DEPARTMENT OF THE AIR FORCE

UNITED STATES AIR FORCES CENTRAL (USAFCENT)
SHAW AIR FORCE BASE, SOUTH CAROLINA

7 Jan 13

SPECIAL INSTRUCTION 13-04 AEROSPACE MEDICINE

REFERENCES:
AFI 36-2626, *Airman Retraining Program*
AFI 48-101, *Aerospace Medicine Enterprise*
AFI 48-149, *Squadron Medical Elements*
AFI 48-123, *Medical Examinations and Standards*
AFI 44-170, *Preventive Health Assessment*
AFI 48-145, *Occupational and Environmental Health Program*
AFMAN 48-138_IP, *Sanitary Control and Surveillance of Field water Supplies*
USCENTCOM Regulation 220-1, *Deployment Health Surveillance and Force Health Protection*
MOD11 – *CENTCOM Individual Protection and Individual and Unit Deployment Policy*
Fitness Policy in the USCENTCOM AOR

SITUATION: The purpose of this Special Instruction (SPIN) is to clarify policies as they relate to AFCENT Aerospace Medicine operations. Aerospace Medicine operations include areas of responsibility handled by Flight Medicine (FM), Bioenvironmental Engineering (BE), and Public Health (PH). This document rescinds and updates the SPIN of the same title, dated 28 Sept 2012.

EXECUTION:
1. Flight Medicine
1.1. Per written guidance in Special Instruction 12-03 Clinical Operations, all providers need to participate in the patient safety and quality management programs to ensure quality care.

1.2. PHAs and AF Form 1042s for AFCENT individuals on flying or special operations duty status will remain current for the duration of deployment as long as it was current on the RDD IAW AFI 44-170 Preventive Health Assessment. For expiring AF Form 1042s, FOM (Flight and Operational Medicine) will update the 1042 to make the expiration date the redeployment date plus 90 days. If 1042 holders have a waiver that will expire during the deployment, FOM will request a waiver extension through the granting waiver authority. Send waiver request to uscentaf.orgbox@afcent.af.mil with a Cc to affor.sg@afcent.af.mil. AFCENT/SG will forward waiver request to the appropriate MAJCOM for final approval IAW AFI 44-170 paragraph 2.2.9. For personnel on PCS orders > 365 days, limited capability exists to perform PHAs at Al Dhafra AB, UAE and Al Udeid AB, Qatar.

1.3. Due to shortages in Flight Surgeons across the AOR, the need to utilize “reach-back” flight surgeon consultation will be used in areas where there are no collocated flight surgeons (IAW AFI48-123 paragraph 6.10.1.1.1). Additionally, flight surgeons may be requested to move to a

location of higher priority in order to support the ever changing AFCENT flying/special operational duty missions. The chain of command will be consulted and must approve any flight surgeon repositioning.

1.4. IAW AFIs 48-101 and 48-149, deployed SGPs must develop a comprehensive and integrated Aerospace Medicine Enterprise, inclusive of SME assets. Deployed SGPs must be fully engaged in the support of both EMDG and EOG mission requirements. The SGP must work with the EOG/CC to proactively identify current and projected SME shortfalls, and ensure that the EOG informs AFCENT/A3 and A3 from the Force Provider MAJCOM who are then responsible for arranging alternative sourcing by other Line SME assets, to include Total Force solutions.

1.5. The issue and use of "Go pills" require concurrence from the Senior Flight Surgeon (FS), or deployed FS equivalent, the Wing Commander, or deployed location equivalent, and notification to AFCENT Forward A3 and SG using the form in the attachment. A copy of the completed form must be sent to AFCENT/A3 and AFCENT/SG at least 24 hours prior to expected use. The completed form must be maintained in the FS office for 1 year after the termination of stimulant usage.

1.6. Duty Limiting Condition Profiles can be done in theater; however, utilization of the DLC process should be limited.

1.6.1. The AF Form 469 will be used as a mechanism for communicating medical limitations to Commanders on issues that may interfere with deployed duties and retention in the AOR. If a profile is warranted, an AF Form 469 needs to be initiated in ASIMS (web-based program), if available. Hard copy forms should be used only if ASIMS is unavailable. Public Health will review the AF Form 469, properly code, and sign the profile. The completed profile must be sent to the member's unit commander to determine viability of retaining the member in the deployed AOR. The profile sent to the commander must contain: expected timeframe of member's limitation, extent of limitation, whether adequate medical treatment is available at the local medical unit or at another theater medical unit, and prospective timeline on duration of treatment.

