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Aerospace Medicine

***AEROSPACE AND OPERATIONAL
MEDICINE ENTERPRISE (AOME)***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This publication implements Department of Defense Directive (DoDD) 6025.21E, *Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries*; DoDD 6200.04, *Force Health Protection (FHP)*; DoDD 6400.04E, *DoD Veterinary Public and Animal Health Services*; DoDD 6490.02E, *Comprehensive Health Surveillance*; DoD Instruction (DoDI) 6040.46, *The Separation History and Physical Exam (SHPE) for the DoD Separation Health Assessment (SHA) Program*; DoDI 6055.12, *Hearing Conservation Program*; DoDI 6055.08, *Occupational Ionizing Radiation Protection Program*; DoDI 6060.02, *Child Development Programs (CDPs)*; DoDI 6060.04, *Youth Services (YS) Policy*; DoDI 6485.01, *Human Immunodeficiency Virus (HIV) in Military Service Members*; DoDI 1010.10, *Health Promotion and Disease Prevention*; DoDI 6130.03, Volume 1, *Medical Standards for Military Service: Appointment, Enlistment, or Induction*; DoDI 6130.03, Volume 2, *Medical Standards for Military Service: Retention*; DoDI 6465.01, *Erythrocyte Glucose-6- Phosphate Dehydrogenase (G6PD) Deficiency and Sickle Cell Trait Screening Programs*; and DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*. This Department of the Air Force Policy Directive (DAFPD) establishes policy for the Aerospace and Operational Medicine Enterprise (AOME). This publication applies to all civilian employees of the Department of Air Force (DAF) and uniformed members of the Regular Air Force, United States Space Force, Air Force Reserve, and Air National Guard, and those who are contractually obligated to abide by the terms of DAF publications.

Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322 *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the office of primary responsibility using the DAF Form 847, *Recommendation for Change of Publication*. Route DAF Forms 847 through the appropriate functional chain of command. This DAFPD may not be supplemented.

SUMMARY OF CHANGES

This publication is revised to reflect changes, additions, and deletions pursuant to DoDI 6130.03, Volume 2, *Medical Standards for Military Service: Retention*, and the addition of the United States Space Force as an organization within the DAF and Air Force Medical Service.

1. Overview.

1.1. The AOME consists of all health capabilities and activities that directly support execution of the DAF missions for Air and Space Forces. These include aviation and space medicine; occupational, environmental, and operational medicine; industrial hygiene; public health; force health readiness and protection; medical support to the nuclear enterprise; human performance sustainment, optimization, and enhancement; medical response to aviation and operational mishaps and to chemical, biological, radiological, or nuclear (CBRN) events. For Air and Space Forces, AOME supports functional requirements of Airmen and Guardians established by the line of the Air Force and United States Space Force based on their mission requirements and risk-management decisions. These requirements are increasing in number and complexity as the DAF mission evolves. AOME must engage and coordinate with multiple stakeholders to include Air and Space Forces, Air Force Medical Command, Air Force Reserve, Air National Guard, Defense Health Agency, and Military Treatment Facility Directors and staff.

1.2. Operational Medicine is a specialized medical community led by Aerospace Medicine and Occupational Medicine specialists, which addresses military service as its own occupation with a unique set of requirements, hazards, risks, controls, and interventions in support of military operational requirements. These specialists advise military leaders on the medical fitness of personnel for employability, deployability, and assignability, and on the integration of traditional medical capabilities into operational settings.

2. Policy. The AOME will:

2.1. Promote and sustain a medically ready force by:

2.1.1. Providing specialty care required to ensure the success and safety of specific operators and missions including, but not limited to, aviators (manned and remotely piloted aircraft), astronauts, missileers, air traffic controllers, space controllers, Air Force Special Warfare Airmen, personnel enrolled in the reliability programs, select combat-mission-ready cyberspace personnel, and certain weapons systems operators.

2.1.2. Developing proactive safety and health activities and event-driven investigations for weapons systems, programs, and units.

2.1.3. Resolving questions of medical fitness or qualification (including medical certifications and medical waivers where appropriate) for various duties (e.g., general military service, deployment, employment, special operational duty, handling classified information, etc.) in a variety of physiologic, climatological, and geographical work environments.

2.1.3.1. Providing guidance and management oversight of medical programs and processes in support of military operational requirements when those processes are executed by other medical communities.

