

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 44-103

6 DECEMBER 2013



Medical

**THE AIR FORCE INDEPENDENT DUTY
MEDICAL TECHNICIAN PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AF/SG1E

Certified by: AF/SG
(Lt Gen Thomas Travis)

Supersedes: AFI44-103, 1 May 2005

Pages: 40

This instruction implements AFD 44-1, *Medical Operations*. It provides guidance for training, utilization and oversight of Independent Duty Medical Technicians. It applies to all Independent Duty Medical Technicians (IDMTs), all personnel who support Squadron Medical Elements (SME)/remote sites/Medical Aid Stations (MAS), all USAF Host Medical Treatment Facilities (HMTFs) and Medical Treatment Facilities (MTFs), including Air Reserve Components (ARC). When used in the context of this instruction: “Shall” and “must” denote mandatory actions or requirements, “Should” denotes a recommended course of action, “May” denotes a course of action that is discretionary and “Will” denotes a future mandatory action or event. Refer changes and conflicts between this and other publications to HQ USAF/SG1E, 7700 Arlington Blvd, Falls Church, VA 22042-5157 on Air Force (AF) Form 847, *Recommendation for Change of Publication*. Theater/MAJCOM Surgeons and Air National Guard (ANG) Surgeon may supplement this Air Force Instruction (AFI). This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by 10 USC 8013. Privacy Act system notice number F044 AF SG K, Medical Professional Staffing Records, applies and is available at: <http://privacy.defense.gov/notices/usaf/>. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). In accordance with AFI 33-360, *Publications and Forms Management*, requests for waivers must be submitted through the chain of command to the appropriate Tier waiver approval authority.

SUMMARY OF CHANGES

This revision reflects significant changes and should be reviewed in its entirety. The changes include reflecting the change of the office symbol for the Aerospace Medical Career Field Manager to SG1E. Clearly identifies the MTF commander as responsible for the IDMT(s) and the overall management of the program. Removes Mobile Medical Unit (MMU) as a term used to identify units which have IDMTs assigned since most are similar to Squadron Medical Elements (SME) in function. Directs the local MTF Resource Management Office (RMO) to allocate funds for the IDMT program to include TDY enroute funding for IDMTs at remote locations requiring initial and sustainment training. Expands IDMT Program Coordinator roles which include maintenance of each IDMTs required documentation for 2 years and removal of the requirement to maintain the Competency Assessment Folder. Requires quarterly reporting of status of training to the MTF commander, SGH, Chief Nurse and MTF 4N Functional Manager via Executive Committee of Medical Staff (ECOMS) and to the MAJCOM 4N Functional Manager. Clarifies the role of the IDMT in garrison in regards to providing patient care to their full scope of practice as a physician extender. Directs that IDMTs who are assigned to short-tour locations (12 or 15-month tours) will not be required to complete annual sustainment training during that particular short tour. The orientation/initial certification at the HMTF will provide the certification required for the entire length of the short tour. Increased number of patients required to be seen to 20 for initial training and 80 for sustainment training. Clarified sustainment training to be accomplished over a 12 month period.

Chapter 1—RESPONSIBILITIES	5
1.1. Office of the Air Force Surgeon General.	5
1.2. AF/SG1E.	5
1.3. The Theater/Major Command Surgeon (MAJCOM/SG).	5
1.4. The MTF/HMTF Commander.	6
1.5. Chief of the Medical Staff (SGH).	7
1.6. Chief of Dental Services (SGD).	7
1.7. MTF/HMTF Responsibilities.	7
1.8. Functional Area Representative (FAR).	8
1.9. IDMT Program Coordinator.	9
1.10. Medical/Dental Preceptor.	11
1.11. The Independent Duty Medical Technician (IDMT).	11
1.12. USAF MTF with 24-hour Emergency Departments (ED).	13
Chapter 2—TRAINING AND EDUCATION	14
2.1. General Information.	14
2.2. IDMT Orientation/Initial Certification.	14
2.3. Sustainment Training Requirements.	14

2.4.	Just-in-Time Training.	15
2.5.	IDMT Temporary/Permanent Decertification/Reclassification Procedures.	15
2.6.	Management of Assignment Limitation Code C IDMTs.	16
Chapter 3—CLINICAL SERVICES SUPPORT		17
3.1.	Medical Treatment.	17
3.2.	Medical Communication.	17
3.3.	Minor Surgical Procedures.	17
3.4.	Medications.	17
3.5.	Anaphylaxis Treatment.	20
3.6.	Treatment of Nonmilitary Personnel.	20
3.7.	Treatment by Nonmilitary Physicians.	20
3.8.	Quality Activities.	20
3.9.	Health and Wellness/Health Promotion Activities.	20
Chapter 4—DENTAL SERVICES SUPPORT		21
4.1.	The Dental Preceptor.	21
4.2.	The IDMT.	21
Chapter 5—ADMINISTRATIVE SERVICES SUPPORT		22
5.1.	The MTF/HMTF Administrator (or representative).	22
5.2.	The IDMT.	22
Chapter 6—MEDICAL LOGISTICS SUPPORT		24
6.1.	Medical Supplies.	24
6.2.	Medical Equipment.	24
6.3.	Professional Medical References.	24
6.4.	Nonmedical Supplies and Equipment.	24
6.5.	Excess Materiel.	25
6.6.	Vehicles.	25
6.7.	Contract Services.	25
Chapter 7—PUBLIC HEALTH (PH) SUPPORT		26
7.1.	PH Visits to Evaluate Health Hazards.	26
7.2.	PH Activities.	26
Chapter 8—BIOENVIRONMENTAL ENGINEERING (BE) PROGRAM SUPPORT		30
8.1.	BE Visits.	30

8.2.	Environmental Health.	30
8.3.	Occupational and Radiological Health Programs.	31
Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION		32

Chapter 1

RESPONSIBILITIES

1.1. Office of the Air Force Surgeon General.

1.1.1. The Office of the Air Force Surgeon General shall establish guidance for the IDMT Program and appoint a physician consultant. The Aerospace Medical Service Career Field Manager (CFM) is the Office of Primary Responsibility (OPR) for the program.(T-1)

1.1.2. USAF/SG approves the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*.

1.2. AF/SG1E.

1.2.1. The office of the Aerospace Medical Services Career Field Manager is responsible in collaboration with 937th Training Group, Independent Duty Medical Technician Program personnel for the development and annual review of the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*.

1.2.2. Coordinates on initial and recurring MAJCOM approved IDMT alternate care location packages.

1.3. The Theater/Major Command Surgeon (MAJCOM/SG). (Note: herein after, MAJCOM/SG also includes Air National Guard Readiness Center/SG).

1.3.1. Provides policy, clinical, and technical guidance to support SMEs, remote sites, MTFs, and IDMTs assigned within their commands.

1.3.2. Designates an HMTF to provide medical, dental and resource support for each SME and remote/deployed site.

1.3.3. Coordinates, in writing, with other MAJCOM/SGs to arrange medical support for an SME or remote site when no HMTF is available within the same command.

1.3.4. Assists with on-site support or relief when requested by the HMTF for IDMTs who have projected/emergency leave, are ill, or will be absent due to training/contingency requirements (all ARC IDMT sites and HMTF training/support agreement affiliations will be validated through the applicable ARC and supporting MAJCOM SGs). (T-2)

1.3.5. Designates the Command Aerospace Medical Service (4N) Functional Manager (FM) or designated representative as the OPR to review formal support plans and host tenant agreements, monitor IDMT training/certification status, coordinates command staff assistance visits, and establish a MAJCOM supplement if required. Command 4N FM will ensure IDMTs are only assigned to locations with Unit Manning Document (UMD) or Unit Type Code (UTC) requirements for IDMTs. (T-2)

1.3.6. Ensures the Command 4N Functional Manager or designated representative visits assigned IDMTs at remote sites and tenant unit SMEs every two years, or sooner if requested by the SME or remote site commanders.

1.3.7. May authorize substitutions to the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* drug formulary. These substitutions must maintain the standard of care established by the treatment protocols but can take into account local conditions and drug availability within the supply system. These substitutions shall in no way broaden the scope of practice of IDMTs. (T-1)

1.3.8. Approves alternate patient care locations i.e., Warrior Week, Basic Military Training (BMT), Officer Training School (OTS), etc, where IDMTs will provide routine care outside the MTF/HMTF.

1.3.8.1. Annually reviews and approves continuation of alternate patient care facilities.

1.3.8.2. Forwards to HQ/SG Healthcare Operations, initial approval package and annual review information.

1.3.9. Coordinates with MAJCOM/A1 and Air Force Personnel Center assignment divisions to ensure Permanent Change of Station (PCS) processing code 9XJ is on the assignment fill action request. (See paragraph 2.2.2) This code ensures the IDMT reports to the HMTF for orientation/certification prior to their report no later than date to the site.

1.4. The MTF/HMTF Commander. (Note: For purpose of this instruction, MTF/HMTF includes ANG Medical Groups or units that perform MTF/HMTF functions).

1.4.1. The MTF/HMTF commander has overall responsibility for the IDMT program. The commander must ensure required training, certification and currency of every assigned/supported IDMT. (T-2)

1.4.2. Ensures IDMTs only operate within the scope of practice as defined in this AFI, the applicable section of part II of the 4N0X1 Career Field Education and Training Plan (CFETP) and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*.

1.4.3. Appoints in writing, an IDMT Program Coordinator, AFSC 4N0XX or 4N0X1C, IDMT, to manage the site support and monitor training/certification of all assigned and supported IDMTs.

1.4.4. Ensures medical and dental preceptors are designated in writing to support IDMTs assigned to SMEs, remote sites, and MTF/HMTF.

1.4.5. Ensures all assigned preceptors are briefed annually on preceptor and IDMT responsibilities as outlined in this AFI and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* and have a current copy of both documents and any MAJCOM supplements pertaining to IDMTs. Documentation of training will be maintained by the IDMT Program Coordinator for 2 years. (T-2)

1.4.6. Ensures functional representatives provide support to SMEs, remote sites and MAJCOM designated locations as established by the HMTF support plan.

1.4.7. Consults with the MAJCOM SG or designated OPR on IDMT/site support issues that cannot be resolved at the local level.

1.4.8. Ensures functional representatives provide training for IDMTs to meet initial certification and sustainment requirements.

