AFCDA01 Brittney Hall

4N071, Aerospace Medical Service Craftsman Course

Aerospace Medical Service Craftsman, is a 10-lesson course required as part of the career field's 7-level upgrade training. The end of course assessment is a proctored comprehensive exam.

LEGAL ASPECTS OF PATIENT CARE

- **Adverse Actions**
- **Medical Evaluation Board**

USAF AEROMEDICAL SERVICES INFORMATION MANAGEMENT SYSTEM

- **ASIMS**

EQUIPMENT AND SUPPLY MANAGEMENT

- **Budget**
- **Records**

Maintenance

ENLISTED SPECIALTY TRAINING

Develop a Unit Training Program

Safety Data Sheets (SDS)

MANPOWER CONSIDERATIONS AND DOCUMENTS

Unit Manpower Document

Daily Operations

Lesson 1 of 10

Adverse Actions

AFCDA01 Brittney Hall

Objective- After completing this lesson, the student will be able to manage clinical adverse actions in accordance with prescribed guidance and publications.

The Management of Clinical Adverse Actions

The purpose of clinical adverse actions is to protect patient safety, preserve the quality of healthcare, protect the integrity of the MHS, protect the rights of the involved healthcare provider, insure timely resolution of the issues, and insure timely reporting to regulatory entities when required. These can be related to privileged and non-privileged healthcare providers.

PRIVILEGED PROVIDERS	NON-PRIVILEGED PROVIDERS
Upon discovery or notification to MTF leadership that a clinical adverse action may be indicated and continuing throughout the adverse action process, MTF leadership will consult with local legal authorities as appropriate and follow applicable personnel procedures so that due process proceedings, adequate notice, and fair hearing procedures are afforded to the involved provider.	

When invoking an adverse action, the respective Service may place a healthcare provider into a period of abeyance for up to 30 calendar days while a QA investigation is conducted or the MTF Commander is reviewing the matter to decide whether or not to proceed with a clinical adverse action.

The provider is notified in writing of the abeyance, the reason for abeyance, and the term of the abeyance (in calendar days). If the inquiry is not complete or the MTF Commander does not have adequate information to make a disposition on the provider's clinical practice within the 30 calendar-day abeyance, the abeyance will automatically become a summary suspension. A summary suspension is valid for 6 months. If an extension is required after 6 months, the MTF Commander must request Service-level approval to extend the summary suspension at 6-month intervals.

PRIVILEGED PROVIDERS

NON-PRIVILEGED PROVIDERS

Upon the discovery, or the notification to MTF leadership, that a clinical adverse action may be indicated, MTF leadership will consult with local legal authorities and follow applicable personnel system requirements so that due process proceedings, adequate notice, and fair hearing procedures are afforded to the involved provider.

Reports of adverse actions for these providers will be sent to State licensing agencies and other agencies appropriate to the specialty of the provider. These actions are known as adverse practice actions. A healthcare provider may be removed from patient care duties while a professional QA investigation is being conducted or while the MTF Commander is reviewing the matter to determine whether or not to proceed with a clinical adverse practice action.

The non-privileged provider will be notified, in writing, that he or she has been removed from clinical practice and the reason for the removal. The MTF Commander must withdraw any permission for the provider to engage in clinically-related outside employment from initiation of the removal from patient care duties until all due process procedures are completed.

Below is the DoDM 6025.13 for you to use to learn more about clinical adverse actions- Enclosure 7 (pgs 52-62). When finished, answer the knowledge check questions below.

PDF

DoDM 6025.13.pdf
11.7 MB

Enclosure 7
Clinical Adverse Actions

When invoking an adverse action, which of the following are true regarding a notification of an abeyance? (Mark all that apply)

- [ ] The notification is in writing.
- [ ] The reason for the abeyance.
- [ ] Who made the complaint.
- [ ] The term of the abeyance (in calendar days).

SUBMIT

Enclosure 7

Clinical Adverse Actions

Each provider has the right to appeal and may make a written appeal of the MTF Commander's final decision to the SG of the MTF's Service. The provider will submit a request for reconsideration within _____ calendar days to the MTF Commander.

- ○ 5
- ○ 10
- ○ 15
- ○ 20

SUBMIT

Enclosure 7

Clinical Adverse Actions

If the provider is a member of a different Service, where will a copy of all adverse action documents will be sent to?

- ○ the member's MTF for review and comment prior to the SG final action and report.
- ○ the member's QA office for review and comment prior to the SG final action and report.
- ○ the member's service office for review and comment prior to the SG final action and report.
- ○ the member's SG office for review and comment prior to the SG final action and report.

SUBMIT

Complete the content above before moving on.

Medical Evaluation Board

Objective- After completing this lesson, the student will be able to identify the elements associated with the Medical Evaluation Board (MEB) process in accordance with prescribed guidance and publications.

Medical Evaluation Board Overview

Throughout their service, many service members experience injuries or develop health conditions. If a service member develops a medical condition that prevents them from performing their military duties or making a full return to duty within one year, the service member may be referred to a Medical Evaluation Board (MEB).

Below are the **publications** that are important to **understand** if you are processing a **MEB** package. Download these to a desktop folder for **quick** reference.

AFI 36-3212 Physical Evaluation for Retention, Retirement and Separation.pdf
1.4 MB

AFMAN 41-210 Tricare Operations and Patient Administration.pdf
1.9 MB

AFI 48-123 Duty Limiting Conditions.pdf
643.2 KB

DoDI 6130.03 V1.pdf
443.2 KB

DoDI 6130.03 V2.pdf
561.7 KB

DoD Manual 1332.18 V1.PDF
799.4 KB

CONTINUE

Answer the following knowledge check questions to test your understanding of the previously given publications and information about the MEB program.

Knowledge Check Questions

1.) Disqualifying medical conditions for military service are listed in what publication(s)? Click all that apply.

- [ ] DoDI 6130.03V1, Medical Standards for Military Service: Appointment, Enlistment or Induction
- [ ] DoDI 6130.03 V2, Medical Standards for Military Service: Retention

- [ ] DAFMAN 48-123, and its companion the medical standards directory (MSD) located on the knowledge exchange (KX) at the flight medicine/medical standards Air Force medical service (AFMS) knowledge junction.
- [ ] DoDI 6730.03V3, Medical Standards for Civilian Service: Retention

SUBMIT

2.) Conditions that interfere with military service (henceforth known as unsuiting disorders) are managed administratively through the service member's chain of command IAW what publication(s)? (Click all that apply)

- [ ] AFI 36-3206, Administrative Discharge Procedures for Commissioned Officers.
- [ ] AFI 36-3207, Separating Commissioned Officers.

- [ ] AFI 36-3208, Administrative Separation of Airmen.
- [ ] AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members.

SUBMIT

3.) Conditions that interfere with military service (unsuiting) are NOT entered into the Disability Evaluation System (DES) in accordance with DoDI 1332.18, Disability Evaluation System (DES).

