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SECRETARY OF THE AIR FORCE**

AIR FORCE POLICY DIRECTIVE 48-1

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Aerospace Medicine

**AEROSPACE & OPERATIONAL
MEDICINE ENTERPRISE (AOME)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This policy directive establishes policy for the Aerospace & Operational Medicine Enterprise (AOME). This publication implements DoD Directive (DoDD) 6025.21E, *Medical Research for Prevention*; DoDD 6200.04, *Force Health Protection*; DoDD 6400.4E, *DoD Veterinary Public and Animal Health Services*; DoDD 6490.02E, *Comprehensive Health Surveillance*; DoD Instruction (DoDI) 6040.46, *The Separation History and Physical Exam (SHPE) for the DoD Separation Health Assessment (SHA) Program*; DoDI 6055.12, *Hearing Conservation Program*; DoDI 6055.8, *Occupational Ionizing Radiation Protection Program*; DoDI 6485.1, *Human Immunodeficiency Virus (HIV) in Military Service Members*, DoDI 1010.10, *Health Promotion and Disease Prevention*; DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*; DoDI 6465.01, *Erythrocyte Glucose-6- Phosphate Dehydrogenase (G6PD) Deficiency and Sick Cell Trait Screening Program*; and DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*. This publication applies to members of the Regular Air Force, the Air Force Reserve and the Air National Guard, to include civilian employees of the same and contractors who deploy or whose contracts otherwise bind them to the requirements of the Aerospace & Operational Medicine Enterprise (AOME).

Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW the Air Force Records Disposition Schedule (RDS) in the Air Force Records Information Management System (AFRIMS). Contact your local Functional Area Records Manager for further information. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the Air Force (AF) Form 847, *Recommendation*

for Change of Publication. Route Air Force (AF) Forms 847 through the appropriate functional chain of command.

SUMMARY OF CHANGES

This publication is substantially revised to reflect changes in policy dealing with Aerospace & Operational Medicine (AOM) and should be reviewed in its entirety. The “Aerospace Medicine Enterprise” has been renamed to the “Aerospace & Operational Medicine Enterprise” to emphasize the growing volume and complexity of operational medical requirements outside the aerospace environment and the advent of general Operational Medicine constructs in the Air Force Medical Service (AFMS). Additionally, this Directive supersedes AFPD 40-1, *Health Promotion*, and incorporates any current policy regarding Health Promotion.

1. Overview.

1.1. The Aerospace & Operational Medicine Enterprise (AOME) consists of all health capabilities and activities that directly support execution of the Air Force mission. These include aviation medicine; occupational, environmental, and operational medicine; industrial hygiene; public health; force health readiness and protection; medical support to the nuclear enterprise; human performance sustainment, optimization, and enhancement; medical response to aviation and operational mishaps and to chemical, biological, radiological, or nuclear (CBRN) events. For the Air Force, Aerospace & Operational Medicine Enterprise (AOME) requirements support functional requirements of Airmen established by the line of the Air Force (LAF) based on their mission requirements and risk-management decisions. These requirements are increasing in number and complexity as the Air Force mission evolves.

1.2. Operational Medicine is a specialized medical community led by Aerospace Medicine and Occupational Medicine specialists which addresses military service as its own occupation with a unique set of requirements, hazards, risks, controls, and interventions in support of military operational requirements. These specialists advise military leaders on the medical fitness of personnel for employability, deployability, and assignability, and on the integration of traditional medical capabilities into operational settings.

2. Policy. The Aerospace & Operational Medicine Enterprise (AOME) will:

2.1. Promote and sustain a medically ready force by:

2.1.1. Providing specialty care required to ensure the success and safety of specific operators and missions including, but not limited to, aviators (manned and remotely-piloted aircraft), astronauts, missileers, air traffic controllers, battlefield Airmen, personnel enrolled in the reliability programs, select combat-mission-ready cyberspace personnel, and certain weapons systems operators.

