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SECRETARY OF THE AIR FORCE**

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Medical

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

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 44-1, Medical Operations and provides guidance for training, utilization and oversight of Independent Duty Medical Technicians (IDMTs). It applies to all IDMTs, all personnel who support squadron medical elements, remote sites, all USAF Medical Treatment Facilities (MTFs)/Host Medical Treatment Facilities (HMTFs), including RegAF, Air National Guard and Air Force Reserve Components. 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. Send comments and suggested improvements through channels to HQ USAF/SG1E, 7700 Arlington Blvd, Falls Church, VA 22042-5157 on Air Force (AF) Form 847, Recommendation for Change of Publication. As healthcare provider extenders, IDMTs are subject to the HIPAA privacy rules and national standards, including compliance with DODI 6025.18-R, DOD Health Information Privacy Regulation, DODI 8580.02, DOD Health Information Security Regulation, and AFI 41-210, TRICARE Operations and Patient Administration Functions, or as superseded by new or revised HIPAA privacy or security regulations or instructions, for the use and disclosure of protected health information. (T-0) This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority is in Title 10, USC, Chapter 55. Systems of Records Notices, F044 AF SG D, Automated Medical/Dental Record System, F044 AF SG K, Medical Professional Staffing Records, and F044 F SG E, Electronic Medical Records System apply. 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 the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). 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, Publications and Forms Management, 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 may be supplemented at any level, but all direct Supplements must be routed to the OPR of this publication for coordination prior to certification and approval. “The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force”.

SUMMARY OF CHANGES

This document has been substantially revised and needs to be reviewed. Major changes include updated OPRs and form requirements, more definition of the scope of IDMTs’ practice, training/certification processes, and MTF/Host Medical Treatment Facilities (HMTFs) support requirements.

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Chapter 1

RESPONSIBILITIES

1.1. The Air Force Surgeon General (SG).

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 OPR for the program.

1.1.2. USAF/SG approves the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* which are located on the IDMT consultant Knowledge Exchange webpage (<https://kx2.afms.mil/kj/kx2/IDMTConsultant/Pages/Toolbox.aspx>). (T-1)

1.2. The Aerospace Medical Service Career Field Manager (CFM) (AF/SG1).

1.2.1. The Office of the Aerospace Medical Service's CFM is responsible in collaboration with 59th TRG's IDMT Program personnel for the development and annual review of the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. (T-1)

1.2.2. Coordinates on initial and recurring MAJCOM approved IDMT alternate care location packages. (T-1)

1.2.3. Ensures IDMTs maintain EMT or Paramedic certification IAW 4N0X1X Career Field Education and Training Plan (CFETP), Tactical Combat Casualty Care (TCCC) and Advanced Cardiac Life Support (ACLS) certification.

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

1.3.1. Provides policy, clinical, and technical guidance to support squadron medical elements remote sites, Medical Treatment Facilities/Host Medical Treatment Facilities (MTFs/HMTFs), and IDMTs assigned within their commands. (T-1)

1.3.2. Designates a HMTF to provide medical, dental, and resource support for each squadron medical element and remote/deployed site. (T-1)

1.3.3. Coordinates, in writing, with other MAJCOM/SGs to arrange medical support for a squadron medical element or remote site when no HMTF is available within the same command. (T-1)

1.3.4. Assists with on-site support or relief when requested by the MTF/HMTF for IDMTs who have projected/emergency leave, are ill, or will be absent due to training/contingency requirements (all Air Reserve Component IDMT sites and MTF/HMTF training/support agreement affiliations will be validated through the applicable ARC and supporting MAJCOM SGs). (T-1)

1.3.5. Designates the MAJCOM 4N Functional Manager (FM) or designated representative as the OPR to review formal Site Support Plans (SSPs) and host tenant agreements, monitor IDMT training/certification status, coordinates MAJCOM Staff Assistance Visits (SAVs), and establish a MAJCOM supplement if required. MAJCOM 4N FMs will ensure IDMTs are

only assigned to 4N0X1C positions at locations with Unit Manning Document (UMD) or Unit Type Code (UTC) requirements for IDMTs. **(T-1)**

1.3.6. Ensures the MAJCOM 4N FM or designated representative visits assigned IDMTs at remote sites and tenant unit squadron medical element every two years, or sooner if requested by the squadron medical element or remote site commanders. **(T-1)**

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-2)**

1.3.8. Approves alternate patient care locations (i.e., Basic Expeditionary Airman Skills Training (BEAST), Basic Military Training (BMT), Officer Training School (OTS), ROTC field training for cadets on title 10, USC active duty orders, etc.) where IDMTs will provide care outside of the MTF/HMTF. **(T-2)**

1.3.8.1. Annually reviews and approves continuation of alternate patient care facilities. **(T-1)**

1.3.8.2. Forwards to AF/SG, initial approval package and annual review information. **(T-1)**

1.3.9. Coordinates with MAJCOM/A1 and Air Force Personnel Center (AFPC) assignment division to ensure PCS processing code (PPC) 9XJ is on the assignment fill action request. (See [paragraph 2.2.3.](#)) This code ensures the IDMT reports to the HMTF for training/certification prior to their report no later than date (RNLTDD) to a remote site. **(T-1)**

1.3.10. Approves waivers to IDMT sustainment training where unique circumstances (i.e., deployments, extended training courses, convalescent leave, etc.) impact completion of all sustainment training requirements within the allotted time. **(T-1)**

1.4. The MTF/HMTF Service Commander (CC). (Note: herein after, HMTF includes ANG Medical Groups or units that perform MTF functions).

1.4.1. The MTF/HMTF/Service CC has overall responsibility for the IDMT program. The commander must ensure required training, certification, and currency of every assigned/supported IDMT. **(T-1)**

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 4N0X1X Career Field Education and Training Plan (CFETP) and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. **(T-1)**

1.4.2.1. The IDMTs scope of practice does not fall under the license of a medical preceptor.

1.4.3. Appoints in writing, an IDMT Program Coordinator, AFSC 4N0X1, 4N0X1F, or 4N0X1C, to manage the site support and monitor training/certification of all assigned and supported IDMTs. Ensures the IDMT Program Coordinator is not tasked to support a remote site. **(T-2)**

1.4.4. Ensures Medical Preceptors (MPs) and Dental Preceptors (DPs) are designated in writing to support IDMTs assigned to MTFs, squadron medical elements, and remote sites. **(T-2)**

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 any MAJCOM supplements pertaining to IDMTs. All preceptors will have a current copy of all documents. **(T-1)**

1.4.6. Appoints in writing, functional area representatives (FARs) to provide support to squadron medical elements, remote sites, and MAJCOM designated locations as established by the HMTF SSP. **(T-1)**

1.4.7. Consults with the MAJCOM/SG or designated OPR on IDMT/site support issues that cannot be resolved at the local level. **(T-1)**

1.4.8. Ensures FARs provide training for IDMTs to meet certification and sustainment requirements. **(T-1)**

1.4.9. Coordinates, in writing, with MAJCOM/SG to establish alternate patient care facilities (i.e. BEAST, BMT, OTS, etc.) where IDMTs will provide care outside the MTF/HMTF. **(T-1)**

1.4.9.1. Ensures MTF/HMTF SSP and/or Operating Instructions are written to define practice and procedures for alternate patient care locations and forwards to the MAJCOM/SG for notification. **(T-2)**

1.5. Chief of the Medical Staff (SGH) HMTF.

1.5.1. Appoints in writing an appropriately licensed and privileged/credentialed providers as MP for IDMTs and forwards a copy of the appointment letter(s) to the IDMT Program Coordinator to be placed in the IDMT Program continuity binder. **(T-1)**

1.5.2. Certifies the IDMTs 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/located within the "User Files" section of the Air Force Training Record (AFTR). **(T-1)**

1.5.3. Reviews and forwards temporary/permanent decertification recommendations to the MTF/HMTF/Service Commander IAW [paragraph 2.5](#). **(T-1)**

