

**BY ORDER OF THE COMMANDER  
AIR EDUCATION AND TRAINING  
COMMAND**



**AIR EDUCATION AND TRAINING  
COMMAND INSTRUCTION 48-103**

**10 DECEMBER 2014**

***Aerospace Medicine***

**TRAINING HEALTH AND HUMAN  
PERFORMANCE PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction Air Force Policy Directive (AFPD) 48-1, *Aerospace Medicine Enterprise*; Air Force Instruction (AFI) 48-101, *Aerospace Medicine Enterprise*; AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*; and AFI 48-123 *Medical Examination and Standards*. This instruction directs policy for the Training Health and Human Performance (THAHP) program. The THAHP program consists of all health service activities that directly support execution of the Air Education and Training Command's primary mission. These health services support areas include aviation, occupational, environmental, and operational medicine, industrial hygiene, public health, force health readiness and protection, human performance, sustainment, and optimization, while supporting all training pipelines. This instruction provides guidance on the organizational structure, functional responsibilities, and operational scope and capabilities of the Air Force Training Health and Human Performance program. It applies to all Air Force Active Duty, Air National Guard, and Reserve training populations. It also supports Joint (Army, Navy, Marine) and Allied Nation training missions taking place in AF facilities and on AF installations. This AETCI may be supplemented at any level, but all supplements must be routed to HQ AETC/SG for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publication and Forms Management*, Table 1.1, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. This publication requires

collecting and/or maintaining information protected by the Privacy Act (PA) of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Ensure 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 Air Force Records Disposition Schedule (RDS). See [Attachment 1](#) for a glossary of references and supporting information. See **Attachment 2** Military Training Consult Service (MTCS). See [Attachment 3](#) Sample Memos for Dining Facility (Caloric Supplementation)

## Chapter 1

### PROGRAM OVERVIEW FOR TRAINING HEALTH AND HUMAN PERFORMANCE PROGRAM

#### 1.1. Introduction and Overview.

1.1.1. The military accession training environment presents unique challenges in ensuring force health protection, minimizing adverse health-related impacts, and optimizing human performance in the military training mission. Examples of the challenges commonly found in military training courses include intense physical activities, novel emotional and cognitive demands, as well as unusual living arrangements.

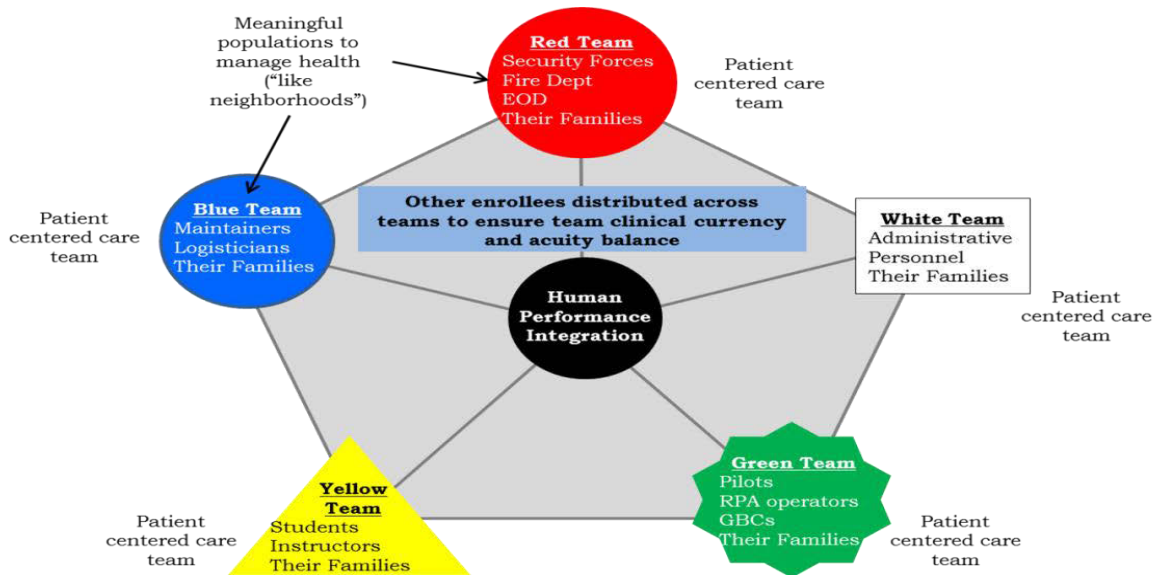
1.1.2. This Instruction provides guidance, highlights responsibilities, and establishes procedures for the Training Health and Human Performance (THAHP) program in support of the overall Aerospace Medicine Enterprise. The intent is to provide a framework for medical support to all training pipelines focused on optimizing warrior development in alignment with these specific mission areas described in AFPD 48-1, *Aerospace Medicine Enterprise*.