1.6.2. For profiles exempting components of the Fitness Assessment (FA), the local SGP should act in the capacity of the Exercise Physiologist and make recommendations with respect to exercise and test performance components. This applies only to required FA in the AOR and not to members volunteering for FA as defined in Fitness Policy in the USCENTCOM AOR, dated 27 Oct 2011. Recommend that FA not be conducted in theater for members volunteering to take a FA and requesting component exemption.

1.7. Hyperbaric medicine resources for your base should be identified and the SGP should visit the hyperbaric chamber on every rotation to establish a relationship with the treatment team and to see the facilities. A local OI that outlines initial treatment, local notification actions, and specifics on how to access the hyperbaric treatment team should be developed and updated or reviewed annually. A template for developing your local OI can be found on the AFCENT/SG webpage. This site also contains a list of USAF approved and certified foreign chambers.

1.8. Personnel requesting flying or special operations duty physicals for retraining will be handled IAW AFI 36-2626, *Airman Retraining Program*. Table 3.1 Note 7 addresses this specific situation and allows for physicals to be completed within 45 days of redeployment. Details are included on how members are to submit abbreviated packages through the deployed PERSCO.

1.9. IDMT Scope of Care and Clinical Oversight

1.9.1. Independent Duty Medical Technicians serve a vital role in the overall delivery of care in the AOR. They expand the coverage of needed medical services within their scope of care in a variety of mission sets and deployed locations. It is essential that we maximize their use while maintaining proper and appropriate clinical oversight.

1.9.2. In order to ensure proper oversight, the Deployed Medical Commander must ensure all supported IDMTs have a medical/dental preceptor. If the IDMT is assigned to a MMU/SME the Deployed Medical Commander will need to coordinate with his SGH, SGP or Flight Surgeon to ensure the IDMT has a designated preceptor. The roles of ensure this oversight and responsibilities is expanded upon in AFI 48-103.

1.9.2. AFI 48-158 establishes the scope of care and standards of practice. Preceptors need to be actively engaged with the IDMT to provide reviews of care for education and quality of care purposes specifically addressing the items listed in AFI 44-103, paragraph 3.8.

1.9.3. Scope of care and medication prescribing and dispensing. IDMT treatment protocols include a list of medications that IDMTs can use (prescribe or dispense) and is approved at the AFMS/SG level. The medication lists pharmaceuticals that can be written for by the IDMTs and those that require a physician as prescriber. The AFCENT/SG may authorize substitutions to the drug list but may in no way broaden the scope of care.

2. Public Health

2.1. Local Public Health personnel will conduct reviews of Host Nation and Third Country National health certificates during routine facility inspections. These health inspections should be in compliance with the most recent modification of the CENTCOM Individual Protection and Individual and Unit Deployment Policy, MOD11.

2.2. Public Health personnel need to be in close coordination with the base Contracting Office to ensure that English language versions of the health certificates are locally available and that certificate requirements are considered when contracts are written/awarded. Public Health and Contracting personnel need to determine the sample size necessary to periodically review each contract being executed on the base for effective health certificate compliance.

2.3. Public Health with coordinate with PERSCO to ensure visibility on all in-processing chalks and Right Start briefings. Deploying personnel will be screened for compliance with Reporting Instructions and report mission critical and training discrepancies. The ASIMS system will be

used as the primary screening tool in order to check for compliance with predeployment medical processing. The AFCENT Deployed Public Health Guide outlines the specific process for identifying medical discrepancies and reporting them in the deployed Medical Discrepancy Reporting System.

3. Bioenvironmental Engineering
3.1. Routine and special OEH surveillance: Routine and special surveillance activities (as defined in AFI 48-145) will be recorded in the Defense Occupational and Environmental Health Readiness System (DOEHRS).