1.5.4. Ensures MTF/HMTF required clinical quality reviews are accomplished IAW [paragraph 3.9](#). **(T-1)**

1.5.5. Forwards to MAJCOM/SG recommended additions/substitutions to the IDMT drug formulary for approval. **(T-1)**

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

1.5.7. Supports MPs to conduct SAVs as required. **(T-1)**

1.5.8. Ensures IDMTs perform at their full scope of practice. **(T-1)**

1.6. Chief of Dental Services (SGD) HMTF.

1.6.1. Appoints in writing, an appropriately licensed and privileged/credentialed dentists as DPs for IDMTs and forwards a copy of the appointment letter(s) to the IDMT Program Coordinator to be placed in the IDMT Program continuity binder. **(T-1)**

1.6.2. Certifies the 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, *On the Job Training Record Continuation Sheet*, maintained/located within the “User Files” section of the Air Force Training Record. **(T-1)**

1.6.3. Reviews contracts that outline dental services provided by civilians for active duty patients at remote/deployed sites. **(T-1)**

1.6.4. Supports the DPs to conduct SAVs as required. **(T-1)**

1.6.5. Ensures SSP provides guidance for the provision of dental services at remote sites. **(T-1)**

1.7. MTF/HMTF Responsibilities.

1.7.1. Budgeting for IDMT Support.

1.7.1.1. The MTF Resource Management Office (RMO) budgets necessary funds, to include required Temporary Duties (TDYs), certifications and on-going education for IDMTs assigned to the MTF and those supported as the IDMTs HMTF. This includes the 21 duty day TDY enroute for initial or PCS certification for those IDMTs identified with applicable code annotated on assignment orders. For IDMTs who PCS to a remote site, the gaining HMTF will allocate funding to pay for the 21 duty day TDY enroute during PCS for the IDMTs initial HMTF orientation/certification. **(T-2)**

1.7.1.2. The IDMTs unit will fund TDYs, required training and on-going education for IDMTs belonging to organizations other than the HMTF. **(T-2)**

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

1.7.2.1. Required medical equipment, dental equipment, medical references, and supplies. **(T-2)**

1.7.2.2. Required nonmedical supplies. **(T-2)**

1.7.3. Staffing. Ensures only certified IDMTs provide squadron medical element/remote site/deployed support or relief when required. When unable to do so, the HMTF Service Commander coordinates with the MAJCOM 4N FM or designated representative for assistance. **(T-1)**

1.7.4. 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 Service Commander. **(T-1)**

1.7.5. Maintaining Reference Materials. The MTF/HMTF ensures current reference materials as identified in [Attachment 1](#) and [Attachment 2](#) is 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)**

1.7.6. HMTF SSPs. HMTF support staff develops a SSP for each remote site and/or unit with IDMTs in the format shown in the IDMT User Guide, maintained on the IDMT Consultant knowledge exchange webpage. When designated by parent MAJCOM, SSPs are required for tenant organizations and squadron medical elements. The HMTF coordinates the plan with squadron medical elements/remote sites and forwards it to the MAJCOM/SG office for approval. NOTE: When squadron medical element/remote site is a tenant organization, both MAJCOM/SGs will review the SSP and applicable training plans. **(T-1)**

1.7.7. HMTF IDMT Program Coordinator will conduct SAVs when requested by the remote site commanders. **(T-1)**

1.7.8. Establish Information Technology connectivity for medical documentation systems at alternate care locations or remote/deployed sites to include (AHLTA) Theater, AHLTA Warrior or any electronic health record equivalent. **(T-1)**

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

1.8.1. Must be familiar with contents of this AFI, applicable Qualification Training Packages (QTPs), and applicable task items in Part II of the 4N0X1X CFETP (located in AF Publications webpage). **(T-1)**

1.8.2. Serves as the trainer for their specialty and documents certification of the training as appropriate. **(T-3)**

1.8.3. Conducts SAVs to supported sites/units when requested by remote site commanders or at least once every three years and submits written reports through the HMTF/Service CC to the remote site commander with a copy sent to the appropriate MAJCOM/SG(s), MAJCOM 4N FM(s), and the HMTF IDMT Program Coordinator within 30 duty days of the visit (see MTF/HMTF SAV 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. **(T-1)**

1.9.1.1. Creates and maintains continuity binder (electronic and/or hardcopy) of program documentation to include MP and DP appointment letters, individual competency verification letter, FAR appointment letter (signed by NCOIC/Flight Chief of each section) and other documents as identified in this instruction necessary to manage the program. All documentation will be maintained for 2 calendar years. **(T-2)**

1.9.1.2. In conjunction with the MTF/HMTF 4N FM, the IDMT Program Coordinator will visit units on the installation with IDMTs assigned at least twice per year. An After Action Report is generated and forwarded to the Service Commander and the MAJCOM 4N FM. **(T-3)** These visits are designed to build partnerships ensuring units understand the role of the IDMT Program Coordinator, support the IDMT personnel assigned, and educate the unit on responsibilities for training the IDMT.

1.9.1.3. Maintains documentation for each IDMT which will include:

1.9.1.3.1. Signed copy of the certification documentation for each block of instruction (see IDMT User Guide). **(T-2)**

1.9.1.3.2. 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 4N0X1X CFETP part II.” The letter will be signed and dated by a MP, DP, the IDMT program coordinator, and the SGH. The original will be maintained by the IDMT Program coordinator and a scanned copy placed in the “User Files” section of the IDMTs Air Force Training Record. **(T-2)**

1.9.1.3.3. AF IMT 4336 or locally developed form approved by MAJCOM 4N FM, containing patient number (e.g., patient #1/...not SSN), date, diagnosis, treatment, disposition and preceptor’s name and preceptor comments for each patient seen in the last 2 years. 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. **(T-2)**

1.9.1.3.4. Copies of Clinical Quality reviews as per [paragraph 3.9](#). **(T-2)**

1.9.1.3.5. Copies of IDMT course certificate, current National Registered Emergency Medical Technician (NREMT)/Paramedic, Advanced Cardiac Life Support (ACLS) card, and any other pertinent medical certificates or licensures. **(T-2)**

1.9.2. Must have attended the Air Force Trainer’s Course. **(T-2)**

1.9.3. Ensures IDMT(s) maintain EMT or Paramedic certification, and ACLS certification IAW 4N0X1X CFETP. **(T-2)**

1.9.4. Ensures assigned/supported IDMTs receive/complete appropriate MTF/HMTF certification and sustainment training. **(T-2)**

1.9.4.1. Initial or PCS, certification documentation found in the IDMT User Guide will be maintained for duration of IDMT assignment to MTF/HMTF. **(T-2)**

1.9.4.2. Initial, Sustainment, and PCS training will be documented on AF Form 1098 within Air Force Training Record for each IDMT. **(T-2)**

1.9.5. Uses Management Internal Control Toolset (MICT) Self-Assessment Communicators (SACs) 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, Commander’s Inspection Program, and Unit Effectiveness Inspections. **(T-2)**

1.9.6. Provides quarterly Status of Training (SOT) to the MTF/HMTF Service Commander, SGH, Chief Nurse and 4N FM related to IDMTs supported by or assigned to the MTF/HMTF. SOT 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/HMTF will also be provided to the MAJCOM 4N FM (see SOT report template located in the IDMT User Guide). **(T-2)**

1.9.7. Maintains copies of SAV reports for 3 years and ensures follow-up actions are accomplished and documented (if applicable). **(T-2)**

1.9.8. Coordinates biennial (every 2 years) reviews of the HMTF SSPs pertinent to site operations. After review by the HMTF Service Commander, sends a copy of the SSP to MAJCOM/SG(s) and MAJCOM 4N FM(s). **(T-2)**

1.9.9. Provides a schedule to IDMTs of training opportunities/in-services offered by the MTF/HMTF and publication/MAJCOM updates/articles of interest as they pertain to the career field. **(T-2)**

1.9.10. 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 hard copy unit folder. **(T-2)**