- ( ) True
- ( ) False

SUBMIT

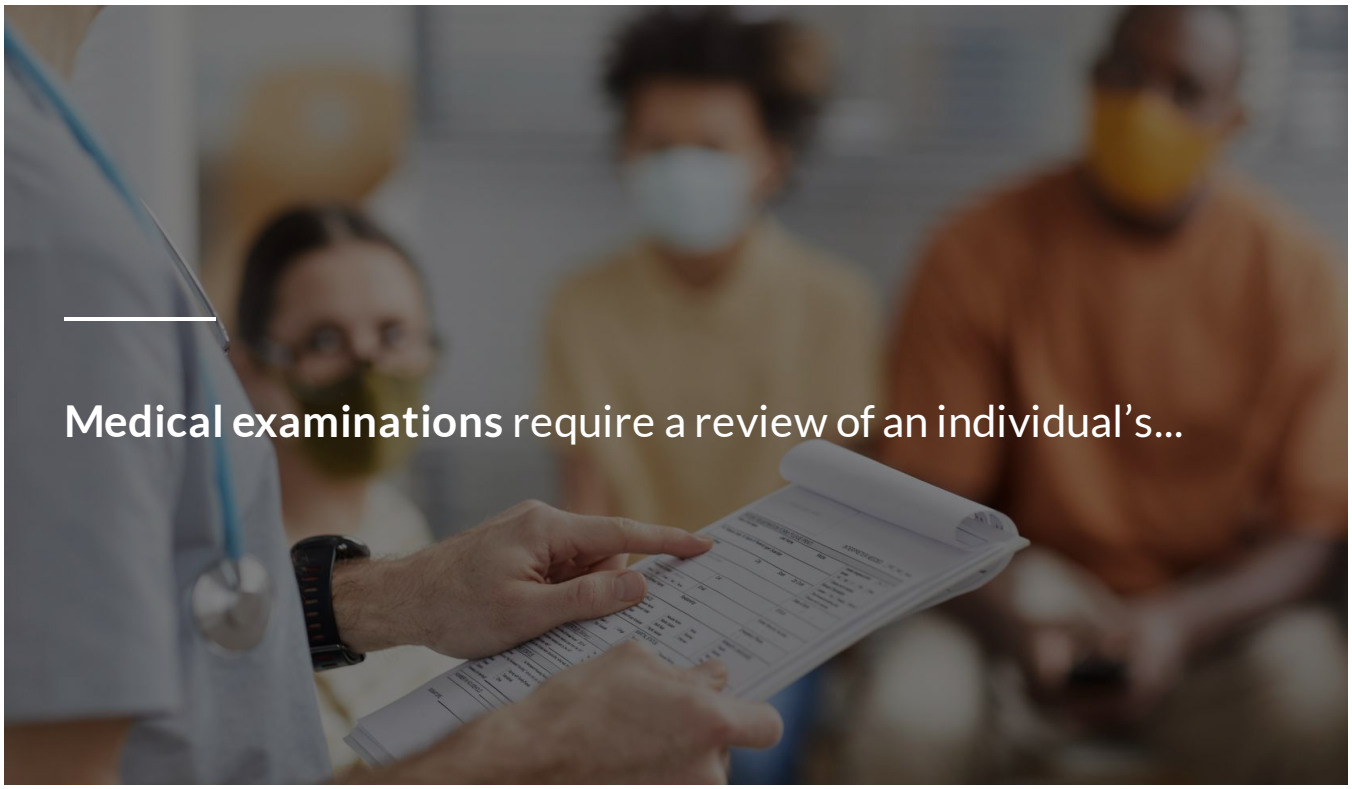
4.) Unfitting conditions are eligible for DES processing in accordance with DoDI 1332.18, AFI 36-3212, Physical Evaluation for Retention, Retirement, and Separation, and AFMAN 41-210, TRICARE Operations and Patient Administration.

- ◯ True
- ◯ False

SUBMIT

IMPORTANT NOTE: The terms “unsuiting” and “unfitting” describe medical conditions that affect military service. Once identified, they are handled differently; **unsuiting** conditions are handled **administratively** and **unfitting** conditions are handled through **DES processing**.

Complete the content above before moving on.



1. medical history,
2. available medical records,
3. and, in most cases, a physical examination.

Access to medical records maintained by DoD medical treatment facilities can be authorized using the DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*. The DD Form 2870 can also be used to obtain records maintained outside the DoD, though civilian healthcare entities may require use of locally-generated authorization forms.

Review the **scenario** below to learn some tips about filling out this form.

DD Form 2870, Authorization for Disclosure of Medical or Dental Information

When trying to access medical records maintained by DoD medical treatment facilities the member will have to fill out a DD Form 2870. Click through the scenario for some tips on filling out this form.