3.1.1. BE will categorize workplaces IAW guidance in AFI 48-145. Category 1 workplaces will be evaluated every rotation. Category 2 workplaces will be evaluated once per year (i.e. every other rotation). Findings from the assessments will be documented in letters to shop supervisors and in DOEHRS.

3.1.2. Workplace assessments will focus on the aspects of operations that are unique to the deployed setting. If there are no differences from home station (i.e. process, hazards, and controls are all the same), DOEHRS must reflect that OEH exposures are the same as home station. Home station OEH data can be viewed by using Discoverer workbooks and reports located inside DOEHRS.

3.1.3. Special surveillance activities will be completed according to locally determined priority and available resources.

3.1.4. Shop personnel will be assigned to workplaces in DOEHRS when exposures are significant or significantly different than home station. These shops must be categorized as Cat 1 shops and use start and end dates appropriate for rotations. In order to eliminate possible OPSEC issues, geocoordinates will not be entered into DOEHRS.

3.1.5. Personnel that require respiratory protection for home station occupational exposures and deployed to conduct the same occupational tasks must bring their respiratory protection. Per reporting instructions, these personnel must be RP qualified (IAW AFOSHSTD 48-137) for the duration of the rotation. If personnel do not meet these reporting instructions, the discrepancies need to be reported to PERSCO for inclusion in Deployed PERSCO Discrepancy Reporting Tool (DPDRT).

3.2. IAW AFMAN 48-138_IP, bottled water sources will be tested for total coliform using an EPA-approved method (i.e. Colilert®, Colisure®, etc.) Bottled water sources are required to have representative samples taken for at least one percent of the total number of bottles in the lot up to a maximum of 10 samples. For VETCOM-approved sources with a stable history of use, apply the one percent rule with a maximum of four samples from each lot. If the results of the analysis are negative, the lot can be released into the base distribution system. If the results of the analysis are positive, the lot will be quarantined and BE will resample one percent of the lot up to a maximum of 10 bottles. Additionally, BE will contact AFFOR and AFCENT BE. If analysis is negative after the second set of samples, the lot can be released into the base

distribution system. If the analysis is positive after the second set of samples, quaratine the lot and contact VETCOM as well as AFFOR and AFCENT BE.

3.3. IAW USCENTCOM Regulation 220-1, CBRN incident exposures (exposures from an unexpected event, including industrial chemicals) are also required to be recorded.

3.3.1. BE will document CBRN incidents in the Incident Reporting Module of DOEHRS. DOEHRS data entry will include all items listed in CENTCOM Regulation 220-1.

3.3.2. Additionally, upon termination of a CBRN incident, BE will prepare a roster of personnel directly involved in the incident and will draft a summary of the incident and exposures. This summary will be given to the SGP (or equivalent). The SGP, or other provider, will use this exposure summary when conducting the clinical assessment for individuals involved in the specific CBRNE incident.

3.3.3. DOEHRS is not a classified database. Classified information relating to a CBRN incident will be documented in an official memo and archived in the secure DoD-approved archiving system (currently known as Military Exposure Surveillance Library (MESL)). BE will include a comment in DOEHRS stating that classified information about the event is available in the secure DoD-approved archiving system. Finally, ensure that appropriate reporting of the incident is made up the chain of command and to AFCENT by the Command Post.

3.4. Just in time training is authorized for medical personnel that may be required to wear N-95, or similar, respirators due to a pandemic event. The use of these devices, in this situation, does not require personnel to be medically cleared or fit-tested to wear the device. A training log will be kept for documentation of personnel trained on N-95, or similar, respirators. The log will have name, rank, duty section, reason for wear, and date trained.

3.5. Documentation:

3.5.1. Occupational and Environmental Health Site Assessments (OEHSAs) establish a conceptual site model that identifies key hazards and populations at each base. The OEHSAs are used to direct/prioritize special OEH assessments or to address significant information data gaps.

3.5.1.1. IAW USCENTCOM Regulation 220-1, OEHSAs for established locations will be documented in DOEHRS and updated every rotation. Hard copy OEHSAs will no longer be maintained.