1.4.9. Coordinates, in writing, with MAJCOM SG to establish alternate patient care facilities, i.e. Warrior Week, BMT, OTS, etc, where IDMTs will provide routine care outside the MTF/HMTF/MDG. (T-2)

1.4.9.1. Ensures MTF Operating Instruction (OIs) is written to define practice and procedures for alternate patient care locations and forwards to MAJCOM SG.

1.5. Chief of the Medical Staff (SGH).

1.5.1. Appoints in writing, licensed credentialed physicians as preceptor(s) for IDMTs and forwards a copy of the preceptor appointment letter(s) to the IDMT Program Coordinator to be placed in the IDMT Program continuity binder. (T-2)

1.5.2. Certifies the IDMT(s) to diagnose and treat medical conditions IAW the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. This information will be annotated on the AF Form 623a, *On-the Job Training Record Continuation Sheet*, maintained in the Air Force Training Record (AFTR). (T-1)

1.5.3. Reviews and forwards temporary/permanent decertification recommendations to the MTF/HMTF commander IAW paragraph 2.5. (T-1)

1.5.4. Ensures MTF/HMTF required clinical quality reviews are accomplished IAW paragraph 3.8 (T-1)

1.5.5. Forwards to MAJCOM/SG recommended additions/substitutions to the IDMT drug formulary for approval.

1.5.6. Ensures all providers receive orientation and annual training to familiarize staff with IDMT roles/responsibilities and utilization.(T-1)

1.5.7. Supports physician preceptor(s) to conduct SAVs as required.

1.6. Chief of Dental Services (SGD).

1.6.1. Appoints in writing, licensed credentialed dentists as preceptor(s) for IDMTs and forwards a copy of the preceptor appointment letter(s) to the IDMT Program Coordinator to be placed in the IDMT Program continuity binder. (T-2)

1.6.2. Certifies IDMTs to diagnose and treat dental conditions IAW the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. This information will be annotated on the AF Form 623a. (T-1)

1.6.3. Reviews contracts that outline dental services provided by civilians for active duty patients at remote/deployed sites.

1.6.4. Supports the dental preceptor(s) to conduct SAVs as required.

1.6.5. Ensures dental OIs provide guidance for the provision of dental services at remote sites.(T-1)

1.7. MTF/HMTF Responsibilities.

1.7.1. Operating Instructions and Procedures. The HMTF publishes OIs and procedures for each remote site where assigned IDMTs are supported. The OIs and procedures will cover professional, technical, and administrative duties and plans for carrying out site functions.

MTFs/MDGs will also establish OIs detailing its plan for conducting initial certification/orientation training and annual sustainment training. (T-2)

1.7.2. Budgeting for IDMT Support.

1.7.2.1. The MTF/MDG medical resource management office (RMO) budgets necessary funds, to include required TDYs, certifications and ongoing education for IDMTs assigned to the MTF/MDG. This includes the 21-day TDY enroute during PCS for the IDMT's initial HMTF orientation/certification.

1.7.2.2. Budgeting for supported units' IDMTs. IDMTs belonging to organizations other than the HMTF will obtain unit funding to support medical operations and education. (T-1)

1.7.3. Equipment and Supplies. The HMTF establishes budgetary procedures with the supported site to ensure each supported site has:

1.7.3.1. Required medical and dental equipment and supplies.

1.7.3.2. Required nonmedical supplies.

1.7.4. Staffing. Ensures only certified IDMTs provide SME/remote site/deployed support or relief when required. When unable to do so, the MTF/HMTF commander coordinates with the Command 4N Functional Manager or designated representative for assistance.

1.7.5. Supporting IDMT Leave. The HMTF develops a system for supporting leave for the remote site/supported site IDMTs. The HMTF arranges TDY staffing at the request of the remote site/line commander in coordination with the HMTF commander.

1.7.6. Maintaining Reference Materials. The MTF/HMTF ensures current reference materials as identified in [Attachment 1](#) and by MAJCOM/SG OPRs are available, updated, and replaced when necessary. These references may be available via the AF Publication website, the Knowledge Exchange Library, CD-ROM or other appropriate media. (T-2)

1.7.7. MTF/HMTF Support Plans. MTF/HMTF support staff develops a support plan for each remote site and/or unit with IDMTs in the format shown in the IDMT User Guide, maintained on the IDMT Consultant webpage. When designated by parent MAJCOM support plans are required for tenant organizations and SMEs. The HMTF coordinates the plan with SME/remote site and forwards it to the MAJCOM/SG office for approval. NOTE: When SME/remote site is a tenant organization, both MAJCOM/SGs will review the support plan and applicable training plans. (T-1)

1.7.8. MTF/HMTF IDMT program coordinator will conduct Staff Assistance Visits (SAVs) when requested by the remote site commanders. (T-1)

1.7.9. Evaluating MAJCOM Critical Interest Items (CIIs). The HMTF evaluates command interest items during each SAV and ensures the site is following the prescribed standards, policies, and procedures for such items.

1.8. Functional Area Representative (FAR). {Identified by subject area in the IDMT User Guide.}

1.8.1. Must be familiar with this AFI, applicable Qualification Training Packages (QTPs), and applicable task items in Part II, of the 4N0X1 CFETP. (T-2)

1.8.2. Serves as the trainer for their specialty and documents certification of the training as appropriate.

1.8.3. Conducts SAVs to supported sites/units when requested by the remote site commanders and submits written reports through the MTF/HMTF commander to the remote site Commander with a copy sent to the appropriate MAJCOM/SG(s) and the MTF/HMTF IDMT Program Coordinator within 30 duty days of the visit (see HMTF Staff Assistance Visit Report located in the IDMT User Guide. (T-2)

1.9. IDMT Program Coordinator.

1.9.1. Responsible for the implementation, operation, and documentation of the IDMT program.

1.9.1.1. Creates and maintains continuity binder (electronic and/or hardcopy) of program documentation to include medical and dental preceptor letters, individual competency verification letter, preceptor point of contact list for each functional area and other documents as identified in this instruction necessary to manage the program. All documentation will be maintained for 2 years to include each IDMTs AF Form 4336, *IDMT Patient Encounter Form*.(T-2)

1.9.1.2. In conjunction with the MTF 4N Functional Manager, the IDMT Program Coordinator will visit units on the installation with IDMTs assigned at least twice per year. These visits are designed to build partnerships ensuring units understand the role of the IDMT Program coordinator, support the personnel assigned and educate the unit on responsibility for training the IDMT.(T-2)

1.9.2. Maintains documentation for each IDMT which will include:

1.9.2.1. Signed copy of the initial orientation/certification documentation for each block of instruction (see IDMT User Guide). (T-2)

1.9.2.2. Signed copy of Competency Verification letter using AF Form 623a. The Competency Verification letter will indicate that the name of the IDMT: “has completed all IDMT training requirements IAW AFI 44-103. All protocols were reviewed and competency was verified. This individual is competent to perform tasks IAW the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, and the 4N0X1 CFETP part II.” The letter will be signed and dated by a physician preceptor, dental preceptor, the IDMT program coordinator, the SGD and the SGH. The original will be maintained by the IDMT Program coordinator and a scanned copy placed in the IDMTs AFTR. (T-2)

1.9.2.3. Copy of AF Form 1098, *Special Task Certification and Recurring Training* for required QTPs and functional area training. (T-2)

1.9.2.4. Copy(s) of AF Form 4336 or locally developed form approved by Command 4N Functional Manager containing patient number, date, diagnosis, treatment, disposition and preceptor’s name and preceptor comments for each patient seen in last 24 months. Although preceptor comments should be descriptive in regards to diagnosis, treatment, disposition, etc. of the IDMT, comments can be summarized if care provided by the IDMT was for numerous patients who were seen on the same day. Copies of Clinical Quality reviews as per paragraph 3.8. (T-2)

1.9.2.5. Copies of IDMT course certificate, current Nationally Registered Emergency Medical Technician (EMT) or Paramedic card, Advanced Cardiac Life Support (ACLS) card, Immunization Back-up Technician (IBT) certificate, and any other pertinent medical certificates or licensures.

1.9.3. Must be a qualified On-the-Job Training (OJT) task trainer/certifier and will serve as the certifying official for the IDMT specific tasks listed in Part II of the 4N0X1 CFETP. (T-2)

1.9.4. Ensures IDMT(s) maintain EMT or Paramedic certification IAW 4N0X1 CFETP, IBT currency and ACLS certification. In addition, ensures IDMT(s) maintain Self Aid Buddy Care(SABC)/BLS instructor qualifications (AFRC and ANG IDMT(s) are exempt from maintaining the SABC/BLS instructor qualifications). (T-2)

1.9.5. Ensures assigned/supported IDMTs receive appropriate MTF/HMTF initial orientation/certification, annual sustainment training and complete certification requirements.

1.9.5.1. Original initial orientation/certification documentation found in the IDMT User Guide, will be maintained for duration of IDMT assignment to MTF. Initial orientation documentation will be scanned in AFTR for each IDMT. (T-2)

1.9.5.2. Annual sustainment training will be documented on AF Form 1098 and scanned in AFTR for each IDMT. A copy of each AF Form 1098 will be kept in the IDMT Program coordinator binder. (T-2)

1.9.5.3. SGD/SGH certification will be maintained in the IDMT Program coordinator binder for each IDMT using the AF Form 623a. The AF Form 623a for each IDMT will be scanned into AFTR. (T-2)

1.9.6. Use Self-Assessment Checklists to conduct review of program and ensure compliance with this instruction. Validation of the IDMT program will be accomplished through MAJCOM SAVs (when requested by local commanders), CCIP, and Unit Efficiency Inspections (UEIs). (T-1)

1.9.7. Provides quarterly status of training to the MTF/HMTF Commander, SGH, Chief Nurse and Senior 4N0 related to IDMTs supported by or assigned to the MTF. Status of training will be reported to Executive Committee of the Medical Staff (ECOMS) and documented in the minutes. The quarterly status of training for each IDMT assigned and attached to MTF will also be provided to the Command 4N Functional Manager. (T-2)

1.9.8. Maintains copies of SAV reports for 3 years and ensures follow-up actions are accomplished and documented, (if applicable).