1.9.11. These folders include:

1.9.11.1. Part 1. Copy of the HMTF SSP and letters of appointment for MPs and DPs. **(T-2)**

1.9.11.2. Part 2. IDMT Program MICT SAC (maintain copy of most current assessment conducted by IDMT program coordinator) and a copy of remote site 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 (AFIA or MAJCOM/IG). **(T-2)**

1.9.11.4. Part 4. Miscellaneous correspondence (if applicable). **(T-2)**

1.10. Medical/Dental Preceptor.

1.10.1. The designated MTF/HMTF MP/DP recommends to the SGH and/or SGD, in writing, when the IDMT is ready to treat medical/dental disorders IAW the CFETP and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. **(T-2)**

1.10.2. Provides professional guidance, support and training to the IDMT in all areas of medical/dental treatment related to the IDMTs scope of practice. **(T-2)**

1.10.3. Under urgent medical/dental circumstances, MPs, the on-call provider, or DPs 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, phone and text, between the MP, on-call provider, DP and the IDMT. **(T-2)**

1.10.3.1. The IDMT will document deviations in the health record to include the media used to communicate with the preceptor. **(T-2)**

1.10.3.2. The MP/DP 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/HMTF. This form will be forwarded (electronic copy acceptable) to the IDMT for inclusion in the patient's medical record. **(T-1)**

1.10.4. The MP/DP will review/sign all electronic or hard copy IDMT medical/dental record entries in accordance with paragraph 1.11.3. (T-1)

1.10.4.1. Preceptor's review will include a date, time, applicable comments, signature, and signature stamp. (T-2)

1.10.5. MP or DP will review/co-sign patient encounters by the end of the next duty day.

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 4N0X1X CFETP part II, and the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. The IDMT provides care in preceptor supervised settings in MTFs/HMTFs. The IDMT can provide care in the absence of a licensed and privileged/credentialed health care provider at the MTF/HMTF, remote site, or deployed site. (T-2)

1.11.2. When assigned to a squadron medical element and not deployed or conducting unit specific duties, IDMTs will be considered in-garrison and will perform IDMT sustainment training/duties in IAW AFI 48-149, *Flight and Operational Medicine Program (FOMP)*. (T-2)

1.11.3. When seeing patients, the IDMT works under the direct/indirect supervision of a MP/DP. The MP/DP will oversee all patient care by the IDMT. (T-2)

1.11.3.1. IDMT will complete and sign notes the same day the patient visit occurs. (T-2)

1.11.3.2. For all "Green Directive" diagnoses per the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, the MP/DP will co-sign the medical/dental note by the end of the next duty day. (T-2)

1.11.3.3. For all "Blue Directive" diagnoses per the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, the MP/DP will be contacted immediately to discuss the patient's plan of care **prior to the patient departing**. The MP/DP review/co-sign of the medical/dental note will take place by the end of the next duty day. (T-2)

1.11.3.4. For all "Red Directive" diagnoses per the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, the MP/DP will be contacted as soon as possible (once patient is stabilized) to discuss the patient's plan of care **prior to the patient departing**. The MP/DP review/co-sign of the medical/dental note will take place by the end of the next duty day. (T-2)

1.11.3.5. For all patients diagnosed with a condition not listed in the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, the MP/DP will be contacted as soon as possible (once patient is stabilized) to discuss the patient's plan of care **prior to the patient departing**. The MP/DP review/co-sign of the medical/dental note will take place by the end of the next duty day. (T-2)

1.11.3.6. In addition, the MP/DP will be consulted when in doubt about a diagnosis/treatment or when dispensing/prescribing any medication coded "MP" on the IDMT authorized drug formulary, **prior to the patient departing**. (T-2)

1.11.3.7. At home station, IDMTs will see patients and perform duties to the full extent allowed by the 4N0X1X CFETP, the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, and this AFI. The IDMTs use as a physician extender within their full scope of practice will increase their clinical knowledge and patient care while improving the MTF's/HMTF's access to care. Additionally, this will increase the HMTF's relative value units by utilizing IDMTs to see "low-acuity" patients which will allow privileged providers to focus their efforts on "higher-acuity" patients. **(T-2)**

1.11.3.8. IDMTs will have either a standard appointment template or conduct patient visits in accordance with the MTF/HMTF acute care process created that ensures utilization of their skillset as a physician extender. **(T-3)**

1.11.4. Maintains NREMT/Paramedic certification/licensure and ACLS certification. **(T-1)**

1.11.5. Maintains additional medical certifications (e.g., IBT Certification, BLS Instructor, Tactical Combat Casualty Care (TCCC) Instructor and ACLS Instructor) in accordance with assigned MAJCOM or unit requirements. **(T-2)**

1.11.5.1. These additional medical certifications are not part of the IDMTs sustainment training requirements. The assigned MAJCOM or unit will determine corrective action if the IDMT fails to obtain and maintain these requirements. **(T-2)**

1.11.6. Advises on, and coordinates with the site commander on all health matters at the designated deployed/remote site. **(T-2)**

1.11.7. Completes/maintains all training/certification and sustainment training requirements listed in this AFI, IDMT User Guide, and part II of the 4N0X1X CFETP. **(T-2)**

1.11.8. Functions as the medical Cost Center Manager at the remote site. Receives written guidance from the MTF/HMTF Resource Management Office (RMO). **(T-2)**

1.11.9. Squadron medical element/remote site IDMTs should not perform additional duties that may 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-1)**

1.11.10. Supervision

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

1.11.10.2. The clinical supervision of the IDMT will be the responsibility of the MTF/HMTF MP/DP. **(T-2)**

1.11.10.3. The Senior IDMT will supervise junior medical personnel assigned to the remote site/ squadron medical element as necessary to establish reporting chains. **(T-2)**

1.11.11. Operational Support Preceptor

1.11.11.1. Upon arrival at the deployed site, the IDMT will make direct contact with the MP and DP at the deployed location. **(T-2)**

1.11.11.1.1. The MP/DP may be AF, Army, Navy, Coalition or Host Nation. **(T-2)**

1.11.11.1.2. If unable to determine the MP/DP, the IDMT will contact the Theater/MAJCOM/SG for MTF/HMTF preceptor oversight. **(T-2)**

1.11.11.1.3. If unable to contact the MP/DP, the IDMT will call a USAF MTF with a 24-hour Emergency Department for assistance. **(T-2)**

1.11.12. IDMTs will document all patients seen using AF IMT 4336 or MAJCOM approved document; preceptor's feedback will be added on the back of the form. **(T-2)** Adding a patient number (NOT THE SSN) to the medical documentation matching the number on the AF IMT 4336 will allow the preceptor to match the documentation with the appropriate entry on the form. Feedback should be given/documented immediately after the encounter or when the MP/DP signs the note **(T-3)**. Although not ideal for IDMT growth, preceptors can summarize feedback when multiple patients are treated on the same day. The lack of patient identification on the form is intentional to protect patient privacy. AF IMT 4336 will be maintained by the IDMT Program Coordinator as directed by paragraph **1.9.1.3.3.** (see AF IMT 4336 located in AF Forms and Pubs). **(T-2)**

1.11.12.1. The preceptor's review of the AF IMT 4336 will occur at the time the encounter is co-signed. **(T-2)**

1.11.12.2. Completed AF IMT 4336s will be maintained for 2 years by the MTF/HMTF IDMT Program Coordinator. **(T-2)**

1.11.13. IDMT will adhere to AFI 41-200, *Health Insurance Portability and Accountability Act (HIPAA)*, and local MTF/HMTF HIPAA privacy program policies, as applicable.