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

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

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

1.1.2.4. Optimize and Sustain Human Performance—THAHP program is the operationalization of the yellow team as defined in the Human Performance CONOPS (*Figure 1*). Research and employ objective occupation selection criteria, evidence-based medical standards, and the tools and techniques necessary to sustain the levels of individual physical and cognitive performance planned for and expected of the human components of weapon systems.

**Figure 1.1. Human Performance CONOPS graphic**

## 1.2. AETC Unit Level Management.

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

- 1.2.1.1. Establish clear prevention objectives and goals
- 1.2.1.2. Define tasks and responsibilities necessary to achieve objectives
- 1.2.1.3. Specify clear and reasonable timelines
- 1.2.1.4. Ensure accountability
- 1.2.1.5. Measure effectiveness of reaching the objectives and desired effects
- 1.2.1.6. Redirect local plans, policy, and practices as needed to better achieve desired effects

## 1.3. THAHP Program Scope.

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

1.3.2. The THAHP program is implemented at all AETC locations with a steady state training mission. This includes active duty (AD), Air National Guard (ANG), Air Force Reserve (AFRC), Joint and international students. (T-2)

1.3.3. The Military Treatment Facility will implement the appropriate scope of the THAHP program with assigned personnel as the base operational mission demands. Defining the scope of the THAHP program and missions covered will be the responsibility of the base Chief of Aerospace Medicine (SGP), Squadron (SQ) and Medical Group (MDG) commanders, in consultation with the military training line command and MAJCOM/SGP. Medical support for training should be analogous to flight medicine's mission-focused support, but adapted for each Training Mission, all pipeline courses, and unique health risks. (T-2)

1.3.4. As an AETC enabling capability, the THAHP program ensures that expertise is provided to establish and maintain pertinent, mission-orientated PM support to training operations. All THAHP program personnel must be completely familiar with all training pipelines, environments and activities at their assigned location to effectively provide PM support to the commander. (T-2)

## **Chapter 2**

### **RESPONSIBILITIES**

#### **2.1. Command Surgeon General (HQ AETC/SG).**

- 2.1.1. Chairs the Training Health Committee (THC). (T-2)
  - 2.1.1.1. Oversees THAHP surveillance to establish priorities in training pipeline healthcare. (T-2)
  - 2.1.1.2. Supports and advocates for training pipeline changes that will improve human performance in the training environment. (T-2)
  - 2.1.1.3. Refers issues, as needed, to HAF/SG and/or HQ AETC/CC. (T-2)
- 2.1.2. Establishes health policy, basic resources and standardized programs and processes for I-THAHP programs. (T-2)
- 2.1.3. Resources support activities for THAHP programs through the AFMS POM process.
- 2.1.4. Designates in writing a physician (preferably PM) with training health experience to serve as the AETC THAHP program manager. (T-2)

#### **2.2. Training Health Committee (HQ AETC-THC).**

- 2.2.1. Maintains situational awareness of disease patterns, infectious disease outbreaks, injuries, or fatalities associated with training populations. (T-2)
- 2.2.2. Develops and maintains a charter. (T-2)
- 2.2.3. Identifies and recommends policy, manning, resources, metrics and protocols for THAHP programs. (T-2)
- 2.2.4. Provides a forum to resolve issues forwarded from I-THAHP's program managers. (T-2)
- 2.2.5. Membership includes, but is not limited to AETC's, SG, SGP, PHO, and THAHP program manager, all other required memberships will be defined in the THC charter. Ad hoc participants are identified and requested as needed.