1.9.9. Coordinates biennial (every 2 years) reviews of the MTF/HMTF Support Plan and OIs pertinent to site operations. Sends a copy of the HMTF Site Support Plan, after review by the MTF/HMTF Commander, to the MAJCOM SG(s).

1.9.10. Provides a schedule of training opportunities/in-services offered by the MTF/HMTF and publication/MAJCOM updates/articles of interest as they pertain to the career field.

1.9.11. Maintains a remote site folder for each supported site. For operational units (e.g. Special Operations Forces, RED HORSE) without a designated deployment location, the IDMT Program Coordinator will maintain a unit folder. These folders include: (T-2)

1.9.11.1. Part 1. Copy of the HMTF Support Plan and letters of appointment for medical and dental preceptors. (T-2)

1.9.11.2. Part 2. IDMT Program Self-Assessment checklist (maintain copies of last 3 years assessments conducted by IDMT program coordinator) and a copy of MAS orientation checklist from site (if applicable). (T-2)

1.9.11.3. Part 3. SAV(s). Maintains copies of last 3 years SAV reports from each inspecting agency. (T-2)

1.9.11.4. Part 4. Miscellaneous correspondence as required by the MAJCOM Supplement to this AFI (After action reports, Authorized Drug Formulary, etc.).(T-2)

1.10. Medical/Dental Preceptor.

1.10.1. The designated MTF/HMTF physician preceptor recommends, in writing, the IDMT to treat medical disorders IAW the CFETP and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* to the SGH. (T-2)

1.10.2. The MTF/HMTF dental preceptor recommends, in writing, the IDMT to treat dental conditions IAW the CFETP and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* to the SGD. (T-2)

1.10.3. Provides professional guidance, support and training to the IDMT in all areas of medical/dental treatment related to the IDMT's scope of practice.

1.10.4. Under urgent medical/dental circumstances, physician preceptors, the on-call physician, or dental preceptor may approve deviation from the prescribed *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* on a case-by-case basis. This must be done only with direct communication (which can include email and text) between the physician or dentist and the IDMT.

1.10.4.1. The IDMT will document deviations in the health record to include the media used to communicate with the provider. (T-1)

1.10.4.2. The physician/dentist will document the deviation on a SF Form 600, *Medical Record - Chronological Record of Medical Care/SF Form 603/603A, Dental Record - Chronological Record of Dental Care, as applicable, at the MTF. This form will be forwarded (electronic copy acceptable) to the IDMT for inclusion in the patient's medical record.* (T-1)

1.10.5. The physician/dental preceptor will review/sign all IDMT medical/dental record entries within 24 hours or within Theater/MAJCOM SG established guidelines. (T-2)

1.10.5.1. Preceptor's review will include a date, time, applicable comments, signature and signature stamp. The preceptor provides, as necessary, feedback to IDMT after review of patient encounters. (T-2)

1.11. The Independent Duty Medical Technician (IDMT).

1.11.1. Performs patient examination and renders medical/dental treatment and emergency care to active duty personnel within the scope of practice established by the 4N0X1 CFETP part II, MAJCOM Supplements to this AFI and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. The IDMT provides care in

preceptor supervised settings in MTFs and deployed settings. The IDMT can provide care in the absence of a licensed health care provider at remote and some deployed settings or in alternate care locations approved by MAJCOM/SG (Examples: BMT, OTS).

1.11.2. When assigned to an SME and not deployed or conducting unit specific duties, IDMTs will be considered at home station and will perform IDMT sustainment training/duties in the MTF/HMTF IAW AFI 48-149, Flight and Operational Medicine Program (FOMP). (T-1)

1.11.3. When at home station and seeing patients, the IDMT works under the supervision of their preceptor. The preceptor will oversee patient care by the IDMT, review the medical chart, discuss the findings, diagnosis and treatment plan with the IDMT within 24 hours of the patient encounter. The preceptor will be consulted when in doubt about a diagnosis/treatment or when dispensing any medication coded MD on the IDMT authorized drug formulary or when protocols require, **prior to the patient departing**. (T-1)

1.11.3.1. At home station, IDMTs will see patients and perform duties to the full extent allowed by the 4N0X1 CFETP, the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, and this AFI. While the purpose of seeing patients at home station is for the IDMT to maintain proficiency and currency, their use as a physician extender within their full scope of practice will increase their clinical knowledge and patient care. (T-1)

1.11.4. Maintains EMT/Paramedic certification/licensure and ACLS certification. They will also obtain/maintain IBT certification (except when waived by the CFM) and BLS/SABC instructor qualifications unless precluded by assignment which prevents sustainment.(T-1)

1.11.5. Advises on, and coordinates with, the site commander on all health matters at the designated deployed/remote site.

1.11.6. Completes/maintains all training/certification and sustainment training requirements listed in Chapter 2 of this AFI and part II of the 4N0X1 CFETP.

1.11.7. Functions as the medical Cost Center Manager (CCM) at the remote site. Receives written guidance from the MTF/HMTF RMO.

1.11.8. SME/remote site IDMTs should not perform additional duties that may result in a conflict of interest, or detract from their primary role as the unit/site medical representative. This includes duties that would violate the Laws of Armed Conflict rules for non-combatants. (T-2)

1.11.9. Supervision

1.11.9.1. The remote site commander or his/her designee will be the reporting official for the senior IDMT. (T-2)

1.11.9.2. The clinical supervision of the IDMT will be the responsibility of the MTF/HMTF medical/dental preceptor. (T-2)

1.11.9.3. The Senior IDMT will supervise junior medical personnel assigned to the MAS/SME and as necessary to establish reporting chains. (T-2)

1.11.10. Operational Support Preceptor

1.11.10.1. Upon arrival at the deployed site, the IDMT will make direct contact with the physician and dental preceptor at the deployed location. (T-1)

1.11.10.1.1. The physician preceptor may be AF, Army, Navy, Coalition or Host Nation.

1.11.10.1.2. If unable to determine the physician preceptor, the IDMT will contact the Theater/MAJCOM SG for HMTF physician oversight. (T-1)

1.11.11. If unable to contact physician preceptor, the IDMT will call an USAF MTF with a 24-hour Emergency Department for assistance. (T-1)

1.11.12. IDMTs will document all patients seen using AF Form 4336; preceptor's feedback will be added on the back of the form. Adding a patient number to the medical documentation matching the number on the AF Form 4336 will allow the preceptor to match the documentation with the appropriate entry on the form. Preceptors can summarize feedback, although not optimal for IDMT growth, for patients when the IDMT treats multiple patients on the same day. The lack of patient identification on the form is intentional to protect patient privacy. A copy(s) of current AF Form 4336s will be maintained by the IDMT Program Coordinator as directed by paragraph **1.9.2.4.** (T-2)

1.12. USAF MTF with 24-hour Emergency Departments (ED).

1.12.1. Will provide physician support to IDMTs who are unable to contact their physician preceptor. (T-2)

1.12.2. ED physicians will be familiar with the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* and a copy of the protocols will be maintained in the ED. (T-2)

Chapter 2

TRAINING AND EDUCATION

2.1. General Information.

2.1.1. At home station, IDMTs will see patients and perform duties to the full extent allowed by the 4N0X1 CFETP, the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, and this AFI. (T-1)

2.1.2. IDMTs will perform patient examination and treatment procedures in preceptor-supervised situations within the MTF. They will act as physician extenders which will enhance their training. IDMTs will perform patient examination and treatment procedures in MTFs and MAJCOM SG-approved locations, within the established scope of care as defined by the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, MAJCOM Supplements and part II of the 4N0X1 CFETP. (T-1)

2.1.3. IDMTs will **only** see active duty patients. IDMTs may see civilians/contractors in the deployed setting when the condition is life, limb or eye sight threatening. (See para. 3.6. Treatment of Nonmilitary Personnel)(T-1)

2.2. IDMT Orientation/Initial Certification.

2.2.1. All newly assigned IDMTs will participate in an orientation and certification program at the MTF/HMTF, IAW the guidelines located in the IDMT User Guide. Initial orientation must be completed within 60 days after arriving on station unless precluded by mission or operational needs (a waiver from the MAJCOM 4N Functional Manager is required). (T-2)

2.2.2. For IDMTs who are inbound to an overseas remote site, the Permanent Change of Station (PCS) processing code 9XJ is entered on the PCS orders and they must report to the HMTF for orientation/certification prior to their report no later than date to the site. (T-2)

2.2.3. During this process, the IDMT will train with the medical and dental preceptor who will evaluate IDMT's competency to provide treatment IAW the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. IDMT's should treat acute conditions only during this period, however follow-up for a patient can be counted towards sustainment training. Preceptors will receive patient care presentations by the IDMT to validate clinical evaluation, diagnosis and treatment **prior to patient departure during this process**. The preceptors will document the training and sign off the certification letter once assured of the IDMT's competency. (T-2)

2.3. Sustainment Training Requirements.

2.3.1. Every 12 months based on calendar year, the IDMT, including selected Senior/Chief Master Sergeants when required by their duty position, must complete sustainment training/tasks as identified in the IDMT User Guide. For ANG Traditional members, they will accomplish sustainment training requirements every 18 months based on calendar year. (T-2)

2.3.2. The MTF/HMTF provides functional area expertise to support all IDMT sustainment training.

2.3.3. Designated physician/dentist preceptors will provide clinical supervision, training, and guidance. (T-1)

2.3.4. The MTF/HMTF IDMT Program Coordinator will develop procedures for scheduling of patients to be seen by the IDMT and coordinate with RMO on administrative processes for proper accounting of patient visits. (T-1)

2.3.5. Since sustainment training should be conducted throughout the year, the physician preceptors will consistently validate clinical evaluation, diagnosis and treatment skills of the IDMT. Physician comments/feedback should be IAW paragraph 1.9.2.4. (T-2)

2.3.6. IDMTs assigned to short-tour locations (12 or 15-months) will not be required to complete annual sustainment training during that particular short tour. The orientation/initial certification at the HMTF will provide the certification required for the entire length of the short tour. If conditions of the tour length change, then the IDMT will be required to complete annual sustainment training. (T-1)

2.4. Just-in-Time Training.

2.4.1. Appropriate “just-in-time” training will be conducted as necessary for IDMTs not usually assigned to a deployment UTC who are tasked to support short notice IDMT deployments. These individuals will, at a minimum, complete all IDMT QTPs as identified in part II of the 4N0X1 CFETP, be current in BLS, and be certified by the IDMT Program Coordinator, the SGH and the SGD. (T-1)