1.12. USAF MTF with 24-hour Emergency Departments.

1.12.1. Will provide preceptor support to IDMTs who are unable to contact their MP/DP. **(T-1)**

1.12.2. Emergency Department providers 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)**

1.13. IDMTs Assigned to DATA MASKED/restricted sites.

1.13.1. IDMTs will contact AFSOC 4N FM (AFSOC 4N FM will assume FM role for those IDMTs) for assistance with training, documentation, and certification assistance. **(T-2)**

1.13.2. IDMTs must maintain paper copies of all training and will upload training documents into AFTR whenever at a HMTF. **(T-2)**

1.13.3. IDMTs will follow any supplemental OIs/guidance that AFSOC establishes for IDMTs assigned to these particular units even if the unit falls under a different MAJCOM. **(T-2)**

Chapter 2

TRAINING AND EDUCATION

2.1. General Information.

2.1.1. IDMTs will see patients and perform duties to the full extent allowed by the 4N0X1X CFETP, the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, and this AFI. (T-1)

2.1.2. IDMTs can perform as physician or dental extenders which will enhance their training. IDMTs will perform patient examination and treatment procedures in MTFs/HMTFs 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 4N0X1X 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 unless there is a scope of practice waiver in place. (See [paragraph 3.7](#). Treatment of Nonmilitary Personnel). (T-1)

2.1.4. IDMTs performing duties outside of a clinical setting may provide emergent medical treatment if necessary. When providing emergent care outside of a clinical setting (i.e., pre-hospital) in-garrison, the IDMT will follow locally established NREMT/Paramedic protocols. When deployed, the IDMT will perform at their full scope of practice. (T-1)

2.2. IDMT Certification.

2.2.1. IDMT Initial Certification

2.2.1.1. All new IDMT School graduates will receive certification at the MTF/HMTF IAW the guidelines located in the IDMT User Guide. Initial certification must be completed within 60 days after arriving on station unless precluded by mission or operational needs (a waiver from the MAJCOM 4N FM is required). (T-2)

2.2.1.2. Until initial certification is achieved, the IDMT will train with the MP and DP who will evaluate the IDMTs competency to provide treatment IAW the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. IDMTs should treat acute conditions only during this period; however, follow-up can be considered a “patient count” towards 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 IDMTs competency. (T-2)

2.2.2. IDMT Permanent Change of Station (PCS) Certification

2.2.2.1. All previously certified IDMTs that PCS will participate in an abbreviated certification program at their new MTF/HMTF IAW the guidelines located in the IDMT User Guide. The purpose of this program is to validate the IDMTs physician extender capabilities in a way that promotes timely support of the IDMTs future mission/duty. (T-2)

2.2.2.2. IDMTs that have been away from the career field for an extended period of time (greater than one year) due to unique circumstances like Developmental Special Duty are not authorized to complete the PCS Certification upon reassuming duties as an IDMT. Instead, IDMT Initial Certification will be completed. **(T-2)**

2.2.3. HMTF PCS (9XJ) Certification

2.2.3.1. 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 he/she must report to the HMTF for the 21 duty-day training/certification prior to their RNLT to the site. **(T-2)**

2.2.3.2. In addition to overseas remote sites, there are a select few CONUS locations that the 9XJ certification applies (e.g.; Cheyenne Mountain, CO, Pueblo, CO, Robbins, GA).

2.2.4. Designated MPs/DPs will provide clinical supervision, training, and guidance. **(T-1)**

2.2.5. The MTF/HMTF IDMT Program Coordinator will develop procedures for appointment scheduling of patients to be seen by the IDMT and coordinate with RMO on administrative processes for proper accounting of patient visits (see the IDMT Consultant Knowledge Exchange webpage for a power point slide named “IDMT Provider Profiles Appointing” for recommendations on adding the IDMT Provider Class, building/modifying Provider File, building/modifying Clinic Provider Profile, building IDMT Templates, building IDMT Schedules, scheduling IDMT Appointments, modifying Health Insurance Portability Accountability Act (HIPAA) Taxonomy, and managing walk-in appointments and telephone consults for IDMTs). **(T-3)**

2.2.6. Since sustainment training occurs throughout the year, the MP/DP will consistently validate clinical evaluation, diagnosis, and treatment skills of the IDMT. Preceptor comments/feedback should be IAW paragraph [1.11.13](#). **(T-3)**

2.3. Sustainment Training Requirements.

2.3.1. All IDMTs will adopt a Static Renewal Date (SRD) of 31 March. IDMTs will work with the MTF/HMTF and MAJCOM 4N FM to establish a plan to align with the SRD. Consideration of short extensions (90 days and under) or abbreviated completion requirements will be needed to initially align all IDMTs under the SRD. (e.g., If IDMT MSgt Bridges was recertified on 30 September, then he/she should only have to see 40 patients and complete all other sustainment training requirements in order to be recertified in six months on 31 March). Abbreviated completion requirements will apply to all new IDMTs who complete Initial Certification prior to the SRD. **(T-1)**

2.3.2. Every 12 months based on the SRD, the IDMT, including selected Chief/Senior Master Sergeants when required by their duty position, must complete sustainment training/tasks as identified in the IDMT User Guide. Air Force Reserve/Air National Guard traditional members, will accomplish sustainment training requirements every 24 months based on calendar year. **(T-2)**

2.3.3. The MTF/HMTF provides functional area expertise to support all IDMT sustainment training. **(T-1)**

2.3.4. Sustainment training does not reset when an IDMT incurs a PCS and IDMTs will be given credit for previously completed training items at their new duty location. **(T-1)**

2.3.5. IDMTs who fail to maintain sustainment training requirements will be considered for Temporary Decertification. Special Duty Pay entitlements will also cease until the IDMT completes remedial training and is recertified by the SGH. (T-1)

2.3.6. Patients seen when deployed or TDY may fulfill annual sustainment “patient counts” as long as the patient’s data is loaded into the electronic health record and reviewed on an AF IMT 4336 by a medical preceptor. If the electronic health record systems is not available, handwritten SF600 patient encounter notes must be scanned into Health Artifact and Image Solutions and reviewed by a medical preceptor in order for the patient encounter to be a “patient count”. The AF IMT 4336 review may be completed when the IDMT returns to home-station if the IDMT was not TDY/deployed with a medical preceptor. (T-2)

2.4. Remedial Training.

2.4.1. If the IDMT does not warrant temporary or permanent decertification but needs additional/remedial training, a training plan will be developed by the SGH, MTF Chief Nurse (SGN), MTF/HMTF 4N FM and MTF/HMTF IDMT Program Coordinator. The IDMT will not be permitted to perform any unsupervised duties identified within the training plan during this time. (T-2)

2.4.2. A copy of the additional/remedial training plan will be scanned into the IDMTs Air Force Training Record “User Files” and a copy placed in the IDMT Program Coordinator’s binder. A copy of the additional/remedial training plan will also be sent to the IDMTs Commander, SGN, and the IDMTs supervisor. A 623a entry into the member’s Air Force Training Record will be required. (T-2)

2.4.3. Once all additional/remedial training requirements have been successfully completed, an entry will be made by the IDMT Program Coordinator stating that the IDMT can see patients and perform duties to the full extent allowed by the 4N0X1X CFETP, the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, and this AFL. (T-2)

2.5. IDMT Temporary/Permanent Decertification/Reclassification Procedures.

2.5.1. Preceptors or IDMT Program Coordinators make recommendations to the MTF/HMTF SGH/SGN for temporary/permanent IDMT decertification due to Clinical/Administrative adverse actions. Per AFI 44-119, *Medical Quality Operations*, paragraph 9.62.3., decertification procedures for the IDMT will follow AFI 44-103. 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 Service Commander. The SGH, SGN, IDMT Program Coordinator, MTF/HMTF 4N FM, and the MAJCOM 4N FM will be notified of this recommendation. (T-1)

2.5.3. IDMT Temporary Decertification Procedures

2.5.3.1. A review board consisting of the MP and/or DP, SGH, SGN, MTF/HMTF 4N FM, and MTF/HMTF IDMT Program Coordinator will review the recommendation. The IDMTs commander will be included in the administrative review process of IDMTs falling under their authority. (T-2)