#### **2.3. Chief of Aerospace Medicine, Air Education and Training Command (HQ AETC/SGP).**

- 2.3.1. Integrates THAHP program into the Aerospace Medicine Enterprise (AME) and mission operations within AETC. (T-2)
- 2.3.2. Serves as Deputy Chair for the THC. (T-2)
- 2.3.3. Coordinates with the AF/SG Consultant for PM and the Aerospace Operations Division (AFMSA/SG3P) as needed. (T-2)
- 2.3.4. Identifies training health surveillance information management and information technology (IM/IT) requirements. (T-2)
- 2.3.5. Oversees day-to-day operations of the AETC THAHP program manager.

**2.4. AETC Training Health and Human Performance (THAHP) Program Manager.**

- 2.4.1. Develops recommendations for policy, plans, standard procedures, resourcing, and other guidance governing the THAHP program.
- 2.4.2. Serves as AETC THAHP program expert and POC for installation Training Health issues. (T-2)
- 2.4.3. Develops processes for and maintains standardized training health metrics (see section 3.5) and identifies IM/IT support tools required; to facilitate reporting of standardized metrics.
- 2.4.4. Facilitates I-THAHP program communication, activities, and research projects.
- 2.4.5. Provides resource and personnel guidance, as well as consultative, analytic, and subject matter expertise to I-THAHP program managers.
- 2.4.6. Coordinates with the I-THAHP program managers to identify essential data elements to support installation-specific training health mission(s).
- 2.4.7. Ensures clear channels of communication with AF/SG PM consultant and I-THAHP program managers.
- 2.4.8. Leads periodic teleconference calls with I-THAHP program managers to address training health issues.
- 2.4.9. Conducts initial and staff assistance visits at training health locations as requested by unit/CC. (T-2)
- 2.4.10. Coordinates any required THAHP program related meetings (i.e. THC or ad hoc meetings required to address program issues).
- 2.4.11. Prepares the THAHP program annual report, disseminates findings as warranted. (T-2)
- 2.4.12. Uses PM principles to identify and determine the scope and impact of a problem then develops recommended actions, and implements changes to prevent, mitigate, and manage the problems.

**2.5. Medical Group Commander (MDG/CC) at bases where an I-THAHP is determined to be necessary.**

- 2.5.1. Establishes familiarity with the installation's unique training environment(s), human performance shortfalls and emerging health threats. (T-2)
- 2.5.2. Represents I-THAHP at appropriate wing/installation level forums (or designates an alternate). (T-2)
- 2.5.3. Collaborates with LAF on issues identified by the I-THAHP program.

**2.6. Aerospace Medicine Squadron Commander (AMDS/CC) or equivalent.**

- 2.6.1. Appoints in writing a physician (preferably a PM, residency-trained) to serve in I-THAHP program manager billets. If unavailable, appoints a non-PM-trained physician in coordination with the HQ AETC THAHP program manager. (T-2)
- 2.6.2. Maintains familiarity with the installation's unique training environment(s).

2.6.3. Ensures that the I-THAHP Program Manager's assigned duties are focused on roles and responsibilities listed in paragraph 2.8. (T-2)

2.6.4. Ensures continuity of the training health mission during manning deficits, (e.g., deployments or Permanent Change of Station processes). Coordinates deployments of PM trained physicians serving in an I-THAHP program manager billet with AF/SG PM consultant. (T-2)

## **2.7. Group Chief of Aerospace Medicine SGP\*.**

2.7.1. Integrates THAHP program into the AME. (T-2)

2.7.2. Provides I-THAHP program oversight. (T-2)

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

2.7.4. Coordination of the training health mission during manning deficits (e.g., deployments or Permanent Change of Station processes). Coordinates deployments of PM trained physicians serving in an I-THAHP program manager billet with AF/SG PM consultant.

2.7.5. Participates in the local training health and human performance forums as needed.

2.7.6. Provides consultation to I-THAHP program managers on all aspects of Aerospace Medicine Programs. (T-2)

2.7.7. Ensures that Independent Duty Medical Technicians assigned to support I-THAHP programs function/perform IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program*. (T-2)

2.7.8. Consults with MAJCOM/SGP or THAHP program manager on training health issues as needed. **Note:** Due to the uniqueness at JBSA-Lackland, the SGH may provide I-THAHP oversight.