2.5. IDMT Temporary/Permanent Decertification/Reclassification Procedures.

2.5.1. Preceptors or IDMT Program Coordinators make recommendations to the MTF/HMTF SGH for temporary/permanent IDMT decertification due to Clinical/Administrative adverse actions. The review process will be IAW AFI 44-119, *Medical Quality Operations*, Chapter 9, Section 9D. Reference AFI 36-2201, *Air Force Training Program*, for additional information on task decertification. (T-1)

2.5.2. Commanders with UCMJ authority over the IDMT recommend temporary/permanent IDMT decertification due to quality force issues to the MTF/HMTF Commander. The SGH, IDMT Program Coordinator, MTF 4N Functional, and the Command 4N Functional Manager will be notified of this recommendation. (T-2)

2.5.3. IDMT Temporary Decertification Procedures

2.5.3.1. A review board consisting of the Medical and/or Dental Preceptor and Chief, Aerospace Medicine, as applicable, Chief Nurse Executive, MTF 4N Functional (and/or senior 4N0X1), and MTF/HMTF IDMT Program Coordinator will review the recommendation. The IDMT's commander will be included in the process for administrative review of IDMTs falling under their authority. (T-1)

2.5.3.2. The SGH will notify the IDMT, in writing, of intent for temporary decertification. The IDMT has 10 duty days in which to provide a written rebuttal, during which time their IDMT duties may be suspended, as determined by the SGH. (T-1)

2.5.3.2.1. The SGH reviews the rebuttal and makes a determination whether to proceed with temporary decertification or reinstate the IDMT's certification.

2.5.3.3. If the SGH proceeds with decertification, the recommendation with full justification as to the nature of decertification and the rebuttal comments submitted are then forwarded by the MTF/HMTF SGH to the MTF/HMTF Commander for final disposition.

2.5.3.4. With concurrence of the MTF/HMTF commander, the SGH temporarily decertifies, in writing, the IDMT from performing IDMT duties and provides a copy to the IDMT. The original letter will be scanned into the IDMT's AFTR and a copy placed in the IDMT Program Coordinator's binder. A copy of the decertification letter will also be sent to the SME or remote site CC and IDMT's supervisor. (T-1)

2.5.3.5. Immediately notify in writing, the Command 4N Functional Manager with complete description of specific reason for decertification and copy of the letter as appropriate.

2.5.3.6. Following decertification, the IDMT will complete remedial training as determined by the SGH and IDMT Program Coordinator. Retraining is documented in IDMT's training record. (T-1)

2.5.3.7. At a minimum, the SGH will review temporary decertification's every 90 days. After six months of temporary decertification, the SGH will consider the IDMT for permanent decertification and Air Force Specialty Code (AFSC) reclassification. (T-1)

2.5.4. IDMT Permanent Decertification/Reclassification Procedures.

2.5.4.1. Follow procedures listed in paragraph **2.5.3.1 - 2.5.3.5** when initiating permanent decertification/reclassification actions.

2.5.4.2. The MTF/HMTF commander forwards decertification packages to the IDMT's immediate commander with the recommendation to initiate AFSC withdrawal IAW AFI 36-2101, *Classifying Officer and Enlisted Military Personnel*, paragraph **4.1.4**.

2.5.4.3. The Commander will coordinate with local Military Personnel Flight (MPF) to ensure members selected for retention will be retained in AFSC 4N0X1, if appropriate. (T-2)

2.5.4.3.1. The Command 4N Functional Manager should coordinate with MAJCOM/A1 on reclassification and/or assignment actions as needed. The AF 4N CFM must also be kept informed of all actions in regards to any decertification. (T-2)

2.6. Management of Assignment Limitation Code C IDMTs.

2.6.1. The Medical Evaluation Board/Physical Examination Board (MEB/PEB) process is not designed to decide if a person is fit to practice, it is a tool for deciding whether an individual's medical condition limits their assignment/deployment options.

2.6.2. The PEB sets a disability rating for the medical condition. Some medical conditions can produce a significant level of disability that markedly interferes with functional ability. If the individual is not qualified to hold the AFSC, withdrawal actions according to AFI 36-2101 will apply. (T-1)

Chapter 3

CLINICAL SERVICES SUPPORT

3.1. Medical Treatment.

3.1.1. IDMTs perform all medical and dental treatment using the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. These protocols, in conjunction with part II of the 4N0X1 CFETP, define the scope of practice for IDMTs. Physician preceptors/on-call physicians and dental preceptors may, on a case-by-case basis, approve deviation from the prescribed *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. In this case, the provider and IDMT must document the deviation in the patient's medical record and on AF IMT 4336 or locally developed/approved form approved by MAJCOM Functional Manager.

3.1.1.1. Patients with chronic problems are referred to a physician or dentist as appropriate. Medical or dental preceptors may give IDMTs written instructions defining their involvement in caring for patients with these conditions.

3.2. Medical Communication. The IDMT must immediately contact the HMTF physician preceptor, or on-call physician, when in doubt about a diagnosis/treatment, when dispensing any medication coded MD on the IDMT authorized drug formulary or when protocols require. (T-1)

3.3. Minor Surgical Procedures. The IDMT's scope of practice is limited to wound closure, toenail removal, and opening/draining small abscesses. The IDMT may not suture lacerations crossing a vermilion border, the eyelid, cartilage such as the ear or nose, openings over joint spaces that involve tendons or where deep muscle is exposed, the genital or anal region, and the palms of hands or soles of feet unless directed by preceptor. In cases where re-approximating a wound may be detrimental to the patient, the IDMT must consult the physician preceptor. Before performing any minor surgical procedures, the IDMT must obtain the patient's consent on SF 522, *Medical Record Request for Administration of Anesthesia and for Performance of Operations and Other Procedures*.(T-1)

3.4. Medications.

3.4.1. The *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* contain the IDMT Authorized Drug Formulary and the scope of services to be offered by each remote/deployed site. The MTF/HMTF Pharmacy and Therapeutics (P&T) Committee/function determines the appropriate medication authorization. MTFs/HMTFs can make the list more restrictive than the IDMT Authorized Drug Formulary. (T-1)

3.4.2. The IDMT Authorized Drug Formulary will be approved by the P&T committee and reviewed annually for changes, additions or substitutions. (T-1)

3.4.3. Additions/Substitutions to AF IDMT Authorized Drug Formulary. The MTF/HMTF SGH forwards any recommended additions/substitutions to the USAF IDMT Authorized Drug Formulary through the P&T committee to the MAJCOM/SG for review and approval.

3.4.4. The IDMT dispenses medications as authorized by the MTF/HMTF, MAJCOM, USAF, and Department of Defense/Health Affairs directives.

3.4.4.1. The Joint Commission (JC)/Association Accreditation for Ambulatory Health Care (AAHC) requires that all medications dispensed by non-pharmacy staff follow the same procedures as if the drugs were dispensed by the pharmacy.(T-1)

3.4.4.1.1. The IDMT may only dispense controlled substances under the direction of a physician unless as indicated by paragraph 3.4.3.3. Specific physician instructions will be documented in the health care record and entered into the electronic patient profile [Composite Healthcare System (CHCS) or Armed Forces Health Longitudinal Technology Application (AHLTA)] if available. (T-1)

3.4.4.1.2. The patient must countersign the prescription, acknowledging receipt of the controlled substance and understanding of instructions provided.(T-1)

3.4.4.1.3. Containers for all medications must be appropriately labeled with the patient name, name of provider, date issued, directions for use, quantity dispensed, number of refills allowed, and also must include appropriate cautionary labels to ensure safe, effective use of the medication by the patient. (T-1)

3.4.4.1.4. Documentation of patient counseling about proper utilization, storage, possible side effects, adverse effects, warnings, precautions, and interactions must be included either in the medical record or annotated on the AF Form 781, **Multiple Item Prescription**. If patients decline counseling, the IDMT must document that fact in the patient medical record or on the AF Form 781.

3.4.4.1.5. IDMTs may dispense appropriately labeled and approved over-the-counter (OTC) medications IAW paragraph 3.4.3.

3.4.4.2. IDMTs dispense medications at deployed or MAJCOM approved locations.

3.4.4.3. IDMTs may administer controlled medications for the management of emergent medical conditions IAW *the USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, prior to physician preceptor notification.

3.4.5. Dispensing Controlled Substances.

3.4.5.1. Normally, IDMTs at remote/deployed/contingency locations will dispense controlled substances under the direction of a physician or dentist. The patient's specific instructions will be documented in the health care record and entered into the electronic patient profile (CHCS) if available. The patient must countersign the prescription, acknowledge receipt of the controlled substance, and understanding of instructions provided.

3.4.5.1.1. In the event there is a medically valid reason to dispense a controlled substance IAW *the USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, but the physician/dental preceptor cannot be contacted due to lack of communication connectivity at remote/deployed/contingency locations and the IDMT is unable to contact a USAF MTF ED (see para 1.11.11), the IDMT will dispense a 24-hour supply of the controlled substance, document the communication failure and number of attempts to contact the physician/dental preceptor or ED. (T-1)

3.4.5.1.2. The IDMT will continue to call the preceptor/ED until able to contact and inform him/her of the situation and actions taken. The preceptor will document the

incident and inform the SGH using AF Form 765, *Medical Treatment Facility Incident Statement or Patient Safety Report*.