2.1.2. Developing proactive safety and health activities and event-driven investigations for weapons systems, programs, and units.

2.1.3. Resolving questions of medical fitness or qualification (including medical certifications and medical waivers where appropriate) for various duties (e.g., general military service, deployment, employment, special operational duty, handling classified

information, etc.) in a variety of physiologic, climatological, and geographical work environments.

- 2.1.3.1. Providing guidance and management oversight of medical programs and processes in support of military operational requirements when those processes are executed by other medical communities.
- 2.1.3.2. Integrating the input from primary care and specialists to provide an ongoing and comprehensive assessment of qualification for duty.
- 2.1.4. Promoting an environment and culture within the Air Force that values wellness and health and empowers individuals and organizations to actualize those values and maintain a healthy lifestyle.
- 2.1.5. Developing, implementing, and maintaining a system which informs Air Force leaders of the fitness of the force and of individuals for employment and deployment decision-making.

2.2. Prevent illness and injury by:

- 2.2.1. Providing activities and expertise crucial to casualty prevention and optimizing the safety and health of Air Force personnel in the performance of their duties in any circumstance or location.
- 2.2.2. Conducting medical threat analyses, developing mitigation strategies, advising leadership, and educating Airmen.
- 2.2.3. Planning and executing specific programs to identify and mitigate health risks, including but not limited to those associated with food and water, environment, physical health stressors, fatigue, communicable diseases, injury, and Chemical, Biological, Radiological, or Nuclear (CBRN) exposures, and by documenting potential exposure to those risks.
- 2.2.4. Overseeing and executing an effective occupational and industrial health surveillance program.
- 2.2.5. Maintaining continuous medical epidemiological surveillance to assist in identification and mitigation of risks to that threaten force protection and force readiness and to sustain force effectiveness.
- 2.2.6. Maintaining appropriate security clearance to provide these services to supported classified missions and personnel.
- 2.2.7. Providing support to veterinary and food protection capabilities as described in DoDI 6400.04E.

2.3. Restore health by:

- 2.3.1. Providing operational health care in compliance with Air Force Policy Directive 44-1, *Medical Operations* including at least casualty care and management in operational settings, worker's compensation injury and illness care and management, clinical services under any circumstance required of the mission, and routine health care when advantageous to the operational mission and the Military Health System.

2.3.2. Addressing disability which is unfitting for military operational requirements (i.e., employability, deployability, and assignability) and end-of-service health assessments to ensure optimal medical management and documentation for appropriate disability processing.

2.3.3. Providing specific expertise in the planning and execution of medical responses to mishaps, operational incidents, and mass casualties.

2.3.4. Providing professional expertise to ensure the safety and appropriateness of aeromedical evacuation of patients.

2.3.5. Supporting medical research for prevention, mitigation, and treatment of blast injuries as required in DoDI 6025.21E.

2.4. Optimize and sustain human performance by:

2.4.1. Focusing on the Airman as a human weapon system requiring total-life-cycle support and maintenance.

2.4.2. Providing advocacy and consultative support to ensure the early integration of human considerations into the system acquisition process to enhance human systems integration by design, to reduce future life cycle costs, and to optimize total system (human-hardware-software) performance.

2.4.3. Researching and employing objective occupation-selection criteria, evidenced-based medical standards, and the tools and techniques necessary to sustain the levels of individual physical and cognitive performance planned for and expected of the human components of weapon systems.

2.4.4. Providing expertise to educate workers and leadership to design human-centered work practices and solutions that ensure worker safety, community health, and environmental protection during the development and employment of systems.

2.4.5. Providing education on the importance of healthy behaviors in realizing appropriate health goals and by assisting our population in achieving these goals and overcoming barriers to achieving these goals.

2.4.6. Applying human performance sustainment, optimization, and enhancement concepts to modernizing the human weapon system.