## **2.8. Installation Training Health and Human Performance (I-THAHP) Program Manager.**

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

2.8.2. Tracks and trends the training population's health metrics to identify those injuries and illnesses which contribute to attrition, lost training and duty days, decreased graduation rates and entry level separations (ELS). (T-2)

2.8.2.1. Provide feedback and lessons learned on human performance shortfalls and/or emerging threats to those organizations and agencies responsible for Human Performance Optimization and Enhancement. (T-2)

2.8.2.1.1. Identify the week and location of training.

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

2.8.2.1.3. Determine countermeasures to reduce attrition from injuries and illnesses.

2.8.3. Conducts epidemiologic investigations and/or focused evaluations of trainee-related facilities when prompted by injury/illness trends, or Wing safety requests. Trainee-related facilities include field training sites, housing facilities, classrooms, laundry and food service operations, sports facilities, gymnasiums, swimming pools, recreational facilities, and fitness centers. (T-2)



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

2.8.4.1. Preventive health interventions critical to training mission success.

2.8.4.2. Adverse health impact of training activities.

2.8.5. Represents I-THAHP program at MAJCOM-level meetings and other appropriate forums. (T-3)

2.8.6. If the installation chooses to establish an installation level training health forum, then the Aerospace Medicine Council (AMC) will be the reviewing authority for this group.

2.8.6.1. Installation Training Health Work Group- members will support the development and implementation of health promotion programs specific to trainees such as those for tobacco use, optimal nutrition and physical fitness. If there is no installation-level forum, then this responsibility falls under the AMC. (T-2)

2.8.7. Coordinates surveillance, epidemiology, environmental testing, and other capabilities with subject matter experts (SMEs) when appropriate.

2.8.8. Submits annual I-THAHP program reports to the AETC THAHP manager. The annual report will include standardized metrics (see paragraph 3.5) as well as installation programs/initiatives that may significantly impact the health of training populations. A standardized format for reporting key training health elements will be included in each report as directed by the AETC/SG. (T-2)

2.8.9. Advises public health officers (PHOs), bioenvironmental engineers (BEEs), immunization clinic staff, and health promotion personnel on I-THAHP issues, as required. (T-3)

2.8.9.1. Develops local response plans for specific communicable disease outbreaks and/or threats as they occur. Response plans are executed in coordination with the PHO in the event the outbreak or threat extends to non-training populations. (T-3)

2.8.10. Coordinates with Public Health on communicable disease outbreak investigations when they occur in training populations. (T-3)

2.8.11. Ensures Trainee Health Dietary supplement and caloric intake policies are consistent with Human Performance Resource Center's Operation Safe Supplements <http://hprc-online.org/dietary-supplements/opss>. (T-2)

2.8.12. Ensures Trainees in high demand training environments receive supplemental caloric replacement. **Attachment 3** provides samples of memos to request supplemental caloric and electrolyte replacement essential to preventing electrolyte disturbance and optimizing performance. (T-3)

2.8.13. Oversees and executes an effective occupational and environmental health services program for the training environment, to include mission tailored screening and examinations that enhance protection of cadre and trainees from illness or injury related to their training environments. (T-3)

2.8.14. Acts as primary consultant for Training Squadron (TRS) Commanders regarding matters specified in p.1.1.2.1-4, and the performance scope and practice of THAHP. (T-3)

2.8.15. Coordinates requests for additional subsistence for supplemental caloric and electrolyte replacement for high demand training operations (T-2)

## **2.9. Public Health**

2.9.1. Supports THAHP programs according to specifications outlined in AFI 48-105, *Surveillance, Prevention and Control of Diseases and Conditions of Public Health or Military Significance*. (T-3)

2.9.2. Collaborates with I-THAHP and Line of Air Force (LAF) at wing and installation forums for preventing and controlling diseases and injuries in the trainee populations. (T-2)

## Chapter 3

### TRAINING HEALTH AND HUMAN PERFORMANCE PROGRAM

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

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

**3.3. Objective:** To optimize the health and sustain the performance of training populations while decreasing medical attrition and improving the efficiency of the overall training mission.

**3.4. Desired Effects.**

3.4.1. Medically ready, capable, and resilient trainers, instructors, and students.

3.4.2. Trusted rapport with LAF leadership, training personnel, and students, enabling effective assessment of human performance threats and involvement in operational planning.