3.4.6. Labeling prescriptions.

3.4.6.1. Prescription containers for all dispensed medications must be appropriately labeled IAW federal requirements stated in the *Food, Drug, and Cosmetic Act*, Sections 502 and 503 or 21 U.S.C. Sections 352 and 353. Medications must be packaged IAW AFI 44-102, *Medical Care Management*. (T-1)

3.4.6.2. For all schedule II, III, IV and V medications, the container must have the following warning “CAUTION: Federal Law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.” (T-1)

3.4.6.3. Appropriate auxiliary labels to ensure the safe and effective use of the medication.

3.4.7. Documentation of Counseling. Documentation of patient counseling IAW the federal Omnibus Budget Reconciliation Act (OBRA) of 1990. Documentation of such counseling must be entered on AF Form 781, *Multiple Item Prescription*, on an SF Form 600 (if applicable) and placed in the patient’s medical record/electronic health record. Patient counseling must include but is not limited to the following: name and description of the medication, route of administration, dose, dosage form, and duration of drug therapy. OBRA 1990 also mandates discussion of special directions and precautions for preparation of drugs, administration and use by the patient; common severe side effects or adverse effects or interactions and therapeutic contraindications that may be encountered (including their avoidance and the action required if they occur); techniques for self-monitoring drug therapy; proper storage; refill information; appropriate action in case of a missed dose, and patient specific medication allergies. (T-1)

3.4.8. Injection Therapy.

3.4.8.1. IDMTs do not provide immunotherapy (allergy extract) unless they have completed the formal allergy course, have been awarded the 453 Special Experience Identifier (SEI), and are current in their training. Immunotherapy given by qualified IDMTs will only be done in the MTF/HMTF. (T-1)

3.4.8.2. The IDMT may administer injections when directed by the physician preceptor/on-call physician and in accordance with the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. EXCEPTION: IDMTs may administer emergency medications IAW the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* before consulting the physician preceptor.

3.4.8.3. The IDMT may administer scheduled drug injections when directed by a physician or dentist.

3.4.8.3.1. AF Form 579, *Controlled Substances Register*, or AF Form 781 will be used to document accountability for these items. The physician preceptor will countersign the AF Forms 579 and 781 during site visits or upon IDMT’s return from remote, deployed or contingency locations. (T-3)

3.4.8.4. IDMTs will store syringes and hypodermic needles in a secure area. Final disposition of used, disposable hypodermic syringes and needles will be accomplished following MTF/HMTF guidelines. (T-3)

3.4.9. Immunizations. If required, at deployed/remote/contingency sites, IDMTs may administer routine immunizations to active duty personnel, and may administer routine immunizations to Department of Defense (DoD) beneficiaries with Theater or MAJCOM/SG approval. When at home station, the IDMT can function within the full scope of the IBT certification.

3.5. Anaphylaxis Treatment. The IDMT must keep anaphylaxis (allergic reaction) treatment supplies in the treatment room/injection area at all times (as identified in the IDMT User Guide).

3.6. Treatment of Nonmilitary Personnel. The IDMT will not treat family members, retirees, contract personnel, or personnel who are not authorized to receive medical service at government expense, except in an emergency when it is necessary to preserve life, limb or prevent undue suffering as determined by medical/dental preceptor. In all cases, after emergency treatment of such personnel, the IDMT will refer them immediately for definitive care. Record all emergency medical care on SF 600 or electronic health record. EXCEPTION: In certain operations an IDMT may, with Theater or MAJCOM/SG approval, provide care for deployed DoD, government civilian employees and contractors, MEDCAP/Humanitarian missions when requested and no other care is available. However, the IDMT should only see patients between the ages of 17 to 65. (T-1)

3.7. Treatment by Nonmilitary Physicians. At remote/deployed locations the IDMT will arrange for treatment by nonmilitary physicians (civilian or contract). The IDMT will contact the HMTF for guidance IAW paragraph 5.1.2 (during contingency operations the IDMT will follow Theater/SG guidance) (T-1)

3.8. Quality Activities. The MTF/HMTF will establish procedures for physician preceptor review of IDMT medical records. The report of the reviews will be forwarded at least twice per calendar year to ECOMS. At a minimum the following reviews will be accomplished: (T-1)

3.8.1. Medication errors.

3.8.2. Medication deviations from protocols.

3.8.3. Diagnostic inaccuracy.

3.8.4. Deviations from protocols.

3.8.5. Preceptor's review of the SF 600 or electronic health record entries within established Theatre or MAJCOM/SG timeframe.

3.8.6. Compliance with training/certification requirements.

3.8.7. Review of respective AF Form 4336, *IDMT Patient Encounter Forms*.

3.9. Health and Wellness/Health Promotion Activities. The IDMT assigned to remote/deployed sites will consult with the HMTF Health and Wellness Center (HAWC) staff to provide information, materials, and instruction for unit personnel. (T-2)

Chapter 4

DENTAL SERVICES SUPPORT

4.1. The Dental Preceptor.

- 4.1.1. Provides professional guidance, training (to include hands-on performance during rotations), and support to assigned IDMTs.
- 4.1.2. Appointed in writing by the SGD to train IDMTs to treat dental disorders using the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* Recommends IDMTs for certification to treat dental disorders by placing his/her signature on a Competency Verification letter and/or AF Form 623a.
- 4.1.3. Oversees the MFT/HMTF dental component of initial/sustainment IDMT training.
- 4.1.4. Establishes procedures by which the IDMT in the deployed/remote/contingency locations will refer dental emergencies that are beyond the IDMT's capabilities. (T-1)

4.2. The IDMT.

- 4.2.1. Treats dental conditions according to the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*.
- 4.2.2. Assists with appointments at remote/deployed sites for mobile dental team visits as instructed by the dental preceptor.
- 4.2.3. Establishes, in coordination with the dental preceptor, a preventive dentistry program for remote site personnel.
- 4.2.4. With approval of the MTF/HMTF SGD, maintains dental equipment and supply levels commensurate with the care provided at the remote/deployed site.
- 4.2.5. In emergency cases (e.g., fracture or oral injury), contacts dental preceptor/on call dentist for advice on appropriate treatment and stabilization until patient is evacuated from the remote/deployed/contingency location to a dental treatment facility. In the event the IDMT cannot contact the dental preceptor or on call dentist due to communication failure, the IDMT will manage the patient using the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, until further definitive care is available or the dentist is contacted. Once contacted, the preceptor will document the incident and inform the SGD using AF Form 765, Medical Treatment Facility Incident Statement. (T-1)

Chapter 5

ADMINISTRATIVE SERVICES SUPPORT

5.1. The MTF/HMTF Administrator (or representative).

5.1.1. Develops procedures and OIs to address the minimum following topics (as they apply to the remote/deployed sites):

5.1.1.1. Medical in-processing and out-processing of personnel ensuring compliance with all applicable directives.

5.1.1.2. Personnel transfer of medical/dental records when personnel are reassigned to another remote site.

5.1.1.3. Outpatient records maintenance and management.

5.1.1.4. Medical/dental review prior to extension or in-place consecutive overseas tour at a remote location.

5.1.1.5. Line of Duty (LOD) determination and procedures.

5.1.1.6. Medical Affirmative Claims/Third Party Liability (TPL) Program.

5.1.1.7. Managed Care Programs (TRICARE).

5.1.1.8. Overseas clearance processes.

5.1.1.9. Release of information including Health Insurance Portability and Accountability Act (HIPAA) requirements.

5.1.1.10. Reporting significant events and hospitalizations.

5.1.1.11. Nuclear Weapons Personnel Reliability Program (PRP). This written guidance must create a clear link between the site's program and the HMTF's program.

5.1.1.12. Aeromedical evacuation procedures to include support agreements with any civilian Aeromedical transport agencies/theater assets.

5.1.1.13. Reporting of workload management data.

5.1.2. May hire civilian physicians on an intermittent or part-time basis, for duty at remote sites, after obtaining approval from MAJCOM/SG.

5.1.3. Works with base legal personnel to establish procedures to identify potential third-party liability cases treated at the remote site.

5.2. The IDMT.

5.2.1. Maintains all medical and dental records for assigned remote/deployed/contingency site personnel IAW established MTF/HMTF OIs or Theater/SG guidelines to include HIPAA and Privacy Act protections. This may require proficiency with electronic medical records/database programs.

5.2.2. Follows procedures to begin both the formal and informal administrative LOD process.

5.2.3. Medical Affirmative Claims/Third Party Liability

5.2.3.1. IAW established MTF/HMTF OIs, clearly marks and identifies records as third-party liability cases after they are so designated.

5.2.3.2. Completes documentation and forms for each visit, IAW established MTF/HMTF OIs.

5.2.4. Provides patient information on Managed Care Programs, including TRICARE information pamphlets that are available through the MTF/HMTF TRICARE Service Center. IDMTs will not attempt to counsel individuals on open managed care cases. (T-1)

5.2.5. Assists the patient or sponsor in contacting the TRICARE Service Center to address/resolve TRICARE issues.

5.2.6. Ensure 100% health records maintenance compliance with *DOD 5210.42-R, Nuclear Weapon Personnel Reliability Program Regulation*, MAJCOM, and MTF/HMTF guidelines. (T-2)

Chapter 6

MEDICAL LOGISTICS SUPPORT

6.1. Medical Supplies. The IDMT obtains medical materiel from the HMTF Medical Logistics activity IAW the procedures outlined in AFI 41-209, *Medical Logistics Support*. (T-3)

6.1.1. Controlled Items. The IDMT uses the same storage, issue, accounting and inventory procedure and precautions for controlled drugs as a nursing unit, including AF Form 579. A separate form is used for each controlled drug.

6.1.1.1. The remote site Commander appoints in writing a disinterested officer (officer, E-7 or above, or civilian of comparable grade) to inventory Schedule II – V medications monthly.

6.1.1.2. The officer ensures that all drugs ordered from the pharmacy, as well as administered to patients, have been properly recorded since the last disinterested inventory reconciling each entry.

6.1.1.3. The inventory officer counts the drugs on hand and verifies quantities by comparing stock on-hand to entries on each AF Form 579 provided by the HMTF Medical Logistics activity or pharmacy.

6.1.1.4. The inventory officer completes the Letter for Inventory of Controlled Substances, found in the IDMT User Guide, by annotating the results of the inventory of each controlled substance and the balance on the specific AF Form 579. He/she includes a brief note stating “*inventoried and found correct*” or “*inventoried and found discrepancy of___*” sign and date.

6.1.1.5. A copy of the inventory results is provided to the remote site Commander to be forwarded to the MTF/HMTF. The IDMT should retain the original for his/her records. (T-3)

6.1.2. Biennial (every two years) Review of Controlled Substances. The Comprehensive Drug Abuse Prevention and Control Act of 1970 requires an inventory of all controlled substances no less than every 24 months. Follow the procedures outlined in AFI 41-209, Chapter 5, and Title 21, Code of Federal Regulations, Section 1304.04 *Maintenance of Records and Inventories* to complete and document the inventory.

6.2. Medical Equipment. The IDMT obtains medical equipment and medical maintenance support from the MTF/HMTF IAW AFI 41-209, *Medical Logistics Support*, Chapter 6.