CONTINUE

Scene 1 Slide 1

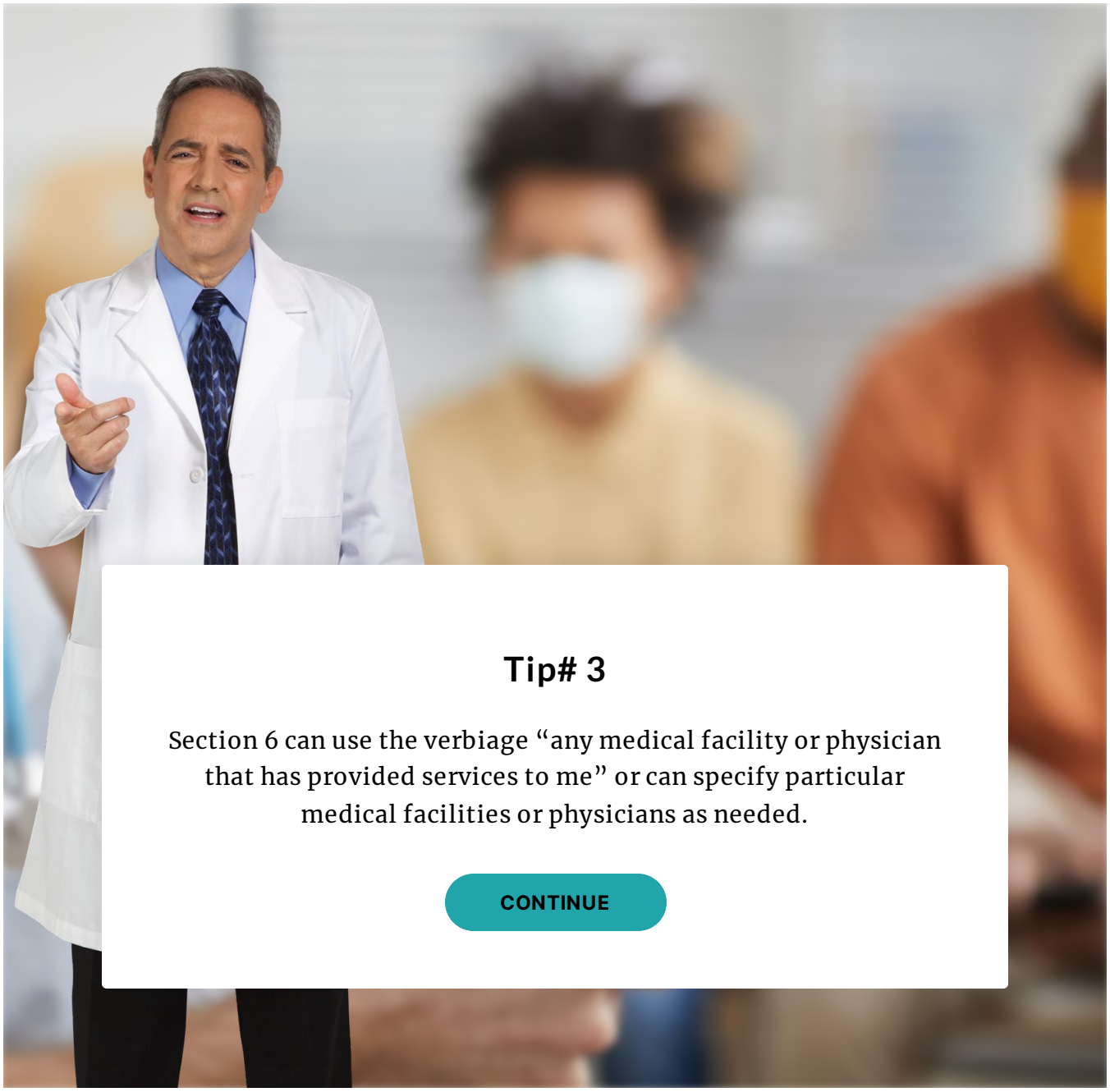
Continue → Next Slide

Scene 1 Slide 2

Continue → Next Slide

Scene 1 Slide 3

Continue → Next Slide

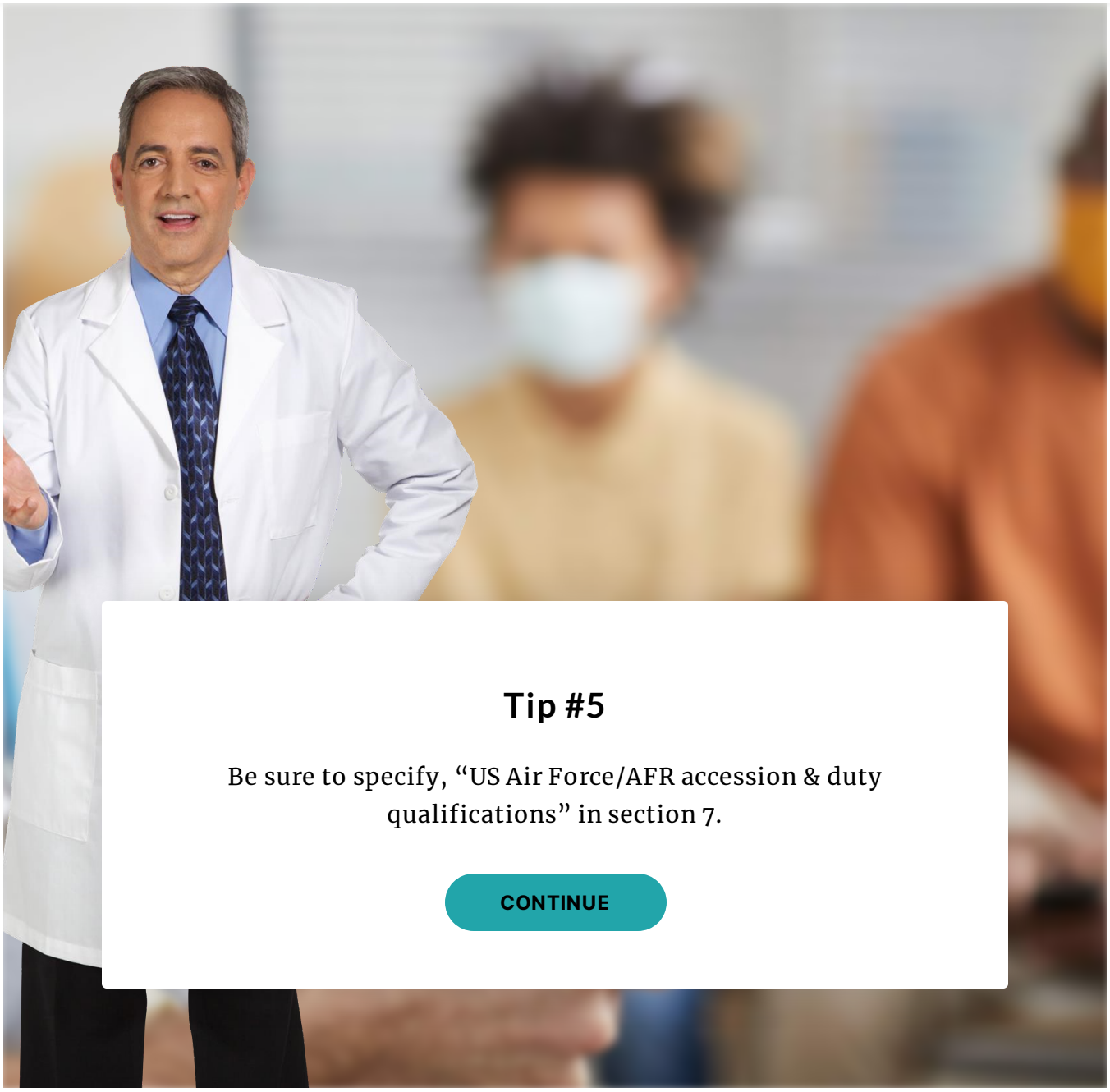


Scene 1 Slide 4

Continue → Next Slide