3.4.3. THAHP program personnel appropriately and constructively engaged in all aspects of the AF training mission. (T-2)

**3.5. Indicators.**

**3.5.1. Overall Graduation Rates.**

3.5.1.1. Total Graduation Rate (Approximate) = Total number of students graduated divided by Total number of students brought to school. Total Graduation Rate formula is defined in AETCI 36-2642.

3.5.1.2. On Time Graduation Rate (Approximate) = Total number of students graduated on time divided by Total number of students brought to school.

3.5.1.2.1. BMT and Tech Training will report graduation and elimination rates as defined in AETCI 36-2642 by gender. (T-2)

3.5.1.2.2. Training Groups will report graduation and elimination rates as defined in AETCI 36-2642 by gender by individual courses. (T-2)

**3.5.2. Elimination Rates.**

3.5.2.1. Total Elimination Rates will be calculated by Basic and Tech Training Commands IAW AETCI 36-2642. Total and stratified elimination rates should be used by the THAHP program managers to monitor health of command and measure impact of preventive measures. (T-2)

3.5.2.2. Medical Eliminations include students eliminated from training under codes for medical (code = LM) and decreased (code = LL), but does not include students eliminated for preexisting conditions (code = LZ) as defined in AETCI 36-2642. Medical Elimination rates will be calculated by Basic and Tech Training Commands. (T-2)

3.5.2.3. MH Elimination Rate = Total number of students permanently removed from training (due to MH issues) divided by Total number of students brought to school. This will be calculated by Basic and Tech Training Commands IAW AETCI 36-2642. (T-2)

3.5.2.4. Non-Medical Attrition Rate will be calculated and reported by Basic and Tech Training Commands IAW AETCI 36-2642. (T-2)

**3.5.3. Illness and Injury Rates and Patterns.**

3.5.3.1. Trainee Medical Utilization Rate = Number of student visits to clinic divided by number of students in training. Timeframes tracked could be per week, month, quarter or year. I-THAHP program managers will report overall rates by wing per month. (BMT rates will be reported separately from tech school). (T-2)

3.5.3.2. Incidence Rates for diagnosis categories = Number of cases in each category divided by number of students in training. Timeframes tracked could be per week, month, quarter, or year. BMT will report these rates separately from tech school. I-THAHP program managers will report overall rates by wing per month. (T-2)

3.5.3.2.1. The categories are Lower Extremity Injuries (including stress fractures, ankle/knee injuries, blisters), Influenza-like-illness, Acute Gastroenteritis, Climatic Injuries/Environmental (heat and cold). (T-2)

3.5.3.2.2. Conduct epidemiologic investigations for any unusual spikes or outbreaks occurring within any category listed above in any training population and report to MAJCOM THAHP program. (To include other significant occurrences not specifically cited above) (T-2)

**3.5.4. Medical Hold Metrics.**

3.5.4.1. Number of students removed from training for longer than 8 hours (Students Ineffective Training-[SITs]), Students Out of Training (SOTs), Students Awaiting Training (SATs), any medical hold status, etc. This instruction refers to this as “medical hold status.” (T-2)

3.5.4.2. Average Lost Training Days = sum of number of days each individual has spent in medical hold status divided by number of students in medical hold status per defined time period.

3.5.4.3. Range of Lost Training Days of all students in medical hold status for the month. (T-2)

3.5.4.4. Rate of Medical Hold returning to training = Number of students removed from medical hold status back into training status divided by number of students in any medical hold status.

3.5.4.5. Rate of Medical Hold moved to separation action (ELS/MEB) = Number of students moved from medical hold status into separation action divided by number of students in any medical hold status. (T-2)

3.5.4.6. Range of Lost Training Days of all students moved from medical hold status into separation action for the month. (T-2)

**3.5.5. Separation Process Metrics** (refer to AFI41-210, *Tricare Operations and Patient Administration Functions*, section 4K, *Medical Evaluation of SMs for Continued Military Service*).

3.5.5.1. Number of students currently undergoing separation action (ELS or MEB).

3.5.5.2. Average Days in Separation Action = sum of number of days each individual has spent in separation action divided by number of students currently undergoing separation action.