6.3. Professional Medical References. The IDMT must have professional medical references listed in [Attachment 1](#). Reference materials will be unit funded and ordered from the MTF/HMTF Medical Logistics activity IAW locally established guidelines. (T-2)

6.4. Nonmedical Supplies and Equipment. The IDMT normally obtains nonmedical supplies and equipment from the closest base supply activity. Request maintenance of nonmedical equipment through supporting civil engineer and/or communications organizations. If not available, the site commander will arrange for contract repair.

6.5. Excess Materiel. IDMTs will turn in any medical materiel no longer required to the MTF/HMTF Medical Logistics activity. (T-2)

6.6. Vehicles. Vehicles for SME units/remote sites will be obtained and maintained IAW AFI 24-301, *Vehicle Operations*, and AFI 24-302, *Vehicle Management*. (T-2)

6.7. Contract Services. If required, contract medical services for the remote/deployed/contingency site will be coordinated with the MTF/HMTF. (T-1)

Chapter 7

PUBLIC HEALTH (PH) SUPPORT

7.1. PH Visits to Evaluate Health Hazards. The MTF/HMTF, regardless of MAJCOM affiliation, will arrange for PH or Preventive Medicine (PM) support to manage the potential health risks to Air Force and other DOD personnel from workplace and community environments, evaluate the adequacy of controls, and recommend changes in controls, as needed. (PH refers to MTF/HMTF and deployed PH/PM where applicable.) The HMTF PH office will determine the effectiveness of IDMT performance of PH functions, identify any special mission specific training requirements, and provide training as needed. The functions of the agencies and individuals involved in health risk determinations are described in the sections that follow. (T-1)

7.2. PH Activities. The IDMT must be familiar with and perform the PH responsibilities outlined in the MTF/HMTF Site Support Plan as directed by the theater or MAJCOM.

7.2.1. Epidemiology. Monitor disease/injury incidence and prevalence and promptly report significant trends to the unit/remote-site commander and PH/PM office at the MTF/HMTF. This may require proficiency with electronic medical records/database programs.

7.2.2. Communicable Disease Reporting. Maintain a list of reportable diseases and conditions. Notify PH/PM of any individual with a reportable disease and condition IAW established instructions. Maintain a confidential log of all reported cases at the remote site or deployed location. The log is the basis of communicable disease trend analysis and for recommendations to the unit/remote-site commander. Follow the general procedures for communicable disease control in the current edition of the *Control of Communicable Disease Manual*.

7.2.3. Sexually Transmitted Diseases. Consult physician preceptor for all suspected or known cases of sexually transmitted diseases. Conduct contact interviews and treatment follow-up. Consult the MTF/HMTF PH/PM office for guidance in notifying sexual contacts not eligible for DOD health care. Reference AFI 48-105, *Surveillance, Prevention and Control of Communicable Diseases and Conditions of Public Health or Military Significance*, and the most recent US Centers for Disease Control and Prevention treatment recommendations.

7.2.4. Zoonoses Control. When an animal bites or scratches a person, the IDMT gathers all pertinent facts from the patient and, if possible, the animal owner. The IDMT immediately reports the incident to HMTF PH/PM office and the physician preceptor. Record the facts on DD Form 2341, *Report of Animal Bite-Potential Rabies Exposure*, when the patient receives initial treatment. Ensure personnel complete prescribed rabies vaccination series as scheduled/directed by a privileged provider. Send completed DD Form 2341 to HMTF for review and case closure. Reference AFI 48-105.

7.2.5. Medical Entomology. Determine the source and prevalence of pests that could affect the health and well-being of unit/remote site/deployed site personnel. The HMTF PH/PM staff provides procedural guidance and assistance for this task.

7.2.6. Food Safety Program: Reference AFI 48-116, *Food Safety and Inspection Program* and current approved version of Tri-Service FDA Food Code, and TB MED 530, *Occupational and Environmental Health Food Service Sanitation* (as applicable).

7.2.6.1. Food Inspection. Inspect or train accountable officer to inspect foods at time of delivery to ensure wholesomeness and compliance with requirements. Annotate each vendor's delivery invoice as follows: "Inspected by _____ Independent Duty Medical Technician, (date)." Inspect deliveries of government-owned subsistence from host bases for temperature requirements, sanitary condition of vehicle, and obvious transit damage. Contact HMTF PH/PM office if there are any concerns regarding this program.

7.2.6.2. Foodborne Illness Investigation. Investigate and report to HMTF PH/PM office all incidents of suspected food-borne illness following the Centers for Disease Control and Prevention and HMTF guidelines.

7.2.6.3. Food-Service-Facility Sanitation. Inspect all installation food preparation, storage, and on-base commercial outlets for sanitary practices in the presence of the facility manager or representative. Document all evaluations using AF Form 977, *Food Facility Evaluation*, (or equivalent) in duplicate. The IDMT leaves one copy with the facility manager and keeps the original. The IDMT send copies of Food Facility Evaluation reports which are less than "Satisfactory" to the unit/site commander and contacts the HMTF PH/PM staff to discuss follow-up actions. If using an alternate method of documentation, consult the HMTF PH Office for procedures.

7.2.6.4. Food-handler Training. Ensure initial and annual food-handler training is accomplished and documented by the food facility supervisor or HMTF PH/PM personnel if required for local area.

7.2.7. Public Facilities Sanitation. Reference AFI 48-117, *Public Facility Sanitation*

7.2.7.1. Inspect remote site/deployed site public facilities (to include EXCHANGE Stores (a.k.a. AAFES), Beauty/Barber shops, Fitness Center(s), Child Development Center(s), Laundries, public restrooms; including Port-O-Johns), following AF, MAJCOM and HMTF policies. Leave copies of satisfactory reports with the facility supervisor and keep the original in the MAS files. Route a copy of all unsatisfactory reports IAW AFI 48-117. The HMTF Aerospace Medicine Council (AMC) will determine the frequency of inspections annually. (T-1)

7.2.7.2. Dormitories. Inspect unit/remote site/deployed site dormitories as determined by HMTF AMC and when requested by the organization commander or first sergeant to address public health concerns. Send written reports to the unit/remote site/deployed site commander and retain a copy for the MAS files.

7.2.8. Clinical Occupational Health Programs. Reference AFI 48-145, *Occupational and Environmental Health Program*.

7.2.8.1. Occupational Health Consultations. Report to the unit Safety Office all patient injuries that may be job related. Request assistance from the HMTF PH staff and Chief, Aerospace Medicine (SGP), to determine whether the patient has an occupational illness or injury and report them IAW established guidance.

7.2.8.2. Occupational Health Education. Ensure supervisors are aware of potential occupational hazards, protective clothing and equipment, and safe work practices.

7.2.8.3. Occupational Health Examinations/Preventive Health Assessment for remote/fixed site personnel or at home-station. Assist the MTF/HMTF Occupational Health Working Group in determining occupational physical examination requirements and within the IDMT's scope of care, conducts preventive health assessments and occupational health examinations on military personnel IAW current guidance.

7.2.8.4. Hearing Conservation Program. Fit individuals with earplugs and educate them on the hazards of noise and the proper use and wear of hearing protection devices. Reference Air Force Occupational and Safety and Health (AFOSH) Standard 48-20, *Occupational Noise and Hearing Conservation Program*.

7.2.8.5. Reproductive Health Program. Consult with the HMTF SGP and the HMTF PH staff for guidance.

7.2.8.6. Blood-borne Pathogen Program. Adhere to the requirements of the HMTF exposure control plan for the prevention of exposure to blood-borne pathogens. Promptly report all exposures to the MTF/HMTF PH office.

7.2.8.7. Tuberculosis (TB) Detection and Control Program (Airborne Pathogens). With the assistance of the HMTF PH office, accomplish a TB risk assessment and exposure control plan for the remote site/deployed MAS. Consult the physician preceptor, and notify HMTF SGP, BE and PH/PM in cases of positive tuberculosis skin tests. Conduct treatment, follow-up, and contact tracing IAW HMTF and AF guidance. Reference AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*.

7.2.9. Family Child Care (FCC) Program - Applicant Screening: Follow HMTF guidelines and AFI 48-117 for medical screening of applicant and the applicant's family. Consult with Family Childcare Coordinator and AFI 34-276, *Family Child Care Programs*.

7.2.10. Medical Intelligence Program. Provide medical intelligence/preventive medicine briefings to deploying/deployed personnel assigned to the remote site using references approved by the HMTF, Medical Intelligence Officer or NCO.

7.2.11. Deployment Health Surveillance. IDMTs, while deployed or at remote sites, will ensure a complete medical record review is accomplished to ensure members meet medical standards IAW AFI 48-123, *Medical Standards*, are in compliance with COCOM Reporting Instructions (IAW the AF Reporting Instructions Tool), and that all IMR requirements are accomplished for members requiring a DD Form 2795, *Pre-Deployment Health Assessment*, DD Form 2796, *Post Deployment Health Assessment*, and DD Form 2900, *Post-Deployment Health Reassessment* complete and enter them electronically IAW current DoD instructions. (<http://www.pdhealth.mil/dcs>) . (T-1)

7.2.12. Food Security. Acts as advisor and consultant to deployed and remote commanders for PH functions IAW AFI 10-246, *Food and Water Protection Program*. HMTF PH will provide consultation as needed. (T-3)

7.2.13. Aeromedical Services Information, Management Systems (ASIMS) administration while deployed or remote. The IDMT is responsible for keeping unit members current on all

aspects of ASIMS while deployed and/or at remote sites, and updating ASIMS Web Application.

7.2.14. Hearing Conservation (HC) Program. The remote site IDMT will manage the HC program IAW HMTF guidelines. (T-3)

Chapter 8

BIOENVIRONMENTAL ENGINEERING (BE) PROGRAM SUPPORT

8.1. BE Visits. To Evaluate Health Hazards, the HMTF, regardless of MAJCOM affiliation, will arrange for BE support to evaluate the potential health risk to Air Force personnel from workplace and community environments, evaluate the adequacy of controls, and recommend changes in controls, as needed. (BE refers to MTF/HMTF and deployed BE where applicable.) Training will be provided as needed during site visits. The functions of the agencies and individuals involved in health risk determinations are described in the sections that follow. (T-2)

8.2. Environmental Health.

8.2.1. Potable Water to include bottled water:

8.2.1.1. The IDMT should be familiar with the source, treatment system, and distribution system for the entire remote/deployed sites and contingency locations. The IDMT at the site will periodically accompany the BEE or BE technician during sanitary/security inspections of the potable water system.

