

## **PHYSIOLOGICAL EVENT RAPID RESPONSE TEAM OPERATING PROCEDURES**

Ref: (a) COMNAVSAFECEN message of 171307ZOCT2017  
(b) OPNAVINST 3750.6S NAVAL AVIATION SAFETY MANAGEMENT SYSTEM  
(c) COMNAVSAFECEN message of 031446ZAPR2017

Encl: (1) Physiological Episode/Event Investigation and Validation/Verification Process Flowchart  
(2) Physiological Event Clinical Practice Guidelines

1. Purpose. In accordance with (IAW) with reference (a), the Commander, Naval Air Forces, (CNAF), Commander, Naval Safety Center (COMNAVSAFECEN) and the Physiological Event Action Team (PEAT) Lead instituted the requirement for each Naval Air Station or Marine Corps Air Station with Liquid Oxygen (LOX) or Onboard Oxygen Generating System (OBOGS) equipped aircraft to stand up Physiological Event (PE) Rapid Response Teams.

### 2. Scope

a. Each Physiological Event Rapid Response Team (PERRT) must be comprised of the Type-Wing or Marine Air Group (MAG) Aeromedical Safety Officer (AMSO), affected squadron Aviation Safety Officer (ASO), affected squadron Flight Surgeon or duty Flight Surgeon (as applicable), and local technical representative. These teams will be led by the Wing or MAG-level AMSO, and have the authority to operate in support of an Aviation Mishap Board (AMB) (or hazard investigation) IAW reference (b), paragraph 208.c.(5). Enclosure (1) Physiological Episode/Event Investigation & Validation/Verification (VAL/VER) Process flowchart outlines the manner which PEs are handled, investigated, validated, and verified.

b. Each Type-Wing and MAG is highly encouraged to create PHYSEP/PE-specific standard operating procedures (SOPs) (to include local and detachment operations), using this document as framework, to maximize local PHYSEP/PE response, investigation, and reporting efforts.

c. When the team is notified by the squadron ASO of a suspected PE, the PE Rapid Response Team will begin the preliminary investigation and data collection efforts.

1) In order to facilitate a thorough investigation, the affected aircrew must undergo an interview by the PERRT and an evaluation by a Flight Surgeon. Results must be documented on PE Evidence Data Sheets A and C. To ensure maximum data collection, the Part A must be completed by the affected aircrew, and reviewed by the ASO and/or AMSO. The Part C must be completed by the evaluating Flight Surgeon and must be reviewed by the AMSO prior to submission to ensure completeness and thoroughness of answers.

2) Squadron maintenance personnel must document aircraft maintenance troubleshooting actions and findings on PE Evidence Sheet Part B. For site/locations with technical representatives, squadron maintenance personnel must liaise with these local technical

representatives to discuss local aircraft test and troubleshooting procedures, as well as the test and troubleshooting procedures for aircraft components submitted for subsequent engineering investigation (EI). Technical representatives must review the Part B with squadron maintenance personnel in order to ensure thorough data collection.

3) A fit-check of aircrew Aviation Life Support Systems (ALSS) is required by local Parachute Riggers/Flight Equipment (PR/FE) personnel and the AMSO to ensure proper fit, maintenance, and cleanliness. This fit-check required documentation in a report by the AMSO for the final report.

4) All other data sources collected IAW reference (a), to assist in final PE determination, shall be submitted as evidence in the final report.

d. The PERRT has external resources available to assist in investigation and documentation. The team is encouraged to use the following resources for assistance as applicable: Bureau of Medicine and Surgery (BUMED) Aeromedical Integrated Product Team (IPT), the appropriate Root Cause and Corrective Action (RCCA) Team, the Naval Safety Center Aeromedical Division personnel, and the Aircrew Oxygen Systems (AOS) and Environmental Control Systems (ECS) Fleet Support Teams (FSTs). These experts are available to discuss suspected or known aircraft malfunctions, and aircrew symptomology, to assist in PE determination, and will provide guidance for any additional information/data that may be required in the PHYSEP/PE investigation process.

e. The PERRT and/or AMB will determine if the episode warrants the full PE protocol or is reported as a standard, squadron submitted, PHYSEP Hazard Report (HAZREP) or mishap report.

f. If formal PE protocol is warranted, Part A, B and C PE Evidence Data Sheets require submission IAW reference (c).

g. Upon final COMNAVSAFECEN VAL/VER of the event and once causal factor(s) are determined, COMNAVSAFECEN will send an event summary and related data back to the PERRT to provide direct feedback to the affected squadron and aircrew.