3.5.5.3. Range of Days of all students currently undergoing separation action for the month.

### **3.6. Leadership Forums.**

3.6.1. Local training health and human performance working groups.

3.6.2. AMC – Aerospace Medicine Council.

3.6.3. PHF – Population Health Function.

3.6.4. DAWG – Deployment Availability Working Group.

3.6.5. CAIB – Community Action Integration Board.

3.6.6. IDS – Integrated Delivery System.

3.6.7. Training Wing/Group/Squadron meetings.

3.6.8. ESOH Council.

### **3.7. Reporting.**

3.7.1. Training Health and Human Performance program review will occur at the working group level or at AMC at a periodicity determined by the SGP.

3.7.2. Training Health and Human Performance indicators will be briefed at least quarterly to the MDG Executive Committee.

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

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Command

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

**AFI41-210**, Tricare Operations and Patient Administration Functions, 6 June 2012

**AFI44-103**, The Air Force Independent Duty Medical Technician Program, 6 December 2013

**AFI48-105**, Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance, 1 March 2005

**AFPD40-1**, *Health Promotion*, 17 December 2009

**AFPD44-1**, *Medical Operations*, 1 September 1999

**AFPD48-1**, *Aerospace Medicine Enterprise*, 23 August 2011

**DoDD 1010.10**, *Health Promotion and Disease/Injury Prevention*, August 22, 2003

**DoD 6025.18-R**, *DoD Health Information Privacy Regulation*, 24 January 2003

***Prescribed Forms***

This supplement does not include any prescribed forms.

***Adopted Form***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

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

**AETC THAHP**—Training Health and Human Performance Program Manager

**AFMOA**—Air Force Medical Operations Agency

**AFMOA/CC**—Commander, Air Force Medical Operations Agency

**AFMS**—Air Force Medical Service

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

**AF/SG**—Surgeon General, US Air Force

**AMDS/CC**—Aeromedical Squadron Commander

**ARC**—Annual Resiliency Consultation

**BEE**—Bioenvironmental Engineer

**BMT**—Basic Military Training

**CAIB**—Community Action Information Board

**ELS**—Entry Level Separation

**ESOH**—Environmental, Safety, and Occupational Health

**IDS**—Integrated Delivery System

**IM/IT**—Information Management and Information Technology

**I-THAHP**—Installation Training Health and Human Performance Program

**I-THWG**—Installation Training Health Working Group

**LAF**—Line of the Air Force

**MAJCOM**—Major Command

**MAJCOM/SG**—Major Command Surgeon General

**MD360**—Multi-Dimensional 360 Assessment

**MDG/CC**—Medical Group Commander

**MEB**—Medical Evaluation Board

**MTCS**—Military Training Consult Service

**MTF**—Military Training Flight

**MTI**—Military Training Instructor

**MTL**—Military Training Leader

**PHF**—Population Health Function

**PHO**—Public Health Officer

**PM**—Preventive Medicine

**SAT**—Students Awaiting Training

**SGP**—Chief, Aerospace Medicine

**SIT**—Students Ineffective Training

**SOT**—Students Out of Training

**TA**—Team Aerospace

**THAHP**—Training Health and Human Performance Program

**THC**—Training Health Committee

**TRS**—Training Squadron

### ***Terms***

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

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

## Attachment 2

### MILITARY TRAINING CONSULT SERVICE

This instruction describes newly established medical processes in support of USAF Basic Military Training (BMT) operations, specifically the Military Training Consult Service (MTCS).

#### A2.1. Objective:

A2.1.1. MTCS is a four-member team of psychologists and mental health technicians assigned to the 59th Medical Wing, 559th Medical Group, 559th Aeromedical Squadron, and embedded into the 37th Training Wing, 737th Training Group, BMT, to provide command consultation, assist in Military Training Instructor (MTI) selection and training, and psychological resiliency support to instructors for safe, effective performance throughout the special duty assignment.

#### A2.2. Responsibilities:

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

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

#### A2.3. MTCS:

##### A2.3.1. MTI Selection:

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

A2.4. MTCS will administer the Multi-Dimensional 360 Assessment (MD360) to candidates being considered for MTI duty.

A2.4.1. MTCS will receive and review results of the psychological screening interview and provider assessment, will integrate results from the MD360, and will make recommendation on psychological fitness/suitability and safety risk to the 737 TRG. Protected Health Information will be disclosed in accordance with DoD 6025.18-R, *DoD Health Information Privacy Regulation*.