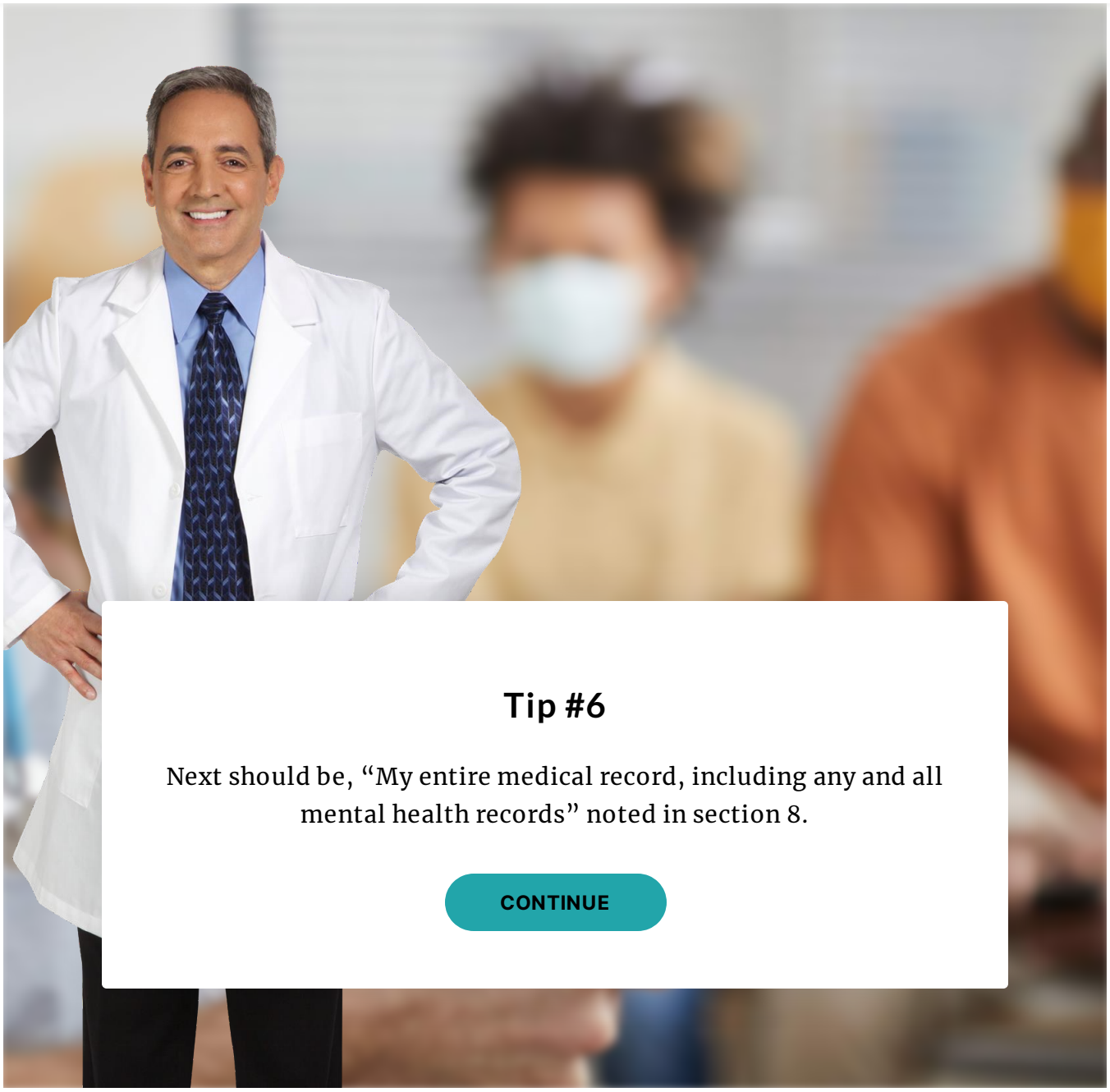
Scene 1 Slide 5

Continue → Next Slide



Scene 1 Slide 6

Continue → Next Slide



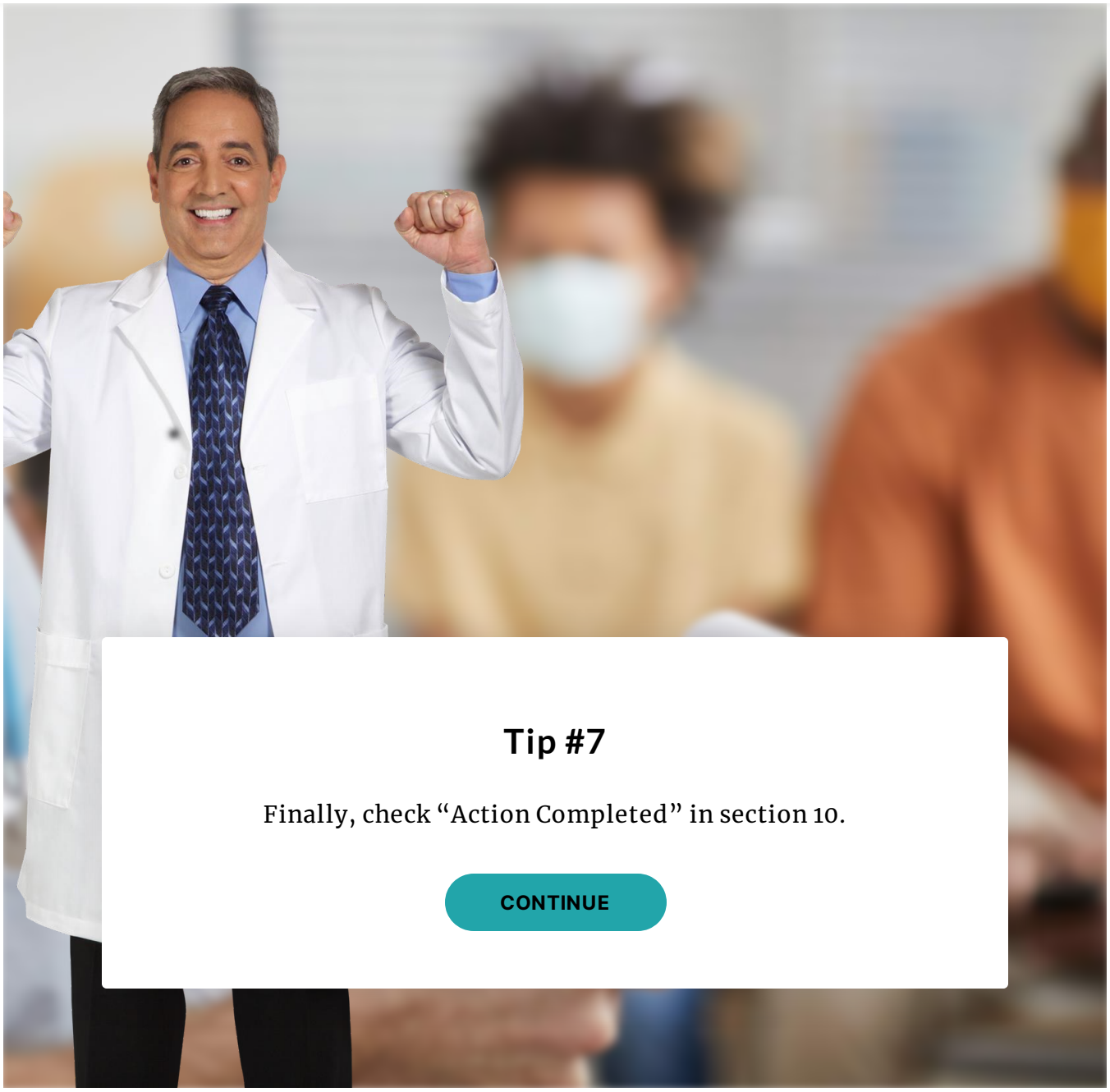
Tip #6

Next should be, “My entire medical record, including any and all mental health records” noted in section 8.