2.1.3.2. Integrating the input from primary care and specialists to provide an ongoing and comprehensive assessment of qualification for duty.

2.1.4. Promoting an environment and culture that values wellness and health and empowers individuals and organizations to actualize those values and maintain a healthy lifestyle.

2.1.5. Developing, implementing, and maintaining a system which informs Air and Space Force leaders on the fitness of the force and on individuals for employment and deployment decision-making.

2.2. Prevent illness and injury by:

2.2.1. Providing activities and expertise crucial to casualty prevention and optimizing the safety and health of Airmen and Guardians in the performance of their duties in any circumstance or location.

2.2.2. Conducting medical threat analyses, developing mitigation strategies, advising leadership, and educating Airmen and Guardians.

2.2.3. Planning and executing Force Health Protection specific programs to identify and mitigate health risks, including but not limited to those associated with food and water, environment, physical health stressors, fatigue, communicable diseases, injury, and CBRN exposures, and by documenting potential exposure to those risks.

2.2.4. Overseeing and executing an effective occupational and environmental health surveillance program.

2.2.5. Maintaining continuous Force Health Protection measures such as epidemiological surveillance to identify and mitigate risks that threaten force protection and readiness to sustain force effectiveness.

2.2.6. Preventing, mitigating and/or controlling the spread of communicable diseases within installation-specific communities and services such as schools, childcare programs, food facilities, and medical treatment facilities, while also aiding local communities and municipalities when requested.

2.2.7. Maintaining appropriate security clearance to provide these services to supported classified missions and personnel.

2.2.8. Providing support to veterinary and food protection capabilities as described in DoDD 6400.04E.

2.3. Restore health by:

2.3.1. Providing operational health care in compliance with Air Force Policy Directive 44-1, *Medical Operations* including at least casualty care and management in operational settings, worker's compensation injury and illness care and management, clinical services under any circumstance required of the mission, and routine health care when advantageous to the operational mission and the Military Health System.

2.3.2. Addressing disability which is unfitting for military operational requirements (i.e., employability, deployability, and assignability) and end-of-service health assessments to ensure optimal medical management and documentation for appropriate disability processing.

2.3.3. Providing specific expertise in the planning and execution of medical responses to mishaps, operational incidents, and mass casualties.

2.3.4. Providing professional expertise to ensure the safety and appropriateness of aeromedical evacuation of patients.

2.3.5. Supporting medical research for prevention, mitigation, and treatment of blast injuries as required in DoDD 6025.21E.

2.4. Optimize and sustain human performance by:

2.4.1. Focusing on the Airman and Guardian as a human weapon system requiring total-life-cycle support and maintenance.

2.4.2. Providing advocacy and consultative support to ensure the early integration of human considerations into the system acquisition process to enhance human systems integration by design, to reduce future life cycle costs, and to optimize total system (human-hardware-software) performance.

2.4.3. Researching and employing objective occupation selection criteria, evidence-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.

2.4.4. Providing expertise to educate workers and leadership to design human-centered work practices and solutions that ensure worker safety, community health, and environmental protection during the development and employment of systems.

2.4.5. Educating our population on the importance of healthy behaviors to achieve appropriate health goals and assisting them in overcoming barriers to success within the Total Force Fitness framework.

2.4.6. Applying human performance sustainment, optimization, and enhancement concepts to modernizing the human weapon system.

2.5. Systematize high reliability (High Reliability PSNet at ahrq.gov) throughout the AOME to foster a mindset where potential issues are foreseen, identified promptly, and consistently addressed in a timely manner to avert disastrous outcomes by:

2.5.1. Thinking, anticipating, and identifying potential errors or accidents that mitigates potential failures (Preoccupation with Failure).

2.5.2. Seeking deep understanding of the complex and dynamic work environment (Reluctance to Simplify).

2.5.3. Maintaining broad situational awareness for safety and mission (Sensitivity to Operations).

2.5.4. Expertise over hierarchy, encouraging open safety communication (Deference to Expertise).

2.5.5. Committing to resilience by rapidly assessing and addressing risk to prevent or mitigate safety incidence (Commitment to Resilience).

3. Roles and Responsibilities.

3.1. The Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR) develops policies concerning the Air Force Medical Service (AFMS) and coordinates Secretary approval.