3.5.1.2. For new locations where DOEHRS isn't available, OEHSAs will be documented on the OEHSA template located on the AFCENT BE web page. OEHSAs will be initiated within 30 days of base establishment and the first iteration completed within 3 months, when feasible. When DOEHRS becomes available, OEHSA documentation will be transferred to DOEHRS.

3.5.2. IAW CENTCOM Regulation 220-1, a Periodic Occupational and Environmental Monitoring Summary (POEMS) has been developed for every AFCENT location. The POEMS

is a location and time period specific summary of OEH monitoring for a base. The POEMS represents an assessment of health risks at the population level and doesn't contain individual or workplace specific exposure information. POEMS will not be filed in individual medical records.

3.5.2.1. For locations where AF provides BOS, BE will review POEMS each rotation and update at least annually. If there are significant changes in the POEMS before the annual update (i.e. there is new sampling data, there has been a significant CBRN incident, etc.), BE will update the POEMS. Updated POEMS will be submitted to the AFCENT BEE for review/approval. Approved POEMS are archived in the DoD-approved archiving system (MESL).

3.5.2.2. For locations where AF doesn't provide BOS, BE will work with their joint service counterparts to ensure all applicable OEH data is included in POEMS updates.

3.5.2.3. For new locations, POEMS will be created as soon as sufficient data is available, but no later than one year after occupation. In general, POEMS should reflect data and information collected from a year or more in order to adequately evaluate potential risks from long term exposures.

3.5.3. Water sampling results will be loaded into DOEHRS, when and where the system is available.

3.5.3.1. This requirement applies to both bottled water and treated water used for any of the following purposes: showering, brushing teeth, food preparation, and washing hands.

3.5.3.2. If DOEHRS and the MESL are not available for use (e.g. in areas with no network connectivity), personnel will document the results for all water samples in hard copy and file at the location until DOEHRS is available or other arrangements can be made to have results scanned and loaded by rear-echelon support.

3.5.4. BE personnel will provide documents IAW the BE Milestones to the AFCENT BE (Shaw) and BE Manager (Al Udeid). The BE Milestones were created by the AFCENT Command BE to aggregate all the BE requirements for supporting deployed opperations.

3.6. Archiving: All OEH exposure related documentation including sampling results, health risk assessments, workplace survey letters, etc. not entered into DOEHRS must be submitted to the DoD-approved archiving system. BE will upload documents directly into the DoD system upon completion. Guidance for accessing and properly submitting documents in the DoD-approved archiving system can be found in the AFCENT Deployed BE Guide.

4. My points of contact are Command, Bioenvironmental Engineer DSN 312-965-4352; Command, Public Health Officer DSN 312-965-4372 – Office of the USAFCENT Command Surgeon (uscentafsg.orgbox@afcent.af.mil;). Please contact us if you have any questions.

MAVITY.MARK.E.1083465553

Digitally signed by MAVITY.MARK.E.1083465553
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USAF, cn=MAVITY.MARK.E.1083465553
Date: 2013.01.30 12:01:35 -05'00'

MARK E. MAVITY, Colonel, USAF, MC, CFS
Command Surgeon

Attachment:
Go Pill Use Approval Form

ATTACHMENT: Go Pill Use Form

FOR OFFICIAL USE ONLY	
GO PILL USE APPROVAL	
Command	
Squadron(s)	
List Air Frame Flown	
List type of missions or circumstances where Go Pill use is authorized.	
Projected date(s) of use (max 3 month period)	
The Wing Commander (or deployed CC equivalent) and Senior Flight Surgeon (or deployed FS equivalent) hereby certify that the use of Go Pills is appropriate, and all other fatigue counter management tools have been considered and will be used to the maximum extent possible. The Flight Surgeon further certifies the approved use is medically warranted. Go Pill use is completely voluntary at the discretion of the aircrew member.	
Senior Flight Surgeon (SGP) (or deployed FS equivalent)	Rank Name Unit Date
Wing Commander (or deployed CC equivalent)	Rank Name Unit Date
AFCENT Notification	SG: Date A3: Date
Note: 1. A copy of this form is forwarded to AFCENT/A3 and SG NLT 24 hours prior to Go Pill use. 2. The original is maintained at the Wing Flight Surgeons Office for 1 year after termination of the stimulant usage.	
FOR OFFICIAL USE ONLY	