CONTINUE

Scene 1 Slide 7

Continue → Next Slide



Scene 1 Slide 8

Continue → Next Slide

Congratulations!

You know have some tips to ensure the DD Form 2870 is being filled out correctly which will help your patients have a smoother experience through the MEB Process!

START OVER

Scene 1 Slide 9

Continue → End of Scenario

DD2870 Authorization for Disclosure of Medical or Dental Information.pdf
59 KB

NOTE: The DD Form 2870 can also be used to obtain records maintained outside the DoD, though civilian healthcare entities may require use of locally-generated authorization forms.

CONTINUE

Medical examinations determine whether an examinee meets relevant medical standards. Medical examinations serve three major purposes: initial qualification, continued (or periodic) qualification, and disability evaluation. A medical examination may serve more than one purpose so long as all requirements for each intended purpose are met.

Below is an incomplete list of occasions requiring medical examinations.

- Entrance into active military service, ARC, AFROTC, USAFA, and Officer Training School (OTS).

- Initial entry into flying or other special operational training.
- Continued military service as outlined by AFI 44-170, Preventive Health Assessment and DAFMAN 48-123 Chapter 4.
- Termination of service as specified in accordance with DoDI 6040.46 and DAFMAN 48-123 Chapter 6.
- Return or Re-Entry to Reg AF after a break in service.
- As required for General Officer Boards.
- Enlisted members applying for commission.

CONTINUE

Integrated Disability Evaluation System (IDES) & Deployment Availability Working Group (DAWG)

Integrated Disability Evaluation System (IDES)

The purpose of the Air Force DES is to maintain a fit and vital force. Service members who can no longer perform the duties of their office, grade, rank or rating are referred into the DES process. The DES is designed to ensure fair compensation for members whose military careers are shortened due to a service-incurred or aggravated disability. AFPC determines eligibility for disability processing. Reference Air Force Instruction (AFI) 36-3212, Physical Evaluation for Retention, Retirement and Separation for further information, AFMAN 41-210, Tricare Operations and Patient Administration and AFI 48-123, Duty Limiting Conditions.

The Integrated Disability Evaluation System integrates the Air Force Disability Evaluation System with the VA, and delivers the advantage of single-sourced disability ratings that are accepted by both the DoD and the VA, so the member will receive a VA benefits decision shortly after separation or retirement.

One of the goals of the Air Force is to carefully screen service members with potentially unfitting conditions, so they are appropriately referred into the Integrated Disability Evaluation System only when a return to duty adjudication is not likely.

This graphic represents the IDES Timeline that showcases the length of time during each phase.

Entrance Into The Integrated Disability Evaluation System

In order to minimize inappropriate referrals to the Integrated Disability Evaluation System, there is a two-step Integrated Disability Evaluation System pre-screening process for all potential Medical Evaluation Board cases.

Step 1

DAWG

This first step is accomplished by the MTF Deployment Availability Working Group.

Once the initial review-in-lieu-of case is identified, the Physical Evaluation Board Liaison Officer will coordinate activities to retrieve information required for the Deployment Availability Working Group review.

Appropriate information might include:

- Medical record entries-MHS Genesis or hard copy
- Consultant or special examination reports
- Applicable AF Form 469, *Duty Limiting Condition Report*
- Most recent AF Form 422, *Notification of Air Force Member's Qualification Status*
- Any other information deemed relevant

After the case is reviewed by the Deployment Availability Working Group it is forwarded to AFPC/DP2NP for adjudication. RC service member cases are forwarded to the appropriate ARC Surgeon General's Office.

Step 2

AFPC/DP2NP

The second step, if required, is accomplished by the Air Force Personnel Center, Medical Retention Standards Branch (AFPC/DP2NP) or the appropriate ARC Surgeon General's Office.

Cases that AFPC/DP2NP direct for a Medical Evaluation Board are referred into the Integrated Disability Evaluation System.

AFPC/DP2NP and ARC Surgeon General's Office disposition may result in a Return to Duty decision.

AFPC/DP2NP or ARC Surgeon General's Office is the final disposition authority on Return to Duty determinations.

Step 3

Conditions Unfit

Airmen who have conditions that may render them unfit for continued military service in accordance with AFI 48-123, or are found to be unable to deploy must undergo an initial review-in-lieu-of that will serve as the Integrated Disability Evaluation System pre-screening.

Initial review-in-lieu-of is an initial review of medical records in lieu of a full medical examination. In addition to those conditions specifically listed in AFI 48-123, Airmen may require an initial review-in-lieu-of due to a duty limiting condition which has resulted or likely will result in a mobility restriction for 365 days or longer.

Additionally, other diseases or defects not specifically listed in AFI 48-123 may also be cause for an initial review-in-lieu-of based upon the medical judgment of the examining physician and concurrence of the Deployment Availability Working Group.

Summary

If AFPC/DP2NP or the appropriate ARC Surgeon General's Office that an **initial** review-in-lieu-of should undergo, the service referring provider **signs and dates** the VA Form 21-0819, DoD Referral to Integrated Disability Evaluation System (IDES) form available at: https://www.va.gov/vaforms/form_detail.asp?FormNo=21-0819.

The goal for the Department of Defense (DoD) and The Department of Veterans Affairs (DVA or VA) is to complete **80** percent of all SM Full MEB cases in no more than **180** days starting from the date of referral to the IDES and ending on the date of RTD or the date the VA issues the disability benefits decision letter to the SM after disability retirement or separation. For non-active duty members (Reserve/Guard), the IDES process is complete at the time of retirement or separation.

Unless otherwise noted, all actions that specify timeliness requirements are measured in calendar days. Case processing timeliness goals for major portions of the IDES are described in DoD Manual 1332.18 V1.

The laws relating to retirement or separation of military personnel for physical or mental health disability were enacted to maintain a fit and vital military force. The Secretary of the Air Force (SecAF) is charged with assuring the fitness of AF and SF members and separating or retiring those who become unfit because of a medical

disability. The Secretary's authority is derived from Title 10, U.S. Code, Chapter 61, as implemented by DoDI 1332.18, DoDM1332.18 Vol I and AFI 36-3212.

The law provides benefits for eligible members whose military career are cut short due to a service-related physical and/or mental health disability incurred in the line of duty. The IDES seeks to ensure seamless service delivery and due process for Airmen and Guardians. The first requirement for disability retirement or separation is that the member be unfit to perform the duties of their office, grade, rank or rating because of a physical and/or mental health disability.

NOTE: You should have a thorough knowledge of the MEB and DES procedures contained in AFI 36-3212, DAFMAN 48-108, AFI 48-133, DoDI 1332.18 and DoDM 1332.18, Vol 1.

