status will be made in the electronic medical record. Individual information discussed will be confidential except as mandated by law or regulation.

A2.3.4.4. If determination is made that an MTI's current stressors or risk factors interfere significantly with the mission of safe and effective training, in an emergency, or otherwise mandated by law or regulation (e.g. suspected family maltreatment), recommendations will be made to the MTI and to his/her commander regarding potential risks to duty performance/safety, as well as options for care. Documentation will be made in the electronic medical record to support care and return to duty as appropriate.

A2.3.4.5. Aggregate data from ARCs may be used to monitor and advise leadership regarding trends, issues/challenges of MTI duty, as well as make organizational recommendations to improve the overall wellbeing, resilience, and performance of MTIs.

Attachment 3

AETC HEAT INJURY QUESTIONNAIRE

Table A3.1. AETC Heat Injury Questionnaire.

A. DESCRIPTION OF THE EVENT

1. Describe the incident including relevant events leading up to, during, and after the incident.

B. TYPE OF WORK/TRAINING BEING PERFORMED

1. What work/training activity was being performed at the time of the injury?

2. How long was the activity?

3. What was the level of difficulty for the activity? (Circle appropriate answer in the table provided)

Work Category	Examples
Rest	Sitting
Light	Walking on hard surface @ 2.5 mph with < 30 lb load Guard duty; Drill and Ceremony
Moderate	Walking on hard surface @ 3.5 mph with < 40 lb load Walking on loose sand @ 2.5 mph with no load Light maintenance work; Construction equipment operation
Heavy	Walking on hard surface @ 3.5 mph with > 40 lb load Walking on loose sand @ 2.5 mph with load Loading and unloading pallets; Dragging hoses or lines

4. What equipment was being used?

5. What personal protective equipment was worn during the activity?

C. ENVIRONMENTAL CONDITIONS

1. Was the activity being done inside or outside? If outside, was it under cover/in shade?

2. What time of day was it?

3. What was the wet bulb globe temperature for the last 3 days?

4. Was there access to cold, filtered water while working/training? (Either by personal water bottles or provided on site)

5. Were there additional heat sources, other than the sun, present?

D. INDIVIDUAL BEHAVIORS/CONDITIONS

1. What was your water/hydration liquid intake in the 24 hours preceding the incident?

2. How much water do you typically consume during the day?

3. Do you drink beverages designed to replace your electrolytes? If you do drink beverages that replace electrolytes, how much do you typically drink and how often? Also, do you dilute the electrolyte-replacing beverages?

4. What strenuous activities have you performed in the last 72 hours (physical training, hiking, biking, swimming, etc.)? When and how long were the activities performed? Were the activities performed in direct sunlight, in shade, or indoors?

5. What is your routine workout regimen?

6. On average, how many hours of sleep did you get each night for the last 72 hours?

a. 1-2 hours

b. 2-4 hours

c. 5-7 hours

d. 8 or more hours

7. Have you consumed alcohol in the last 48 hours? If so, how much?

8. Have you consumed caffeinated products including in the last 48 hours (including coffee, tea, energy drinks, caffeinated gum, pills/powders/supplements, gums, sodas, etc.)? If so, how much?

9. Are you currently taking any nutritional supplements or vitamins? If yes, what are you taking?

10. Have you been sick within the last 72 hours (i.e. had a cold, diarrhea, viral illness, fever, etc.)?

11. Did you have a sunburn at the time of injury?

12. Do you know whether you are sickle cell trait positive or not?

13. Are you currently taking any prescription or over the counter medications?

14. Did you skip any meals in the past 24 hours? Describe your meals and snacks for the last 48 hours.

15. In the past 12 months, have you experienced any of the following symptoms during your work/training?

a. Sudden or severe fatigue

b. Sudden or severe nausea

c. Sudden or severe dizziness or lightheadedness

d. Disorientation (confusion and/or lost sense of time, place or identity)

e. Headache

f. Irritability (frustrated, easily upset)

g. Confusion (unclear mind, uncertain)

E. TRAINING

1. Did you receive training on heat injuries and what steps to take to prevent injuries?

2. Do you know what the heat condition was at the time of your injury?

3. Are you aware of the work/rest cycles for the activity you were performing?

4. Can you identify signs and symptoms of heat injuries?

5. Were you instructed to inform your training leader if any of these symptoms occurred?

6. Were there shaded areas, ice baths or misters available to help cool off?

7. Have you ever experienced the following while training or competing in the heat? cramping, vomiting, nausea, severe headache, collapsing, fainting, or other

8. Have you ever been diagnosed with exertional heat illness? Dehydration? Hyponatremia? Heat exhaustion? Heat stroke?

9. If you are sickle cell trait positive, did you receive counseling on sickle cell trait specific risks and prevention strategies?

F. CLOSING

Do you have any additional comments on the incident, or any questions or concerns related to heat stress?