2.5.3.2. The SGH will notify the IDMT, in writing, of intent for temporary decertification. The IDMT has 3 duty days in which to provide a written rebuttal, during which time their IDMT duties may be suspended as determined by the SGH. The original letters will be uploaded into the IDMTs Air Force Training Record “User Files” and copies placed in the IDMT Program Coordinator’s binder. A 623a entry into the member’s Air Force Training Record will be required. **(T-2)**

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 Service Commander for final disposition. **(T-2)**

2.5.3.4. With concurrence of the MTF/HMTF Service 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 uploaded into the IDMTs Air Force Training Record “User Files” and a copy placed in the IDMT Program Coordinator’s binder. A copy of the decertification letter will also be sent to the IDMTs CC, SGN, and supervisor. A 623a entry into the member’s Air Force Training Record will be required. **(T-2)**

2.5.3.5. Immediately notify in writing, the MAJCOM 4N FM with complete description of specific reason for decertification and copy of the letter as appropriate. **(T-2)**

2.5.3.6. The IDMT will complete remedial training as determined by the SGH and IDMT Program Coordinator. Remedial training will be documented in the IDMTs AFTR. **(T-2)**

2.5.3.7. At a minimum, the SGH will review temporary decertification 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-2)**

2.5.3.8. To be reinstated from temporary decertification, the IDMT must meet all expectations recommended by the review board identified in paragraph [2.5.3.1](#).

2.6. IDMT Permanent Decertification/Reclassification Procedures.

2.6.1. When an IDMTs clinical practice raises patient safety concerns, preceptors or IDMT Program Coordinators make recommendations to appropriate leadership to initiate a clinical adverse action. Follow the procedures in AFI 44-119, *Medical Quality Operations*. While the decertification/recertification action is proceeding, the IDMT may be out of some or all patient care duties. Once that action is completed, the decision will then need to be made as to whether the IDMT should be decertified consistent with this AFI. Follow procedures listed in [paragraph 2.5.3.1](#) – [paragraph 2.5.3.6](#). when initiating permanent decertification/reclassification actions. **(T-2)**

2.6.2. The MTF/HMTF Service Commander forwards decertification packages to the IDMTs Commander and SGN with the recommendation to initiate AFSC withdrawal IAW AFI 36-2101, *Classifying Officer and Enlisted Military Personnel*, Chapter 4. **(T-1)**

2.6.3. The Commander will coordinate with the local Military Personnel Section (MPS) to ensure members selected for retention will be retained in AFSC 4N0X1X, if appropriate. **(T-1)**

2.6.3.1. The MAJCOM 4N FM should coordinate with MAJCOM/A1 on assignment actions as needed. The CFM must be kept informed of all actions in regards to any decertification. **(T-1)**

Chapter 3

CLINICAL SERVICES SUPPORT

3.1. Medical Treatment.

3.1.1. IDMTs perform all medical and dental treatment utilizing the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*. These protocols, in conjunction with part II of the 4N0X1X CFETP, define the scope of practice for IDMTs. MPs/on-call providers and DPs 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. (T-1)

3.1.2. Patients with chronic conditions are referred to a provider or dentist as appropriate. MPs or DPs may give IDMTs written instructions defining their involvement in caring for patients with these conditions. (T-1)

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

3.3. Minor Surgical Procedures. The IDMTs scope of practice is limited to wound closure, toenail removal, and opening/draining small abscesses. The IDMT shall 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 MP. In cases where re-approximating a wound may be detrimental to the patient, the IDMT must consult the MP. Before performing any minor surgical procedures, the IDMT must obtain the patient's consent on the OF 522 (locally approved form), *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 USAF IDMT Authorized Drug Formulary and the scope of services to be offered in-garrison and 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 USAF IDMT Authorized Drug Formulary. (T-1)

3.4.1.1. Consideration for the IDMTs world-wide mission should be made before the MTF/HMTF makes a more restrictive change to the MTF/HMTF IDMT Authorized Drug Formulary due to the experience gained from each patient visit and treatment plan.

3.4.2. The MTF/HMTF 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. The MTF/HMTF SGH forwards any recommended additions/substitutions to the USAF IDMT Authorized Drug Formulary through the P&T committee to the MAJCOM 4N FM and finally to the MAJCOM/SG for review and approval. (T-1)

3.4.4. The IDMT dispenses medications as authorized by the MTF/HMTF, MAJCOM, USAF, and Defense Health Agency directives. **(T-1)**

3.4.4.1. The Joint Commission, an accrediting body health care, 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. IDMTs will prescribe/dispense any medication listed in the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*, MTF/HMTF or MAJCOM supplement. Any medication coded “MP” listed next to it will be discussed with a preceptor prior to the prescription being dispensed and the IDMT will enter “*Discussed with name of preceptor and preceptor contact number*” in the comments section of the prescription. EXAMPLE: Discussed with Dr. Smith 867-5309. This will confirm to the pharmacy staff that the preceptor is aware of the prescription. The co-signature of the IDMTs note by the preceptor will count as endorsement by the preceptor of all diagnosis, treatment, and follow-up plans provided by the IDMT. **(T-1)**

3.4.4.2. IDMTs may dispense appropriately labeled and approved over-the-counter (OTC) medications IAW paragraph 3.4.6. **(T-1)**

3.4.4.3. IDMTs may dispense medications at deployed or MAJCOM approved locations. **(T-2)**

3.4.4.4. 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 MP/DP notification. **(T-1)**

3.4.5. Dispensing Controlled Substances.

3.4.5.1. IDMTs at remote/deployed/contingency locations will dispense controlled substances under the direction of a MP/DP. The patient’s specific instructions will be documented in the member’s Electronic Health Record (EHR). The patient must acknowledge receipt of the controlled substance and understanding of instructions provided. **(T-1)**

3.4.5.2. In the event there is a medically valid reason to dispense a controlled medication IAW the *USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols* but the MP/DP 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 paragraph 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 MP/DP and ED. **(T-1)**

3.4.5.3. The IDMT will continue to call the MP/DP until able to contact and inform him/her of the situation and actions taken. The MP/DP will document the incident and inform the SGH using AF Form 765, Medical Treatment Facility Incident Statement or Patient Safety Report. **(T-1)**

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 the Compounding Quality Act, Section 106A. Medications must be packaged IAW AFI 44-102, *Medical Care Management*. Containers for all medications must be appropriately labeled with the patient name, name of provider, date issued, directions for use, quantity dispensed, and number of refills allowed as well as appropriate cautionary labels to ensure safe, effective use of the medication by the patient. (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)

3.4.7. 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 a SF Form 600, *Medical Record - Chronological Record of Medical Care* (if applicable) and placed in the patient’s medical record/EHR. 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. If patients decline counseling, the IDMT must document that fact in the patient medical record or on the AF Form 781, *Multiple Item Prescription*. (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 shall only administer non-emergency injections when directed by the MP/DP/on-call provider 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 MP/DP. (T-1)

3.4.8.3. The IDMT shall administer scheduled drug injections when directed by a MP/DP. (T-1)

3.4.8.3.1. AF Form 579, *Controlled Substances Register*, or AF Form 781, *Multiple Item Prescription*, will be used to document accountability for these items. The MP/DP will co-sign the AF Forms 579, *Controlled Substances Register* and 781, *Multiple Item Prescription* during site visits or upon IDMTs 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. 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 Immunization Backup Technician certification (as applicable). (T-2)

3.5. Ancillary Services. To ensure proper notification procedures and appropriate continuity of care, the IDMT will order all laboratory screening, radiological exams and referral consults under their MP/DP. This does not apply to remote sites where the IDMT is the only medical provider and other established guidelines direct patient care. (T-2)

3.6. 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). (T-2)

3.7. 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, eye sight, or prevent undue suffering as determined by the MP/DP. (T-1) In all cases, after emergency treatment of such personnel, the IDMT will refer them immediately for definitive care. Record all emergency medical care on the SF 600, *Medical Record - Chronological Record of Medical Care*, 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, or on MEDCAP/Humanitarian missions when requested and no other care is available. However, the IDMT should only see patients between the ages of 18 to 65. (T-1)

3.7.1. When use of the electronic health record is not available, the IDMT will document care on SF 600, *Medical Record- Chronological Record of Medical Care revision 11/2010*. Any other hard copy form of documentation requires a Paperwork Reduction Act package to be submitted for Office of Management and Budget approval and licensed prior to collecting or gathering information IAW AFI 33-324, *Public Information Collection*.