3.2. The Air Force Surgeon General (AF/SG) oversees and directs the AOME including its development, employment, and performance in support of the operational missions of the Air and Space Forces and executes the guiding principles herein and directs the day-to-day operations of the AOME throughout the AFMS.

3.3. The Air Force Chief of Aerospace Medicine (AF/SG3P) provides specialized, professional aeromedical oversight and guidance for the AOME including its development, employment, and performance in support of the Air Force Surgeon General and the operational mission of the Air and Space Forces.

3.4. The Air Force Medical Service (AFMS) is the component of the DAF tasked with implementing and executing the AOME under the direction of AF/SG.

3.5. The 711th Human Performance Wing is a component of the Air Force Research Laboratory which supports the AF/SG and subordinate offices to fulfill their responsibilities in AOME activities.

FRANK KENDALL, III
Secretary of the Air Force

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

DoDD 6025.21E, *Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries*
5 July 2006

DoDD 6200.04, *Force Health Protection (FHP)*, 9 October 2004

DoDD 6400.04E, *DoD Veterinary Public and Animal Health Services*, 27 June 2013

DoDD 6490.02E, *Comprehensive Health Surveillance*, 8 February 2012

DoDI 1010.10, *Health Promotion and Disease Prevention*, 28 April 2014

DoDI 6040.46, *The Separation History and Physical Exam (SHPE) for the DoD Separation Health Assessment (SHA) Program*, 4 April 2016

DoDI 6055.12, *Hearing Conservation Program*, 4 August 2019

DoDI 6055.08, *Occupational Ionizing Radiation Protection Program*, 9 April 2021

DoDI 6130.03, Volume 1, *Medical Standards for Military Service: Appointment, Enlistment, or Induction*, 6 May 2018

DoDI 6130.03, Volume 2, *Medical Standards for Military Service: Retention*, 4 September 2020

DoDI 6465.01, *Erythrocyte Glucose-6- Phosphate Dehydrogenase (G6PD) Deficiency and Sickle Cell Trait Screening Programs*, 17 July 2015

DoDI 6485.01, *Human Immunodeficiency Virus (HIV) in Military Service Members*, 7 June 2013

DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, 5 February 2010

DoDI 6060.02, *Child Development Programs (CDPs)*, 5 August 2014

DoDI 6060.04, *Youth Services (YS) Policy*, 4 December 2019

CJCSI 3405.10, *Chairman's Total Force Fitness Framework*, 1 September 2011

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

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2023

Prescribed Forms

None

Adopted Forms

DAF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AOME—Aerospace & Operational Medicine Enterprise

CBRN—chemical, biological, radiological, or nuclear

CDP—Child Development Programs

DAF—Department of the Air Force

DAFPD—Department of the Air Force Policy Directive

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

G6PD—Glucose-6- Phosphate Dehydrogenase

HIV—Human Immunodeficiency Virus

SHA—Separation Health Assessment

SHPE—Separation History and Physical Exam

YS—Youth Services

Office Symbols

AF/SG—Department of Air Force Surgeon General

AF/SG3P—Department of Air Force Chief of Aerospace Medicine

AF/SGMED—Policy and Resources Directorate

SAF/MR—Assistant Secretary of the Air Force, Manpower, and Reserve Affairs

Terms

Human Performance Enhancement—Efforts to enable humans to operate beyond currently achievable and/or sustainable performance thresholds.

Human Performance Optimization—Efforts to achieve the most efficient use of limited human resources by comprehensively integrating Airmen and Guardians with organizational and technical systems.

Human Performance Sustainment—Efforts to maintain target performance levels throughout an Airman's or Guardian's career (spanning accession through separation or retirement) while minimizing adverse health effects.

Operational Medicine—Operational Medicine is a community of professionals who collectively collaborate to maximize the readiness of the human weapon system by targeted intervention and proactive preventive health management aimed at enhancing performance.

Operational Medicine Support—The community of medical specialties, disciplines, and functions that do not directly manage the medical qualification of Servicemembers, but which inform the Operational Medicine evaluation, care, and disposition of those patients (e.g., public health, health promotion, bioenvironmental engineering, optometry, audiology etc.).

Special Operational Duty—Duty which requires special administrative and operational controls to certify qualification for duty on a daily basis for regular employment.