3. Roles and Responsibilities. To further clarify the above process and enclosure (1), the specific roles and responsibilities of the PERRT are delineated below.

- a. AMSO Roles and Responsibilities. The AMSO must lead PERRT efforts and is the primary point of contact for the investigation and reporting. The AMSO must liaise with the affected aircrew, flight surgeon, squadron ASO, maintenance personnel, local technical representatives (as applicable), PR/FE personnel, and command leadership.

(1) Upon notification of a suspected PE (per locally generated SOP), notify all other members of the PERRT within 1 hour to begin the investigative and data collection efforts.

NOTE

Technical Representatives work a standard day and are not provided overtime for this effort. If the event is after hours or on the weekend, technical representatives will receive notification and must engage as soon as possible based on the standard labor rules.

(2) Notify via email, COMNAVSAFECEN Aeromedical Division within 24 hours.

(3) If possible, participate in and ensure the affected aircrew is/are interviewed by the squadron ASO to ensure thorough data collection. Ensure the affected aircrew completes the Part A PE Evidence Data Sheet.

(4) Ensure the squadron maintenance department is in communication with the local technical representative and/or FSTs, and make certain the Part B PE Evidence Data Sheet is thoroughly completed.

(5) As the PERRT Lead, facilitate a discussion with the outlined team members to determine if the episode warrants the full PE protocol.

(6) If a PE determination is made, review and perform a quality assurance (QA) check on all Part A, B, and C PE Evidence Data Sheets for accuracy, thoroughness, and consistency, and submit the PE Evidence Data Sheets IAW timeline requirements per reference (c).

(7) Liaise with the squadron ASO to ensure the Safety Investigation Report (SIR) or PHYSEP HAZREP narrative complements the narratives captured on Part A and C PE Evidence Data Sheets.

(8) Gather PERRT members at the conclusion of the investigation to assist the squadron ASO in developing Causal Factors and Recommendations for the final SIR or PHYSEP HAZREP. Ensure all findings are documented in the final report.

(9) Participate in the Naval Safety Center PE VAL/VER board for their specific events.

#### b. Squadron ASO Roles and Responsibilities

(1) Participate in and ensure affected aircrew is/are interviewed. Affected aircrew must complete the Part A PE Evidence Data Sheet. The squadron ASO must review the form with the aircrew in order to ensure thorough data collection.

(2) Provide a completed Part A PE Evidence Data Sheet to the AMSO for final QA and submission.

(3) Submit Initial Notification via the Web-Enabled Safety System (WESS) within 24 hours.

(4) Submit an SIR or PHYSEP HAZREP via WESS IAW reference (b). Ensure the SIR or PHYSEP HAZREP narratives complement the narratives captured on Part A and C PE

Evidence Data Sheets. Ensure that Causal Factors and Recommendations analysis by the PERRT is included as evidence in the final SIR or PHYSEP HAZREP report in WESS.

(5) The ASO is highly encouraged to participate in the Naval Safety Center PE Validation/Verification board for their specific events.

(6) Upon final endorsement of the event SIR or PHYSEP HAZREP, debrief results to the squadron and aircrew involved.

c. Squadron/Duty Flight Surgeon Roles and Responsibilities

(1) Conduct a complete medical evaluation of affected aircrew IAW reference (c) and enclosure (2). Document findings and results on the Part C PE Evidence Data Sheet.

(2) Include all amplifying data in Part C submission (lab results (actual report), 72 hour history, Armed Forces Health Longitudinal Technology Application (ALHTA) notes, Dive Medical Officer (DMO) notes, etc.) IAW reference (c).

(3) Provide final Part C PE Evidence Data Sheet and amplifying data to AMSO for final review, quality assurance, and submission.

(4) Must participate in the Naval Safety Center PE VAL/VER board for their specific events.

d. Local Technical Representative Roles and Responsibilities

(1) Liaise with affected squadron maintenance personnel and assist in event troubleshooting. Participate and ensure the Part B PE Evidence Data Sheet is filled out by maintainers conducting the test/check on the aircraft and ensure that the Part B is completed in order to ensure thorough data collection.

(2) Liaise as necessary with the applicable FST to facilitate subsequent engineering investigation (EI) requirements.

(3) Assist in Slamstick and F/A-18 Automated Maintenance Environment (FAME) data collection.

(4) Collect the FAME report and provide to the AMSO for distribution.