3.7.1.1. Information pertaining to the public and internal information processes can be located at the following link:
<https://cs2.eis.af.mil/sites/10440/InfoAcc/Info%20Collection/Forms/AllItems.aspx>

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

3.9. Quality Activities.

3.9.1. The MTF/HMTF will follow procedures established within this AFI 44-103 for MP/DP review of IDMT medical/dental 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)

3.9.1.1. Medication errors. (T-2)

3.9.1.2. Medication deviations from protocols. (T-2)

3.9.1.3. Diagnostic inaccuracy. (T-2)

3.9.1.4. Deviations from protocols. (T-2)

3.9.1.5. Preceptor's review of the SF 600, *Medical Record - Chronological Record of Medical Care*, or electronic health record entries by the end of the next duty day after the IDMTs initial patient visit. (T-2)

3.9.1.6. Compliance with training/certification requirements. (T-2)

3.9.1.7. Review of respective AF IMT 4336, *IDMT Patient Encounter Forms*. (T-2)

3.9.2. The MTF/HMTF will establish an IDMT peer review process. For facilities that only have a single IDMT assigned, another IDMT within their assigned MAJCOM will be appointed by the MAJCOM FM to conduct the peer review (see IDMT User Guide). (T-2)

3.9.3. All SSPs will address quality assurance measures that will be conducted IAW MTF/HMTF procedures. These measures should include clinical performance improvement (peer review), risk management, and patient safety reporting. (T-3)

3.9.4. IDMTs will have access/accounts to document safety events in the PSR system. (T-2)

3.10. Health and Wellness/Health Promotion Activities. The IDMT assigned to remote/deployed sites will consult with the HMTF 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. **(T-1)**
- 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 the Competency Verification letter and/or AF Form 623a, *On-The-Job Training Record Continuation Sheet*. **(T-1)**
- 4.1.3. Oversees the MTF/HMTF dental component of initial certification, PCS certification, and IDMT sustainment training. **(T-1)**
- 4.1.4. Establishes procedures by which the IDMT in deployed/remote/contingency locations will refer dental emergencies that are beyond the IDMTs 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*. **(T-1)**
- 4.2.2. Assists with appointments at remote/deployed sites for mobile dental team visits as instructed by the DP. **(T-1)**
- 4.2.3. Establishes, in coordination with the DP, a preventive dentistry program for remote site personnel. **(T-1)**
- 4.2.4. With approval of the HMTF SGD, maintains dental equipment and supply levels commensurate with the care provided at the remote/deployed site. **(T-1)**
- 4.2.5. In emergency cases (e.g., fracture or oral injury), contacts DP/on-call dentist for advice on appropriate treatment and stabilization until patient is evacuated from the remote deployed contingency location location to a dental treatment facility. In the event the IDMT cannot contact the DP 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 to address the minimum following topics (as they apply to the remote/deployed sites and will be detailed in the SSP): **(T-2)**

5.1.1.1. Medical in-processing and out-processing of personnel ensuring compliance with all applicable directives. **(T-2)**

5.1.1.2. Personnel transfer of medical/dental records when personnel are reassigned to another remote site. **(T-2)**

5.1.1.3. Outpatient records maintenance and management. **(T-2)**

5.1.1.4. Medical/dental review prior to extension or in-place consecutive overseas tour at a remote location. **(T-2)**

5.1.1.5. Line of Duty (LOD) determination and procedures. **(T-2)**

5.1.1.6. Medical Affirmative Claims/Third Party Liability (TPL) Program. **(T-2)**

5.1.1.7. Managed Care Programs (TRICARE). **(T-2)**

5.1.1.8. Overseas clearance processes. **(T-2)**

5.1.1.9. Release of information including HIPAA requirements. **(T-2)**

5.1.1.10. Reporting significant events and hospitalizations. **(T-2)**

5.1.1.11. Nuclear Weapons Personnel Reliability Program. This written guidance must create a clear link between the site's program and the MTF's/HMTF's program. **(T-2)**

5.1.1.12. Aeromedical evacuation procedures to include support agreements with any civilian aeromedical transport agencies/theater assets. **(T-2)**

5.1.1.13. Reporting of workload management data. **(T-2)**

5.1.2. May hire civilian providers on an intermittent or part-time basis, for duty at remote sites, after obtaining approval from MAJCOM/SG. **(T-2)**

5.1.3. Works with base legal personnel to establish procedures to identify potential TPL cases treated at the remote site. **(T-2)**

5.1.4. If co-located with a privileged provider, the IDMT SSP will be incorporated into the medical MOA between the line unit and the HMTF. Ensure all SSP items are discussed IAW the IDMT User Guide. **(T-2)**

5.2. The IDMT.

5.2.1. Maintains all medical and dental records for assigned remote/deployed/contingency site personnel IAW established MTF/HMTF or Theater/SG guidelines to include HIPAA and Privacy Act protections. This may require proficiency with electronic medical records/database programs. **(T-2)**

5.2.2. Follows procedures to begin both the formal and informal administrative LOD process. **(T-2)**

5.2.3. Medical Affirmative Claims/TPL

5.2.3.1. IAW established MTF/HMTF guidelines, clearly marks and identifies records as TPL cases after they are so designated. **(T-2)**

5.2.3.2. IAW established MTF/HMTF guidelines, completes documentation and forms for each visit. **(T-2)**

5.2.4. Provides patient information on Managed Care Programs, including TRICARE information pamphlets that are available through the MTF/HMTF Referral Management 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 Referral Management Center to address/resolve TRICARE issues. **(T-1)**

5.2.6. Ensure 100% health records maintenance compliance with *DOD Manual 5210.42*, *Nuclear Weapon Personnel Reliability Program*, MAJCOM, and MTF/HMTF guidelines. **(T-1)**

Chapter 6

MEDICAL LOGISTICS SUPPORT

6.1. Medical Supplies. The IDMT obtains medical materiel from the MTF/HMTF Medical Logistics activity IAW the procedures outlined in AFI 41-209, *Medical Logistics Support*. **(T-1)**

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, *Controlled Substances Register*. A separate form is used for each controlled drug. **(T-1)**

6.1.1.1. The remote/deployed site Commander appoints in writing a disinterested officer (E-7 or above, officer or civilian of comparable grade) to inventory Schedule II – V medications monthly. **(T-2)**

6.1.1.2. The disinterested inventory officer ensures that all drugs ordered from the pharmacy, as well as administered to patients, have been properly recorded since the last disinterested inventory reconciliation entry. **(T-1)**

6.1.1.3. The disinterested inventory officer counts the drugs on hand and verifies quantities by comparing stock on-hand to entries on each AF Form 579, *Controlled Substances Register*, provided by the MTF/HMTF Medical Logistics activity or pharmacy. **(T-1)**

6.1.1.4. The disinterested 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, *Controlled Substances Register*. He/she includes a brief note stating “inventoried and found correct” or “inventoried and found discrepancy of _____” sign and date. **(T-1)**

6.1.1.5. The disinterested inventory officer will report the inventory results in writing to the remote/deployed site Commander to be forwarded to the MTF/HMTF. Discrepancies that were satisfactorily resolved during the inventory will not be reported. **(T-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, *Medical Logistics Support*, and Title 21, Code of Federal Regulations, Section 1304.04 Maintenance of Records and Inventories to complete and document the inventory. **(T-0)**

6.2. Medical Equipment. The IDMT obtains medical equipment and medical maintenance support from the MTF/HMTF IAW AFI 41-209, *Medical Logistics Support*. **(T-1)**