A basic familiarity with the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD) is also helpful. In the IDES, the VA determines the disability rating percentage and VASRD code used by the Services in determining disability disposition based on unfitting conditions and by the VA for awarding disability benefits for claimed conditions.

https://www.benefits.va.gov/warms/bookc.asp

The fact that a condition exists and is listed in the VASRD is not, in itself, proof of unfitness. It is necessary to correlate the nature and degree of physical impairment with the requirements of the duties which an individual may reasonably be expected to perform by virtue of their office, grade, rank, or rating.

IDES Screening Process and the Initial RILO (IRILO)

A. Screening Process

Each MTF provider, after discovering a potentially service-disqualifying medical condition, regardless of rank (in accordance with AFI 48-133, Chapter 4), should initiate the AF Form 469, Duty Limiting Condition Report to reflect an Assignment Availability Code (AAC) 31, also referred to as a code 31. If the case meets the below criteria for an IRILO it should be referred to the AMRO Board. Additionally, other cases suitable for a Review In Lieu Of (RILO) may be identified during the AMRO Board's monthly review of SMs with duty limiting conditions.

AMRO Board surveillance tracking of AAC 31 helps to identify when a SM has a chronic condition which precludes them from performing their duties or deploying to field conditions. Regardless of the diagnosis, after 12 months of cumulative AAC 31 status for the same or related issue(s), the IRILO case must be referred to AFPC or ARC/SGO for review. Timeline from Initial AMRO Board Review to the date the IRILO Coversheet/Checklist is signed and forwarded to AFPC is no more than 30 Days.

1. Criteria to consider before proceeding with an IRILO:

- Trigger events are conditions or occurrences which may indicate a SM has medical and/or mental health conditions that are inconsistent with retention standards or ability to deploy.
- After a provider recognizes a trigger event, the provider must notify the MTF PEBLO and obtain a summary of the member's information from the Medical Standards Management Element (MSME), and MHS Genesis for preliminary presentation at the next scheduled AMRO Board meeting.
- Each AMRO Board should establish procedures and guidelines for reporting trigger events at their MTF.

2. Trigger events include, but are not limited to the following:

- A provider (Primary Care Manager (PCM) or specialist) identifies an Airman/Guardian with a diagnosis which does not meet retention standards for continued military service per DoDI 6130.03 V2, DAFMAN 48-123, or the MSD.
- If AMRO Board surveillance identifies an Airmen/Guardians with a long-standing AAC 31 and the condition appears unlikely to resolve within 300 cumulative calendar days from initiation of the code.
- When an Airman's/Guardian's Commander requests evaluation due to poor duty performance or deployment concerns stemming from a potential medical or mental health condition.
- A Permanent Change of Station (PCS), Temporary Duty (TDY), or deployment is cancelled for a medical or mental health reason.
- AFPC or ARC/SGO directs the IRILO.
- *Note*: Guard Medical Unit/Reserve Medical Unit (GMU/RMU) AMRO Board refers an Airman/Guardian to the AD MTF AMRO Board with a diagnosis which potentially does not meet retention standards for continued military service. The GMU/RMU referrals should identify how the Airman/Guardian is eligible for Pre-IDES processing (i.e., Finalized In Line of Duty (ILOD)) determination, Air Guard Reserve (AGR) utilizing TRICARE Prime Remote, etc.).

3. Application of AAC 37, also referred to as a code 37, in accordance with AFI 48-133, Chapter 4. Any medical condition incurred or aggravated during active service or authorized training in any of the Military Services, that has now worsened to the point of possible medical disqualification, should be considered for DES processing, provided the origin of such condition or its current state is not due to misconduct or intervening events when not in a qualified duty status.

- If after determining an IRILO is appropriate, application of code 37 is directed by the AMRO Board President and applied by the Medical Standards Management Element (MSME). Only the AMRO board (as a committee, or the Chair, as representative), AFPC or ARC/SG may direct a code 37 be assigned to a SM.

- AMRO Boards should initiate a code 37 immediately upon determination that a SM does not meet retention standards.
- AMRO Boards should NOT wait to initiate the code 37 until the IRILO package is ready to submit.
- If the IRILO package is not ready to submit within 30 days of the code 37 placement because of need for further medical evaluation, stabilization, or other legitimate reasons, then documentation in Aeromedical Services Information Management System (ASIMS), system for unit commanders to access their airmen's medical readiness requirement, and the AMRO Board minutes is acceptable.
- Once applied, the AAC 37 remains in effect until AFPC or the appropriate ARC/SGO directs removal via a FL4 (AFPC/Form Letter 4 or appropriate ARC memo).
- For AFRC SM's with Prior Service Conditions (PSC), please contact the appropriate ARC/SGP office.
- For National Guard Bureau (NGB) SM's you should contact appropriate GMU for potential PSC. The GMU will work with the SM to put the PSC case together to submit to NGB/SG.

4. Initial Review-In-Lieu-Of (IRILO). The IRILO is an initial review of medical records in lieu of a full medical examination. Once the IRILO case has been identified, then you must:

- Notify the SM they are being referred for a potential MEB.
- Contact the SM's commander to request the AF Form 1185, Commander's Impact Statement for Medical Evaluation Board. All commanders are to return the AF Form 1185 within five (5) calendar days to you, and it should be no older than 30 days when received by AFPC or ARC/SGO.
- Contact the provider (or providers, in cases where multiple specialty consult narratives are required) to request a narrative summary (NARSUM), supporting consultant notes/studies, and current AF Form 469 prior to the next AMRO Board. For mental health cases, the MTF shall make arrangements for the mental health NARSUM to be accomplished. _____

1. NARSUM. A narrative summary, or NARSUM, is a document prepared by a physician who can describe the servicemember's history and the severity of their disability or health condition. The NARSUM will detail how the servicemember's medical condition affects their ability to perform their service duties. Additionally, it will include an assessment as to whether the condition is service-related. The same format is used for both IRILO and MEB case files and must be no older than 30 days when received by AFPC. Approved NARSUM (medical and mental health) templates can be found on the AFPC Medical Retention Standards KX page.
https://kx.health.mil/kj/kx8/AFPCMedicalRetentionStandards/Pages/home.aspx

2. Consultant Notes and/or Special Studies. Include the latest consultant note and it must be no older than 180 days. Pulmonary Function Tests (PFTs) or Spirometry results should be within 90 days.

3. AF Form 469. If the form is more than 30 calendar days old, the provider must review the profile restrictions, updating restrictions as needed to ensure clear and accurate portrayal of the current restrictions. A comment will then be made in the restrictions section, "Provider reviewed restrictions and they are deemed accurate and appropriate." Must include the provider's signature, signature block/stamp, and date. NOTE: The provider reviewed comment will not suffice for expired 469s, any expired 469 needs to be renewed.

4. AMRO Board President for IRILO processing of an ARC member, the RMU/GMU will assist with Pre-IDES package preparation by:

- Providing any related civilian medical documentation.
- Providing a copy of orders and/or finalized Line of Duty (LOD).
- Coordinating AF Form 1185, Commander's Impact Statement (CIS).
- Medical NARSUM may be completed by the GMU Full-Time Provider, if available.