A2.4.2. MTCS will continually monitor and statistically analyze the effectiveness of instruments for ongoing validation and improvement.

A2.4.2.1. Command Consultation: MTCS will serve as consultants to Group, Squadron, and Flight leadership regarding psychological/behavioral issues that may impact individual, group, or unit safety and mission performance. This may include conducting focused attitude/climate assessment of units, groups, or individuals regarding performance and resiliency issues. MTCS may also conduct program evaluation analyses as requested by command, as well as review and interpret survey and other data for trend information for the command.

A2.4.2.2. Instructor Consultation Services: MTCS will provide or arrange for a continuum of service options for assistance, including educational trainings and consultation to individuals, groups, and family members of MTIs, BMT staff and leaders on topics relevant to MTI duty performance, resiliency, work-life balance, and



relationships. These prevention/education efforts are not associated with medical/mental health documentation of any kind. BMT instructors, staff, or family members who may need or desire mental health, medical, or other services will be educated regarding resources available in the area.

#### A2.4.2.3. MTI Special Duty Annual Resiliency Consultation:

A2.4.2.3.1. All MTIs will receive an Annual Resiliency Consultation (ARC) in support of safe and effective functioning and resilience through MTI special duty. Timing at 12, 24, and 36 months is intended to coincide with early in-duty performance following training, at approximate mid-tour, and prior to completion of the assignment.

A2.4.2.3.2. ARC is comprised of an individual preventative mental health screening with MTCS staff regarding psychological and behavioral health and risk factors relevant to safe and effective performance in MTI special duty. Education and appropriate referrals will be provided to the MTI if needed or desired. A brief notation of this consultation during MTI special duty status will be made in the electronic medical record. Individual information discussed will be confidential except as mandated by law or regulation.

A2.4.2.3.3. If determination is made that an MTI's current stressors or risk factors interfere significantly with the mission of safe and effective training, in an emergency, or otherwise mandated by law or regulation (e.g. suspected family maltreatment), recommendations will be made to the MTI and to his/her commander regarding potential risks to duty performance/safety, as well as options for care. Documentation will be made in the electronic medical record to support care and return to duty as appropriate.

A2.4.2.3.4. Aggregate data from ARCs may be used to monitor and advise leadership regarding trends, issues/challenges of MTI duty, as well as make organizational recommendations to improve the overall wellbeing, resilience, and performance of MTIs.

**Attachment 3****SAMPLE MEMOS FOR DINING FACILITY (CALORIC SUPPLEMENTATION)****Figure 3.1. Sample Memos for DINING FACILITY (CALORIC Supplementation)**

23 Sep 13

MEMORANDUM FOR 802 FSS DINING FACILITY MANAGERS

FROM: 802 FSS/FSVF

SUBJECT: Carry Out Meals at 802 FSS Dining Facilities

1. The purpose of this memo is to clarify the policy on carry out meals. Essential Station Messing (meal card holders) personnel may eat a meal in the dining facility or take a meal to go, but can't do both. Patrons selecting a carryout meal are limited to the following items:

Breakfast

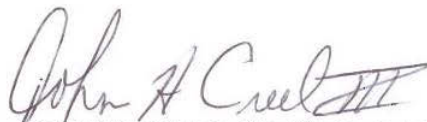
4 Eggs  
2 Pancakes or French toast or Waffles  
One Meat Item  
Cream Beef  
2 Hash browns  
1 Pop-Tart  
2 Cereal Cups  
2 Breads  
3 Drinks  
1 Breakfast Pastry  
1 Fruit

Lunch and Dinner

1 Entrée or 2 Sandwiches  
1 Salad  
1 Starch  
1 Soup  
1 Vegetable  
3 Drinks  
2 Breads  
1 Nutria-grain  
1 Chip  
1 Dessert  
1 Fruit

2. Para Rescue and Combat Controllers because of their physically demanding training schedule (AF Research Lab's 22 Feb 11 letter) are authorized to eat in the dining facility and take additional food in a carry out container.

3. Please contact me or Lilelani Au at 671-6841 / 6840 if you have any questions.



JOHN H. CREEL III GS-12, DAF  
Food Operations Manager