6.3. Professional Medical References. The IDMT must have professional medical references listed in [Attachment 2](#). Reference materials will be unit funded (at least one hard copy reference for every 5 IDMTs assigned to the unit) 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 CC will arrange for contract repair. **(T-2)**

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

6.6. Vehicles. Vehicles for squadron medical element units/remote sites will be obtained and maintained IAW AFI 24-301, *Vehicle Operations*, and AFI 24-302, *Vehicle Management*. **(T-1)**

6.7. Contract Services. If required, contract medical services for the remote/deployed/contingency site will be coordinated with the MTF/HMTF Medical Logistics Service Contract Manager IAW AFI 41-209, Chapter 4. **(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 MTF/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 HMTF SSPs as directed by the theater or MAJCOM. **(T-2)**

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. **(T-2)**

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* (see [Attachment 2](#)). **(T-2)**

7.2.3. Sexually Transmitted Infections. Consult MP for all suspected or known cases of sexually transmitted infections. 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. **(T-2)**

7.2.4. Zoonosis 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 MTF/HMTF PH/PM office and the medical 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, *Report of Animal Bite-Potential Rabies Exposure*, to MTF/HMTF for review and case closure. Reference AFI 48-105, *Surveillance, Prevention and Control of Communicable Diseases and Conditions of Public Health or Military Significance*. **(T-2)**

7.2.5. Medical Entomology. Determine the source and prevalence of pests that could affect the health and well-being of unit/remote/deployed site personnel. The MTF/HMTF PH/PM staff provides procedural guidance and assistance for this task. **(T-2)**

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.

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 MTF/HMTF PH/PM office if there are any concerns regarding this program. **(T-2)**

7.2.6.2. Foodborne Illness Investigation. Investigate and report to MTF/HMTF PH/PM office all incidents of suspected food-borne illness following the Centers for Disease Control and Prevention and MTF/HMTF guidelines. **(T-2)**

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 DD Form 2973, *Food Operation Inspection Report*, (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 MTF/HMTF PH/PM staff to discuss follow-up actions. If using an alternate method of documentation, consult the MTF/HMTF PH Office for procedures. **(T-2)**

7.2.6.4. Food-handler Training. Ensure food-handler training is accomplished and documented by the food facility supervisor or MTF/HMTF PH/PM personnel if required for local area. **(T-2)**

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

7.2.7.1. Inspect remote/deployed site public facilities, to include EXCHANGE Stores (a.k.a. AAFES), Beauty/Barber shops, Fitness Center(s), Child Development Center(s), Laundries, and public restrooms to include Port-O-Johns, following AF, MAJCOM and MTF/HMTF policies. Leave copies of satisfactory reports with the facility supervisor and keep the original in the remote site files. Route a copy of all unsatisfactory reports IAW AFI 48-117, *Public Facility Sanitation*. The MTF/HMTF Aerospace Medicine Council (AMC) will determine the frequency of inspections annually. **(T-2)**

7.2.7.2. Dormitories. Inspect unit/remote/deployed site dormitories as determined by MTF/HMTF AMC and when requested by the organization commander or first sergeant to address public health concerns. Send written reports to the unit/remote/deployed site commander and retain a copy for the remote site files. **(T-1)**

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 MTF/HMTF PH staff and MTF Chief of Aerospace Medicine (SGP), to determine whether the patient has an occupational illness or injury and report them IAW established guidance. **(T-1)**

7.2.8.2. Occupational Health Education. Ensure supervisors are aware of potential occupational hazards, protective clothing and equipment, and safe work practices. **(T-1)**

7.2.8.3. Occupational Health Examinations/Preventive Health Assessment for remote site personnel or at home-station. Assist the MTF/HMTF Occupational Health Working Group in determining occupational physical examination requirements and within the IDMTs scope of care, conducts preventive health assessments and occupational health examinations on military personnel IAW current guidance. **(T-2)**

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 AFI 48-127, *Occupational Noise and Hearing Conservation Program*. **(T-2)**

7.2.8.4.1. The remote site IDMT will manage the Hearing Conservation program IAW MTF/HMTF guidelines. **(T-2)**

7.2.8.5. Reproductive Health Program. Consult with the MTF/HMTF SGP and the MTF/HMTF PH staff for guidance. **(T-2)**

7.2.8.6. Blood-borne Pathogen Program. Adhere to the requirements of the MTF/HMTF exposure control plan for the prevention of exposure to blood-borne pathogens. Promptly report all exposures to the MTF/HMTF PH office. **(T-2)**

7.2.8.7. Tuberculosis (TB) Detection and Control Program (Airborne Pathogens). With the assistance of the MTF/HMTF PH office, accomplish a TB risk assessment and exposure control plan for the remote site. Consult the MP, and notify MTF/HMTF SGP, Bioenvironmental (BE) and PH/PM in cases of positive tuberculosis skin tests. Conduct treatment, follow-up, and contact tracing IAW MTF/HMTF and AF guidance. Reference AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*. **(T-2)**

7.2.9. Medical Intelligence Program. Provide medical intelligence/preventive medicine briefings to deploying/deployed personnel assigned to the remote site using references approved by the MTF/HMTF, Medical Intelligence Officer or NCO. **(T-3)**

7.2.10. Deployment Health Surveillance. IDMTs while deployed or at remote sites, will ensure a complete medical record review is accomplished. This ensures members meet medical standards IAW AFI 48-123, *Medical Examination and Standards*, are in compliance with COCOM Reporting Instructions, IAW the AF Reporting Instructions Tool. 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 Re-assessment*, are complete and entered electronically IAW current DOD instructions. **(T-2)**

7.2.11. Food Security. Acts as advisor and consultant to deployed and remote commanders for PH functions IAW Air Force Manual 10-246, *Food and Water Protection Program*. MTF/HMTF PH will provide consultation as needed. **(T-2)**

7.2.12. Aeromedical Services Information, Management Systems (ASIMS) administration while deployed or remote. The IDMT is responsible for ensuring unit members maintain currency on all aspects of ASIMS while deployed and/or at remote sites, and ensuring update of the ASIMS Web Application. **(T-3)**

Chapter 8

BIOENVIRONMENTAL ENGINEERING (BE) PROGRAM SUPPORT

8.1. BE Visits. The MTF/HMTF, regardless of MAJCOM affiliation, will arrange for BE support to evaluate 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. 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 site and contingency location. The IDMT at the site will periodically accompany the BE technician during sanitary/security inspections of the potable water system. **(T-1)**

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 MTF/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. **(T-2)**

8.2.1.3. IDMTs will perform bacteriological analyses of potable water samples at the direction of the MTF/HMTF BE office and local guidance. IDMTs also make chlorine residual and pH determinations at each bacteriological sampling location using field test kits. **(T-2)**

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

8.2.2.1. During remote site/deployed site visits, the MTF/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 MTF/HMTF BE office. (Note: In addition to MTF/HMTF BE, the IDMT may contact local CE subject matter experts for familiarization with these processes.) **(T-2)**

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. **(T-1)** Contact the MTF/HMTF BE office for further guidance.