5. The AMRO Board President reviews the entire IRILO package and signs the coversheet to ensure that it is complete and accurate. You have 5 calendar days to submit the IRILO package to AFPC or ARC/SGO. The IRILO Checklist/Coversheet, NARSUM, and AF Form 1185 templates can be found on the AFMS KX Medical Retention Standards website in the Templates and

Forms folder at:
https://kx.health.mil/kj/kx8/AFPCMedicalRetentionStandards/Pages/home.aspx

6. Modified RILO (MRILO) can also be used to obtain an expedited case disposition when needed (e.g., separation, retirement, pending assignments, pending deployments, etc.) and does not require an AF Form 1185 CIS unless directed by AFPC or ARC/SGO. If the SM has a newly diagnosed medical condition during the annual RILO, then an IRILO is accomplished, and the Annual review is added. MRILOs at a minimum, will contain a NARSUM (or robust AHLTA/Specialist note) and current AF Form 469. Note: If the SM has more than 30 days before they are due to PCS, deploy, retire, separate or start terminal leave, and it is for a newly diagnosed condition, then an IRILO is accomplished.

7. AFPC or ARC/SGO reviews the IRILO/MRILO and determines a disposition on the case. There are four possible determinations: RTD (with or without an Assignment Limitation Code (ALC-C)), Full MEB, Return Without Action (reason should be provided) or Continuation of Medical Care and Observation (Con Care). AFPC and ARC SG office determinations are final and have the same effect and authority as a MEB. There is no appeal process to an IRILO decision.

8. Line of Duty (LOD). For any In Line of Duty (ILOD) possibly disqualifying condition(s), include the finalized ILOD determination (Administrative, Informal, Formal) with the IRILO when you submit the Initial RILO case to ARC/SGO.

- A LOD determination is an investigation of either an Injury, Illness, Disease or Death that incurred or service aggravated while the member was in a qualified duty status. Qualified duty status includes, but is not limited to, IADT (RSD/RD/AT/ST days), T10/T32 orders, Training/School orders, etc. Administrative LODs are simply an AHLTA/MHS Genesis encounter (SF 600) documenting a minor condition as ILOD if there is no likelihood of permanent disability, hospitalization, or requirement for continuing medical treatment. The Informal LOD (AF Form 348) is required when the medical condition involves a disease process, self-harm, requires hospitalization, and/or requires continuing medical care or treatment beyond the period of duty during which the condition was incurred or aggravated. All Informal LODs with questionable circumstances (i.e., disease process, alcohol/drug involvement, chronic condition existed prior to period of service, etc.) require a final ARC LOD Board Determination a Formal LOD (AF Form 348 and DD Form 261) has all the elements of the Informal LOD

with the addition of an Investigating Officer report. All Formal LODs require a final ARC LOD Board Determination.

- In any case involving an LOD question, include the completed and approved LOD determination with the MEB report when you submit the case to AFPC/DPFD for disability evaluation.
- For Active Duty (AD) an Administrative LOD included in the NARSUM and annotated on the AF Form 618, Medical Board Report, will suffice for naturally occurring illnesses (diabetes, heart conditions, etc.). An AF Form 348, Line of Duty Determination, must be completed on any injury.
- Air National Guard (ANG) AGR members on Statutory (STAT) Tour orders 31 days or more an Administrative LOD included in the NARSUM and annotated on the AF Form 618 may suffice. See DAFI 36-2910 1.2.2. for specific instructions.
- For any ARC member an LOD is required, regardless of illness or injury, who is not on extended AD orders. These orders are effective at the time of the injury or illness. Inform the member the PEB may not change an LOD made under DAFI 36-2910 and that the final decision concerning any LOD determination is made within the OSAF.

9. AFPC or ARC/SGO has 10 calendar days to make a determination and notify you via a FL4.

There are **four** possible determinations:

1. Return to Duty (with/without an Assignment Limitation Code) and remove AAC 37.
2. Direct a Medical Evaluation Board and maintain AAC 37.
3. Direct a Medical Evaluation Board at another MTF and maintain AAC 37.
4. Returned without Action (reason and disposition of AAC 37 will be specified).

Continued Military Medical Observation and Care and maintain AAC 37.

- If the member is RTD, you notify the member, member's commander, PCM and the MSME office.
- An updated AF Form 469, Duty Limiting Report profile is generated by the PCM or MSME and is forwarded to the Senior Profile Officer for review.

- The AF Form 469 is what the local Force Support Squadron (FSS) requires to update the member's Deployment Availability (DAV) code and if the AAC 31/37 block is checked on the AF Form 469, it automatically updates the respective code in the personnel systems.
- If the member is referred for a Full MEB, you will initiate DES processing if all appropriate documents are received and are current (NARSUMs, LODs, Order, DD Form 214, Certificate of Release or Discharge from Active Duty, etc.,).

10. Counsel the Service Member. The final portion of the Pre-IDES process is to conduct the multi-disciplinary briefing (MDB) with the SM (or NOK if applicable) on the DES process, and all that it entails. You should use the AFPC provided Disability Evaluation System (DES) Fact Sheet to brief members. To ensure a consistent message, limit the briefing to only those materials addressed in the Fact Sheet. Along with briefing the DES Fact Sheet and the DES Counseling Acknowledgement Sheet, which the member signs afterwards, you should at a minimum provide:

1. IDES Timeline Flowchart.
2. Local Recovery Care Coordinator (RCC) Contact Information.
3. Office of Disability Council (ODC) Right to an Attorney letter and ODC
4. Links to Veterans Affairs Benefits and the DoD Compensation and Benefits Handbook. http://www.va.gov
5. https://warriorcare.dodlive.mil/Benefits/Compensation-Benefits/

B. Annual RILO

Annual re-look of SMs placed on ALC-C.

1. Retrieve ALC-C lists from Force Health Management (ASIMS) and MPF representative to update annual RILO spreadsheet.

2. Reconcile ALC-C list from MPF monthly via the AMRO Board.

3. Keep local tracking log of all Annual RILO's to meet annual suspense dates.

4. Track Annual RILOs at AMRO Board meetings.

5. Notify SM and provider assigned of RILO suspense dates.

6. You assemble the following documents.

- MHS Genesis notes or ALC worksheet and with supporting consultations annotated on previous FL4.
- Current AF Form 469 (reviewed & dated by provider within 30 days prior to submission and not expired).
- Miscellaneous/Annual RILO Coversheet.

7. Transmit RILO via Clinical Informatics Branch (CIB) to AFPC.

8. Once FL4 is received, file results and case file in SM's outpatient records and provide a copy to the SM.

This graphic showcases the IRILO process.

CONTINUE

When a service member is referred to the Disability Evaluation System, they are appointed a PEBLO to assist them throughout the process.

Below are the responsibilities of the PEBLO.