8.2.1.2. If required, IDMTs collect and ship samples of potable water for chemical, biological, and radiological analyses at the direction of the HMTF BE office or governing authority. See <http://phc.amedd.army.mil> and <https://hpws.afrl.af.mil/dhp/OE/ESOHSC/pages/index.cfm?id=399> for resources pertaining to the collection and documentation of potable water samples.

8.2.1.3. IDMTs will perform bacteriological analyses of potable water samples at the direction of the HMTF BE office and local OIs. IDMTs also make chlorine residual and pH determinations at each bacteriological sampling location using field test kits. (T-3)

8.2.2. Occupational and Environmental Health Site Assessment (OEHSA).

8.2.2.1. During remote site/deployed site visits, the HMTF BE staff visits and assesses potential environmental health exposures pathways. Risks should be communicated to leadership along with control recommendations. The IDMT should also be familiar with these assessment methods to identify potential exposures. If exposures are suspected, the IDMT will follow up with the HMTF BE office. (Note: In addition to HMTF BE, the IDMT may contact local CE SMEs for familiarization with these processes.) (T-3)

8.2.2.2. Where possible, OEHSA surveys and other environmental health data specific to the remote/deployed site should be entered into the AF-approved Occupational & Environmental Health Management Information System. Contact the HMTF BE office for further guidance. (T-1)

8.2.3. Swimming Pools, Hot Tubs, Saunas, and Natural Bathing Areas. IDMTs at the remote site will maintain oversight of the sanitary conditions of recreational waters and hot tubs under Air Force jurisdiction. The IDMT will conduct pre and post-season inspections, weekly inspections, and bacteriological sampling and testing, to include both chlorine/bromide residual and pH determinations. Chlorine/bromide and pH determinations may be conducted by trained lifeguards or other designated personnel; the IDMT will ensure these are performed properly. The IDMT is authorized to approve natural swimming areas;

however, coordination with the HMTF BE office is required since the testing protocols may be different. (T-3)

8.3. Occupational and Radiological Health Programs. The HMTF BE staff advises the IDMT at the remote/deployed site or contingency location on site specific occupational and radiological health monitoring responsibilities, including but not limited to industrial hygiene, control of hazardous materials, radioactive material handling/use and non-ionizing radiation health precautions.

8.3.1. The HMTF BE staff conducts site, work area or process evaluations as identified in the HMTF site support plan, and coordinates visits with the site commander and workplace supervisors. The IDMT at the supported site will accompany the BE Officer or designee during site visits and conduct follow-up visits if necessary. (T-3)

8.3.2. With assistance from the HMTF BE staff, the IDMT will educate workers on the health hazards and control measures in their workplace. (T-3)

8.3.3. Workplace case files and facility folders will be maintained IAW HMTF guidance at remote sites using the AF-approved Occupational & Environmental Management Information System. (T-3)

8.3.4. The IDMT will monitor the use of required Personal Protective Equipment (PPE) and advise workers/supervisors when PPE needs maintenance or replacement. The IDMT will monitor the use and effectiveness of engineering and administrative controls. (T-3)

8.3.5. The IDMT will be alert for any potential confined spaces. These will be identified to the HMTF BE office for evaluation, prior to entry by workers. In addition, the IDMT should contact the local ground safety SME for coordination on potential confined space issues. (T-3)

8.3.6. The IDMT will closely monitor potential job related medical problems to determine if worker's symptoms could be caused by their work environment.

8.3.7. Radiological Health. The HMTF BE staff will ensure the IDMT knows the site specific ionizing and non-ionizing radiation exposure control requirements. The HMTF BE will be consulted on radioactive materials shipping and disposal procedures. The IDMT will immediately report all suspected overexposure incidents to the HMTF BE office for investigation. The IDMT will run the Thermo Luminescent Dosimeter (TLD) Program where required, IAW HMTF guidance. (T-3)

8.3.8. Respiratory Protection Program. The remote/deployed site IDMT will manage a respiratory protection program in accordance with guidance provided by the HMTF, as applicable. (T-3)

8.3.9. Laser and Electro-Magnetic Frequency Radiation Protection Program. The remote site IDMT will manage the Laser and Electro-Magnetic Frequency Radiation Protection program with guidance provided by the MTF/HMTF as applicable. (T-3)

THOMAS W. TRAVIS, Lieutenant General,
USAF, MC, CFS
Surgeon General

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

DOD 5210.42-R, *Nuclear Weapon Personnel Reliability Program*

AFPD 41-1, *Health Care Programs and Resources*

AFPD 44-1, *Medical Operations*

AFI 10-246, *Food and Water Protection Program*

AFI 10-2501, *Air Force Emergency Management (EM) Program Planning and Operations*

AFI 24-301, *Vehicle Operations*

AFPD 24-3, *Management, Operation and Use of Transportation Vehicles*

AFI 25-201, *Support Agreements Procedures*

AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*

AFI 36-2102, *Base-Level Relocation Procedures*

AFI 36-2201, *Air Force Training Program*

AFI 36-2910, *Line of Duty (Misconduct) Determination*

AFI 41-101, *Obtaining Alternative Medical and Dental Care*

AFI 41-209, *Medical Logistics Support*

AFI 41-301, *Worldwide Aeromedical Evacuation System*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*

AFI 44-102, *Medical Care Management*

AFI 44-108, *Infection Control Program*

AFI 44-119, *Medical Quality Operations*

AFI 47-101, *Managing Air Force Dental Services*

AFI 48-101, *Aerospace Medicine Enterprise*

AFI 48-102, *Medical Entomology Program*

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

AFJI 48-110, *Immunizations and Chemoprophylaxis*

AFJI 48-131, *Veterinary Health Services*

AFI 48-115, *Tuberculosis Detection and Control Program*

AFI 48-116, *Food Safety Program*

AFI 48-117, *Public Facility Sanitation*

AFI 48-123, *Medical Examination and Standards*

AFI 48-124_IP *Armed Forces Institute of Pathology and Armed Forces Histopathology Centers*

AFI 48-144, *Drinking Water Surveillance Program*

AFI 48-145, *Occupational and Environmental Health Program*

AFI 48-149, *Flight and Operational Medicine Program*

AFJI 48-104, *Quarantine Regulations of the Armed Forces*

AFI 91-204, *Safety Investigation and Reports*

AFMAN 23-110, *USAF Supply Manual*

AFJMAN 24-306, *Manual for the Wheeled Vehicle Driver*

AFMAN 44-144, *Nutritional Medicine*

AFMAN 48-125, *Personnel Ionizing Radiation Dosimetry*

AFMAN 48-138, *Sanitary Control and Surveillance of Field Water Supplies*

AFMAN 48-153, *Health Risk Assessment*

AFPAM 91-211, *USAF Guide to Aviation Safety Investigation*

AFPAM 48-151, *Thermal Injury*

AFOSHSTD 48-9, *Electro-Magnetic Frequency (EMF) Radiation Occupational Health Program*

AFOSHSTD 48-14, *Swimming Pools, Spas and Hot Tubs, and Bathing Areas*

AFOSHSTD 48-20, *Occupational Noise and Hearing Conservation Program*

AFOSHSTD 48-137, *Respiratory Protection Program*

AFOSHSTD 48-139, *Laser Radiation Protection Program*

The USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols

4N0X1, *Aerospace Medical Service Career Field Education and Training Plan.*

NIOSH Publication #78-210, *Pocket Guide to Chemical Hazards, National Institute of Occupational Safety and Health (NIOSH)/Occupational Safety and Health Administration (OSHA).*

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Washington, DC: American Psychiatric Association, current edition.

Solomon, Elder P., *Human Anatomy and Physiology*, Ontario, Canada: W.B. Saunders; current edition.

Benenson, Abram S., *Control of Communicable Disease Manual*, Washington, DC: American Public Health Association, current edition.

Katzung, Betram G. *Basic and Clinical Pharmacology*, San Francisco: McGraw-Hill, current edition.

Bledsoe, Bryan E., Cherry, Richard A., Porter, Robert S., *Brady Intermediate Emergency Care*, New York: Prentice Hall, current edition.

Comprehensive Drug Abuse Prevention Act of 1970. Available from
<http://www.usdoj.gov/deas/agency/csa.htm>

Emergency War Surgery, U.S. Government Printing Office.

Food and Drug Administration Food Code, Food, Drug, and Cosmetic Act. Available from
<http://vm.cfsan.fda.gov/~dms/foodcode.html>

DeWitt, Susan C., *Fundamentals Concepts and Skills for Nursing*, Philadelphia: W.B. Saunders, current edition.

Omnibus Budget Reconciliation Act of 1990. Available from
http://naic.acf.hhs.gov/general/legal/federal/pl101_508.cfm

Auerbach, Paul S., *Management of Wilderness and Environmental Emergencies*, St Louis: Mosby, current edition.

Murray, P. R., Rosenthal, K. S., Kobayashi G. S. and M. A. Pfallar, *Medical Microbiology*, St Louis: Mosby, current edition.

National Association of Emergency Medical Technicians and American College of Surgeons, *Prehospital Trauma Life Support*, St Louis: Mosby, current edition.

All of the following publications are required for all MTF/HMTF IDMT training programs and remote sites:

Only publications annotated with a * are required for SME/UTC IDMTs:

Bates, Barbara, Bickley, Lynn S., Hoekelman, Robert A., *A Guide to Physical Examinations and History Taking*, New York: Lippincott, William & Wilkins, current edition.

Benenson, Abram S., *Control of Communicable Disease Manual*, Washington, DC: American Public Health Association, current edition.

Mistovich, Joseph J., Hafen, Brent Q., and Keith S. Karren, *Brady's Prehospital Emergency Care*, New Jersey: Prentice Hall, current edition; or other similar reference published by a different company.

Dorland's Medical Dictionary, Philadelphia: W.B. Saunders, current edition.

Grant, Harvey, Murrar, Jr., Robert, Bergeron, David, and Michael F. O'Keefe, *Brady Emergency Care*, New York: Prentice Hall, current edition.