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 MTF/HMTF BE office is required since the testing protocols may be different. (T-2)

8.3. Occupational and Radiological Health Programs. The MTF/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. (T-1)

8.3.1. The HMTF BE staff conducts site, work area or process evaluations as identified in the HMTF SSPs, 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-2)

8.3.2. With assistance from the MTF/HMTF BE staff, the IDMT will educate workers on the health hazards and control measures in their workplace. (T-2)

8.3.3. Workplace case files and facility folders will be maintained IAW MTF/HMTF guidance at remote sites using the AF-approved Occupational & Environmental Management Information System. (T-2)

8.3.4. The IDMT will inspect/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-2)

8.3.5. The IDMT will be alert for any potential confined spaces. These will be identified to the MTF/HMTF BE office for evaluation, prior to entry by workers. In addition, the IDMT should contact the local ground safety subject matter expert for coordination on potential confined space issues. (T-2)

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. (T-2)

8.3.7. Radiological Health. The MTF/HMTF BE staff will ensure the IDMT knows the site specific ionizing and non-ionizing radiation exposure control requirements. The MTF/HMTF BE will be consulted on radioactive materials shipping and disposal procedures. The IDMT will immediately report all suspected overexposure incidents to the MTF/HMTF BE office for investigation. The IDMT will run the Thermal Luminescent Dosimeter Program where required, IAW MTF/HMTF guidance. (T-2)

8.3.8. Respiratory Protection Program. The remote/deployed site IDMT will manage a respiratory protection program in accordance with guidance provided by the MTF/HMTF, as applicable. (T-2)

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-2)

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General

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

DOD 5210.42, *Nuclear Weapons Personnel Reliability Program*

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

AFI 24-301, *Vehicle Operations*

AFI 24-302, *Vehicle Management*

AFI 34-144, *Child and Youth Programs*

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

AFI 36-2201, *Air Force Training Program*

AFI 41-200, *Health Insurance Portability and Accountability*

AFI 41-209, *Medical Logistics Support*

AFI 44-102, *Medical Care Management* AFI 44-119, *Medical Quality Operations*

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

AFI 48-109, *Electromagnetic Field Radiation (EMFR) Occupational and Environmental Health Program*

AFI 48-116, *Food Safety Program*

AFI 48-117, *Public Facility Sanitation*

AFI 48-123, *Medical Examination and Standards*

AFI 48-127, *Occupational Noise and Hearing Conservation Program*

AFI 48-139, *Laser and Optical Protection Program*

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

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

AFPD 44-1, *Medical Operations*

CFETP 4N0X1, *The USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols 4N0X1X, Aerospace Medical Service Career Field Education and Training Plan (CFETP)*.

Code of Federal Regulations, Section 1304.4,

https://www.deadiversion.usdoj.gov/21cfr/cfr/1304/1304_04.html

Comprehensive Drug Abuse Prevention Act of 1970,

<http://www.legcounsel.house.gov/Comps/91-513.pdf>

Food and Drug Administration Food Code, Food, Drug, and Cosmetic Act,

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/default.htm>

Omnibus Budget Reconciliation Act of 1990. USC Sections 351-360n-1,

<https://www.congress.gov/bill/101st-congress/house-bill/5835>

U.S.C. Sections 352/353

<https://www.gpo.gov/fdsys/granule/USCODE-2010-title21/USCODE-2010-title21-chap9-subchapV-partA-sec352/content-detail.html>

Tri-Service FDA Food Code

https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/tbmed530.pdf

Prescribed Forms

AF IMT 4336, *IDMT Patient Encounter Form*

Adopted Forms

AF Form 579, *Controlled Substances Register*

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 1098, *Special Task Certification and Recurring Training*

OF 522, *Request for Administration of Anesthesia and for Performance of Operations*

SF 600, *Health Record - Chronological Record of Medical Care, Version 11/2010*

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

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

DD Form 2795, *Pre Deployment Health Assessment*

DD Form 2796, *Post Deployment Health Assessment*

DD Form 2900, *Post Deployment Health Re-Assessment*

DD Form 2973, *Food Operation Inspection Report*

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

AF—Air Force

AFI—Air Force Instruction

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AFSC—Air Force Specialty Code

AFMAN—Air Force Manual
AFTR—Air Force Training Record
AMC—Aerospace Medicine Council
ANG—Air National Guard
ARC—Air Reserve Component
ATC— Access to Care
BE—Bioenvironmental Engineering
BEAST—Basic Expeditionary Airman Skills Training
BMT—Basic Military Training
BLS—Basic Life Support
CFETP—Career Field Education and Training Plan
CFM—Career Field Manager
DOD—Department of Defense
DP— Dental Preceptor
ECOMS—Executive Committee Of the Medical Staff
ED—Emergency Department
EHR—Electronic Health Record
FAR—Functional Area Representative
HIPAA—Health Insurance Portability and Accountability Act
HMTF—Host Medical Treatment Facility
IAW—In Accordance With
IBT—Immunization Back-up Technician
IDMT—Independent Duty Medical Technician
LOD—Line of Duty
MAJCOM/SG—Major Command Surgeon
MICT— Management Internal Control Toolset
MOA— Memorandum of Agreement
MP— Medical Preceptor
MPS—Military Personnel Section
MTF— Medical Treatment Facility
NREMT—National Registry of Emergency Medical Technicians
OBRA—Omnibus Budget Reconciliation Act

OI—Operating Instruction
OPR—Office of Primary Responsibility
OTC—Over the Counter
OTS—Officer Training School
P&T—Pharmacy and Therapeutics
PCS—Permanent Change of Station
PH—Public Health
PM—Preventative Medicine
PPE—Personal Protective Equipment
PSR—Patient Safety Report
QTP—Qualification Training Package
RMO—Resource Management Office
RNLTD—Report no later than date
RVU—Relative Value Unit
SABC - Self—Aid and Buddy Care
SAC—Self Assessment Communicator
SAV—Staff Assistance Visit
SEI—Special Experience Identifier
SG—Surgeon General
SGD—Chief of Dental Services
SGH—Chief of the Medical Staff
SGP—Chief, Aerospace Medicine
SOT—Status of Training
SRD—Static Renewal Date
SSP—Site Support Plan
TB—Tuberculosis
TCCC—Tactical Combat Casualty Care
TDY—Temporary Duty
TPL—Third Party Liability
UCMJ—Uniform Code of Military Justice
UMD—Unit Manning Document
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, OTS and BEAST.

Dental Preceptor—Any privileged and credentialed dentist appointed by the MTF SGD who serves as the IDMTs dental supervisor and trainer. 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 HMTF designated by the command surgeon to support a squadron medical element/remote site. The HMTF arranges for and ensures availability of medical services.

Independent Duty Medical Technician (IDMT)—Aerospace Medical Service Technicians in Air Force specialty codes 4N051/71C Senior Airmen 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 NREMTs IAW with the 4N0X1X CFETP and current as an IBT (as applicable). 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 1.11.3. of this instruction. They are responsible to the squadron medical element/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:

Independent Duty Medical Technician Program Coordinator—A 4N0X1/C/F Aerospace Medical Service Technician/IDMT at a 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 IDMT certification and sustainment training programs. This individual is responsible for the implementation, operation, and documentation of the program.

Medical Preceptor—Any privileged and credentialed medical provider (MD, DO, PA, NP) appointed by the HMTF SGH, who serves as the IDMTs clinical supervisor and trainer and is available to the IDMT. By virtue of their status as professional health care providers, preceptor fulfill the requirements of both trainers and task certifiers in accordance with AFI 36-2201, *Air Force Training Program*.

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

Patient Count —Patients who present with a chief complaint, receive a physical exam, and are given a diagnosis based on pathology. Routine physical exams such as Preventive or Periodic Assessments and/or Deployment-Related Health Assessments do not meet this criteria unless a secondary diagnosis based on pathology is identified.

Remote Site—An Air Force operating location in a remote or geographically separated area that may or may not have a 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.

Squadron Medical Element—A medical function of an Air Force organization with a deployable ability 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, Combat Aviation Advisor (CAA) Medics or Security Forces Medics). AFI 48-149, Flight and Operational Medicine Program, also governs Squadron medical element personnel.

USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols —The standardized list of disease/injury entities and treatment modalities, that in conjunction with the current 4N0X1X CFETP, define the scope of care/practice for USAF IDMTs. AF/SG1E and the 59 TRG are the OPRs for changes to these protocols.

Attachment 2**GLOSSARY OF PROFESSIONAL MEDICAL PUBLICATIONS**

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

Bates' Guide to Physical Examinations and History Taking, current edition TM

Current Medical Diagnosis and Treatment, current edition TM

Hole's Human Anatomy and Physiology, current edition TM

Merck Manual, current edition TM

Physician's Drug Handbook, current edition TM

Tintinalli's Emergency Medicine, current edition TM

Control of Communicable Disease Manual, current edition TM