2.5. Systematize high-reliability throughout the Aerospace & Operational Medicine Enterprise (AOME) by:

2.5.1. Standardizing lean workflow processes.

2.5.2. Standardizing leader work and management systems.

2.5.3. Improving processes continuously.

2.5.4. Systematizing organizational learning based on improvements.

3. Roles and Responsibilities.

3.1. **The Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR)** approves policies concerning the Air Force Medical Service (AFMS) which require Secretary coordination or approval.

3.2. **The Surgeon General (AF/SG)** oversees and directs the Aerospace & Operational Medicine Enterprise (AOME) including its development, employment, and performance in support of the operational mission of the Air Force.

3.3. **The Air Force Chief of Aerospace Medicine (AF/SG3P)** provides specialized, professional aeromedical oversight and guidance for the Aerospace & Operational Medicine Enterprise (AOME) including its development, employment, and performance in support of the Air Force Surgeon General and the operational mission of the Air Force.

3.4. **The 711 Human Performance Wing** , a component of the Air Force Research Laboratory, supports the AF/SG and subordinate offices to fulfill their responsibilities in Aerospace & Operational Medicine Enterprise (AOME) activities.

MATTHEW P. DONOVAN
Acting Secretary of the Air Force

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

DoDD 6025.21E, *Medical Research for Prevention*, July 5, 2006

DoDD 6200.04, *Force Health Protection*, October 9, 2004 (certified current April 23, 2007)

DoDD 6400.4E_IC2, *DoD Veterinary Public and Animal Health Services*, August 29, 2017

DoDD 6490.02E_IC2, *Comprehensive Health Surveillance*, August 28, 2017

DoDI 1010.10_IC2, *Health Promotion and Disease Prevention*, January 12, 2018

DODI 6040.46, *The Separation History and Physical Exam (SHPE) for the DoD Separation Health Assessment (SHA) Program*, April 14, 2016

DODI 6055.12_IC1, *Hearing Conservation Program*, October 25, 2017

DODI 6055.8_IC1, *Occupational Ionizing Radiation Protection Program*, October 3, 2013

DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*, May 6, 2018

DoDI 6465.01, *Erythrocyte Glucose-6- Phosphate Dehydrogenase (G6PD) Deficiency and Sickle Cell Trait Screening Program*, July 17, 2015

DoDI 6485.1, *Human Immunodeficiency Virus (HIV) in Military Service Members*, June 7, 2013

DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, February 5, 2010

AFPD 44-1, *Medical Operations*, June 9, 2016

AFMAN 33-363, *Management of Records*, March 1, 2008

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AF—Air Force

AFPD—Air Force Policy Directive

AOME—Aerospace & Operational Medicine Enterprise

AFMS—Air Force Medical Service

CBRN—chemical, biological, radiological, or nuclear

F/SOD—Flight and Special-Operational Duty

HSI—human-systems integration

KME—key mission effect

OEH—Occupational and Environmental Health

PD—Policy Directive

RDS—records disposition schedule

SOD—Special-Operational Duty

Terms

Human Performance Sustainment—Efforts to maintain target performance levels throughout an Airman's career (spanning accession through separation or retirement) while minimizing adverse health effects.

Human Performance Optimization—Efforts to achieve the most efficient use of limited human resources by comprehensively integrating Airmen with organizational and technical systems.

Human Performance Enhancement—Efforts to enable humans to operate beyond currently achievable and/or sustainable performance thresholds.

Operational Medicine—Air Force Operational Medicine is a community of professionals who collectively collaborate to maximize the readiness of the human weapon system by targeted intervention and proactive preventive health management aimed at enhancing performance.

Operational Medicine Support—The community of medical specialties, disciplines, and functions that do not directly manage the medical qualification of Servicemembers but which inform the Operational Medicine evaluation, care, and disposition of those patients (e.g., public health, health promotion, bioenvironmental engineering, aerospace physiology, optometry, audiology, etc.).

Special Operational Duty—Duty which requires special administrative and operational controls to certify qualification for duty on a daily basis for regular employment.