Nettina, Sandra M., *Lippincott Manual of Nursing Practice*, Washington DC: Lippincott Williams & Wilkins, current edition.

<http://mns.elsevierperformancemanager.com/NursingSkills/Home.aspx?VirtualName=usaf-washingtondc&Passthrough=hOvp16Xt7DmjV5rSoYg35T1Yg92uJulWzQ2Lwu12bMkFv0NyPIa5luG6hhedkCNv71jHY4cCvFRch9q+glTTQ==>

Potter, Patricia A., *Mosby's Fundamentals of Nursing*, Elsevier Publishing, St Louis: Mosby, current edition

Tierney, Lawrence M., McPhee, Stephen J., and Maxine A Papadakis, *Current Medical Diagnosis and Treatment*, San Francisco: McGraw-Hill/Appleton & Lange, current edition.

Cummins, Richard O., *Textbook of Advanced Cardiac Life Support*, American Heart Association, current edition.

Cowl, Clayton T., *Physician's Drug Handbook*, Minnesota: Lippincott Williams & Wilkins, current edition.

Prescribed and Adopted Forms

AF Form 286, *Personnel Reliability Program (PRP) Certificate*

AF Form 286A, *Notification of Personnel Reliability Program Permanent Decertification Action*

AF Form 469, *Duty Limiting Condition Report*

AF Form 555, *Patient Visit Register*

AF Form 579, *Controlled Substances Register*

AF Form 623, *Individual Training Record Folder*

AF Form 623a, *On-the-Job Training Record - Continuation Sheet*

AF Form 765, *Medical Treatment Facility Incident Statement*

AF Form 781, *Multiple Item Prescription*

AF Form 977, *Food Facility Evaluation*

AF Form 1041, *Medical Recommendation for Flying or Special Operational Duty Log*

AF Form 1042, *Medical Recommendations for Flying or Special Operational Duty*

AF Form 1098, *Special Task Certification and Recurring Training*

AF Form 1480, *Summary of Patient Care*

AF Form 1488, *Daily Log of Patients Treated for Injuries*

AF Form 4336, *IDMT Patient Encounter Form*

SF Form 522, *Request for Administration of Anesthesia and for Performance of Operations*

SF Form 600, *Health Record - Chronological Record of Medical Care, Version 1*

SF Form 603/603A, *Dental Record – Chronological Record of Dental Care*

DD Form 2341, *Report of Animal Bite - Potential Rabies Exposure*

DD Form 1348-6, *DOD Single Line Item Requisition System Document*

DD Form 2766c, *Adult Preventive and Chronic Care Flowsheet*

DD Form 2795, *Pre Deployment Health Assessment*

DD Form 2796, *Post Deployment Health Assessment*

DD Form 2900, *Post Deployment Health Assessment*

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

AF—Air Force

AFI—Air Force Instruction

AFMIC—Air Force Medical Intelligence Center

AFOSH—Air Force Occupational Safety and Health

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AFSC—Air Force Specialty Code

AFTR—Air Force Training Record

AFMAN—Air Force Manual

AFRESS—Air Force Reportable Events Surveillance System

AHLTA—Armed Forces Health Longitudinal Technology Application

AAAHHC—Accreditation Association for Ambulatory Health Care

AMC—Aerospace Medicine Council

ANG—Air National Guard

ARC—Air Reserve Component

BAT—Blood Alcohol Test

BEE—Bioenvironmental Engineering

BMET—Biomedical Equipment Technician

BMT—Basic Military Training

BLS—Basic Life Support

CCM—Cost Center Manager

CFETP—Career Field Education and Training Plan

CFM—Career Field Manager

CHCS—Composite Health Care System

DIA—Defense Intelligence Agency

DMLSS—Defense Medical Logistics Standard Support

DNIF—Duties Not Involving Flying

DoD—Department of Defense

DPD—Diethyl - P - Phenylene Diamine

ECOMS—Executive Committee Of the Medical Staff

ED—Emergency Department
FAR—Functional Area Representative
FHDC—Family Home Day Care
HAWC—Health And Wellness Center
HBA—Health Benefits Advisor
HC—Hearing Conservation
HIPAA—Health Insurance Portability and Accountability Act
HMTF—Host Medical Treatment Facility
HQ AFMSA—Headquarters Air Force Medical Support Agency
HSI—Health Services Inspection
IAW—In Accordance With
IBT—Immunization Back-up Technician
IDMT—Independent Duty Medical Technician
IV—Intravenous
JC—Joint Commission
JQS—Job Qualification Standard
LAN—Local Area Network
LOD—Line of Duty
MAJCOM SG—Major Command Surgeon
MAS—Medical Aid Station
MEB—Medical Evaluation Board
MEDLOG—Medical Logistics
MEMO—Medical Equipment Management Office
MOD—Medical Officer of the Day
MPF—Military Personnel Flight
MTF—Medical Treatment Facility
NSN—National Stock Number
NREMT—National Registry of Emergency Medical Technicians
OBRA—Omnibus Budget Reconciliation Act
OI—Operating Instruction
OJT—On-the-Job Training
OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

OTC—Over the Counter

P&T—Pharmacy and Therapeutics

PA—Privacy Act

PCS—Permanent Change of Station

PEB—Physical Examination Board

PH—Public Health

PHTLS—Pre-Hospital Trauma Life Support

PPE—Personal Protective Equipment

PRP—Personnel Reliability Program

QTP—Qualification Training Packages

RMO—Resource Management Office

ROTC—Reserve Officer Training Cadet

SA—Support Agreement

SABC—Self-Aid Buddy Care

SAV—Staff Assistance Visit

SEI—Special Experience Identifier

SGH—Chief of the Medical Staff

SGP—Chief, Aerospace Medicine

SIPRNET—Secret Internet Protocol Router Network

SME—Squadron Medical Element

STD—Sexually Transmitted Disease

TA—Table of Allowances

TB—Tuberculosis

TDY—Temporary Duty

TLD—Thermo Luminescent Dosimeter

TPL—Third Party Liability

TRICARE—Managed Care

UA—Urinalysis

UCMJ—Uniform Code of Military Justice

USAF—United States Air Force

UTC—Unit Type Code

Terms

Alternate Care Location—location approved by MAJCOM/SG where IDMTs can provide care according to approved OIs specific to that location. Examples are Warrior Week, BMT and Officer Training School.

Dental Preceptor—A dentist appointed by the Senior Dental Officer who serves as the IDMT's dental supervisor and trainer and is identified by placing his/her signature and initials on AF IMT 623a, On-The-Job Training Record Continuation Sheet. By virtue of their status as professional health care providers, preceptors fulfill the requirements of both trainers and task certifiers in accordance with AFI 36-2201, *Air Force Training Program*.

Host Medical Treatment Facility (HMTF)—The Host MTF designated by the command surgeon to support an SME/remote site. The HMTF arranges for and ensures availability of medical services.

Host Medical Treatment Facility Orientation—Orientation at the HMTF prior to the IDMT arriving at the remote site/SME unit. This orientation allows the IDMT to work with their physician and dental preceptor and complete certification. IDMTs also have an opportunity to meet the supporting HMTF staff and review applicable OIs that may apply to the site/unit.

Independent Duty Medical Technician (IDMT)—Aerospace Medical Service Technicians in Air Force specialty codes 4N051/71C Senior Airman through Master Sergeants (and selected Senior/Chief Master Sergeants (SEI 496) when assigned to a duty position requiring this specialty) who have successfully completed the Independent Duty Medical Technician Program, who are currently in good standing as EMTs IAW with the 4N0X1 CFETP and current as an IBT. IDMTs perform patient examination and render medical/dental treatment and emergency care to active duty personnel within the established scope of practice in the absence of a licensed health care provider or in preceptor-supervised settings in USAF MTFs as defined in paragraph 1.10.1 of this instruction. They are responsible to the SME/remote site commander and are certified to treat medical and dental disorders by the MTF/HMTF SGH and SGD. IDMTs receive medical and dental guidance and support from their medical and dental preceptors and administrative/technical support from personnel assigned to the MTF/HMTF. IDMTs are categorized into the following categories based on unit of assignment:

MTF IDMT—IDMTs assigned directly to an MTF, prepared to support a remote site/SME/UTC based contingency operations.

SME IDMT—IDMT assigned as a primary member of a Squadron (or unit) Medical Element

MAS IDMT—IDMT assigned to support a Medical Aid Station

Home—station performance of duties—Performance of duties in the medical treatment facilities under the auspices of physician supervised training.

Independent Duty Medical Technician Program Coordinator—A 4N0X1/4N0X1C Aerospace Medical Service Technician/IDMT at an MTF/HMTF not tasked to support a remote site. The individual is appointed by the MTF Commander with coordination of SGH and tasked to oversee the in-house IDMT initial certification and sustainment training programs. This individual is responsible for the implementation, operation, and documentation of the program.

Medical Aid Station—A medical treatment facility (fixed/mobile) staffed and equipped to provide limited ambulatory care, patient holding, and stabilization in preparation for evacuation.

Squadron Medical Element—A medical function of an Air Force organization with a deployable Medical Aid Station established to provide limited ambulatory care, patient holding, and stabilization in preparation for evacuation to support line mobility units while in a deployed status. (Examples: Special Operations Command Medics, RED HORSE Units, Air Control Squadrons, or Security Forces Medics). AFI 48-149, Flight and Operational Medicine Program, also governs SME personnel.

Parent MAJCOM—Major Command that owns the site or unit supported by the IDMT.

Physician Preceptor—A licensed, credentialed physician, appointed by the MTF/HMTF Chief of the Medical Staff, who serves as the IDMT's clinical supervisor and trainer and is available to the IDMT. By virtue of their status as professional health care providers, preceptors fulfill the requirements of both trainers and task certifiers in accordance with AFI 36-2201, *Air Force Training Program*.

Remote Site—An Air Force operating location in a remote or geographically separated area without a full service MTF in the immediate vicinity. These remote sites usually have a small to medium number of assigned or attached personnel and many have a Medical Aid Station.

USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols—(formerly AFMAN 44-158). The standardized list of disease/injury entities and treatment modalities, that in conjunction with the current 4N0X1 CFETP, define the scope of care/practice for USAF IDMTs. AF/SG1E and the 937 TRG are the OPRs for changes to these protocols.