1. Ensures MEB cases referred to the PEB are current, complete, accurate, and fully documented.
2. Helps manage expectations, coordinates medical appointments related to the disability process, and oversees the Service member's case file.
3. Counsels service members concerning the DES process and their rights within the process.
4. The PEBLO's responsibility continues until the service member attains veteran status and is transferred to Veteran Affairs (VA) support.

Physical Evaluation Board Officer Selection Process

Each MTF will identify an experienced non-commissioned officer (NCO), SNCO, officer, federal civilian employee or contract employee as the PEBLO.

Must possess the requisite experience, knowledge, and maturity to provide appropriate support and information to the service member.

PEBLOs should be assigned the role for a minimum of 2 years.

PEBLO Training

- PEBLOs will be trained through formal classroom or web-based training.
- PEBLOs will receive at least 1 week of on-the-job training with the incumbent or another experienced PEBLO.
- In rare cases, a PEBLO may be deemed qualified in lieu of formal or informal training.
- Training documentation is maintained in TRICARE Operations and Patient Administration (TOPA) training records for at least three years or the duration of the PEBLOs assignment.

Multiple Response

What are the responsibilities of the PEBLO? Mark all that apply.

☐ Ensures MEB cases referred to the PEB are current, complete, accurate, and fully documented.

- [ ] Helps manage expectations, coordinates medical appointments related to the disability process, and oversees the Service member's case file.
- [ ] Counsels family members concerning the DES process and their rights within the process.
- [ ] The PEBLO's responsibility continues until the service member attains veteran status and is transferred to Veteran Affairs (VA) support.

SUBMIT

Complete the content above before moving on.

The Assignment Limitation Code (ALC)

restricts or limits the selection of Airmen for assignment to or from certain duties or areas. The level of authority is the Air Force Personnel Center, Medical Retention Standards

Branch (AFPC/DPMNR) and the Air Reserve Component (ARC) Surgeon General's Office.

ALC X WITH A C1 STRATIFICATION	ALC Y WITH C2 STRATIFICATION	ALC C WITH C3 STRATIFICATION

Used primarily to identify individuals with temporary or mild conditions requiring medical follow-up but whose condition is clinically quiescent if untreated or treatment is limited to primary care during periods of deployment or assignment. Member may be assigned or deployed only to DoD facilities with fixed medical treatment facilities. Member may be assigned to a mobility position.

ALC X WITH A C1 STRATIFICATION	ALC Y WITH C2 STRATIFICATION	ALC C WITH C3 STRATIFICATION

Used for medical conditions for which specialist medical care and referral within one year is likely but who could be deployed or reassigned outside CONUS or to non-fixed environments if appropriate specialty care is available, or for short periods of time. Member may be assigned or deployed to CONUS, (Hickam and Elmendorf included) facilities with fixed medical treatment facilities and (list specialty) treatment or referral capability.

ALC X WITH A C1 STRATIFICATION	ALC Y WITH C2 STRATIFICATION	ALC C WITH C3 STRATIFICATION

Designates members who should not be deployed or assigned away from specialty medical capability required to manage their unique medical condition. Member may be assigned only to CONUS, (Hickam and Elmendorf included) facilities with fixed medical treatment facilities and (list specialty) treatment capability." Member is non-deployable and may not occupy a mobility position.

The Waiver Process

This is the process for waivers when a member has been tasked for a deployment/TDY/PCS.

Step 1

Waiver Initiation

ALC waiver is initiated by service member's garrison MTF when service member is notified of an overseas PCS or deployment/TDY.

ALC X with C1 Stratification requires a waiver for PCS, deployment/TDY to any isolated or remote installations overseas.

ALC Y with C2 Stratification requires a waiver for PCS, deployment or TDY anywhere overseas.

ALC C with C3 Stratification requires a limited duty waiver for PCS, deployment or TDY anywhere other than specific CONUS installations, Elmendorf, or Hickam Air Force Bases.

Step 2

Waiver Review

Within 10 duty days of MTF notification of the assignment, the waiver review package will be forwarded to the appropriate waiver authority to fully access service member's ability to meet the assignment requirements.

With the approval of the Chief of Medical Staff or Chief of Aerospace Medicine a package may be delayed an additional 10 duty days if it is determined that additional testing or evaluation is required.

Waiver package will include:

- Most recent Review-In-Lieu-Of narrative.
- Current Air Force Form 469.
- Medical record of entry that addresses service member's condition.

Step 3

Deployment

The next step after a waiver is returned for a deployment is to upload the waiver to the Electronic Health Record, mark them as waiver approved/denied in the DMC, and notify Public Health if they are deployable.

PCS

The next step after a waiver is returned for a PCS is to upload the waiver to the EHR, complete the 422 with the ALC Code restrictions, and notify the member.

Multiple Choice

Which stratification is used for medical conditions for which specialist medical care and referral within one year is likely but who could be deployed or reassigned outside CONUS or to non-fixed environments if appropriate specialty care is available, or for short periods of time?

- ALC Y with a C2
- ACL X with a C1

ALC C with a C3

SUBMIT

Complete the content above before moving on.

The Temporary Disability Retirement Limitations **(TDRL)** allows for **consistent** evaluations on medical issues.

When the physical evaluation board finds a disability may be permanent in character, but not stable in degree and the member otherwise qualifies for disability retirement the physical evaluation board places the member on the **temporary disability retired list**.

The member is subsequently entitled to disability retirement status and will not perform any military duties. The temporary disability retired list is a way to further observe unfit members whose disability has not stabilized and for whom the physical evaluation board cannot accurately assess the degree of severity, percent of disability, or final disposition.

The temporary disability retired list serves as a safeguard for both the service member and the Air Force by delaying permanent disposition for service members whose conditions could improve or get worse, or where the ultimate disposition could change within a reasonable amount of time. As an Aerospace Medical Service member, it is very likely that as part of a primary care management team you will be responsible for managing patient care related data.

CONTINUE

TDRL Examinations

These examinations are performed to determine if there has been a change in the disability that resulted in placement on the TDRL. Reexamination should be completed at least once every 18 months. Service members on the TDRL are not entitled to permanent retirement or separation without a current periodic physical examination. Retirement pay will be suspended for TDRL members who fail to report for periodic examinations.

TDRL Timeline Goals

Initiation

Initiate TDRL re-evaluation process within 16 months after placing a veteran on the TDRL after the veteran's previous re-evaluation.

TDRL Timelime Goals

Examination

Complete the re-evaluations for unstable unfitting conditions not later than 18 months after placing a service member on the TDRL.

TDRL Timeline Goals

Ratings

Complete proposed rating decision no later than 15 days after the Disability Rating Activity Site receives a completed examination report.

TDRL Timeline Goals

PEB

Complete each PEB re-adjudication phase of TDRL cases no more than 90 days from the date the PEB receives the medical and rating documentation. No veteran may remain on the TDRL for more than 5 years.

True or False: Service members on the TDRL are entitled to permanent retirement or separation without a current periodic physical examination.

- ◯ True
- ◯ False

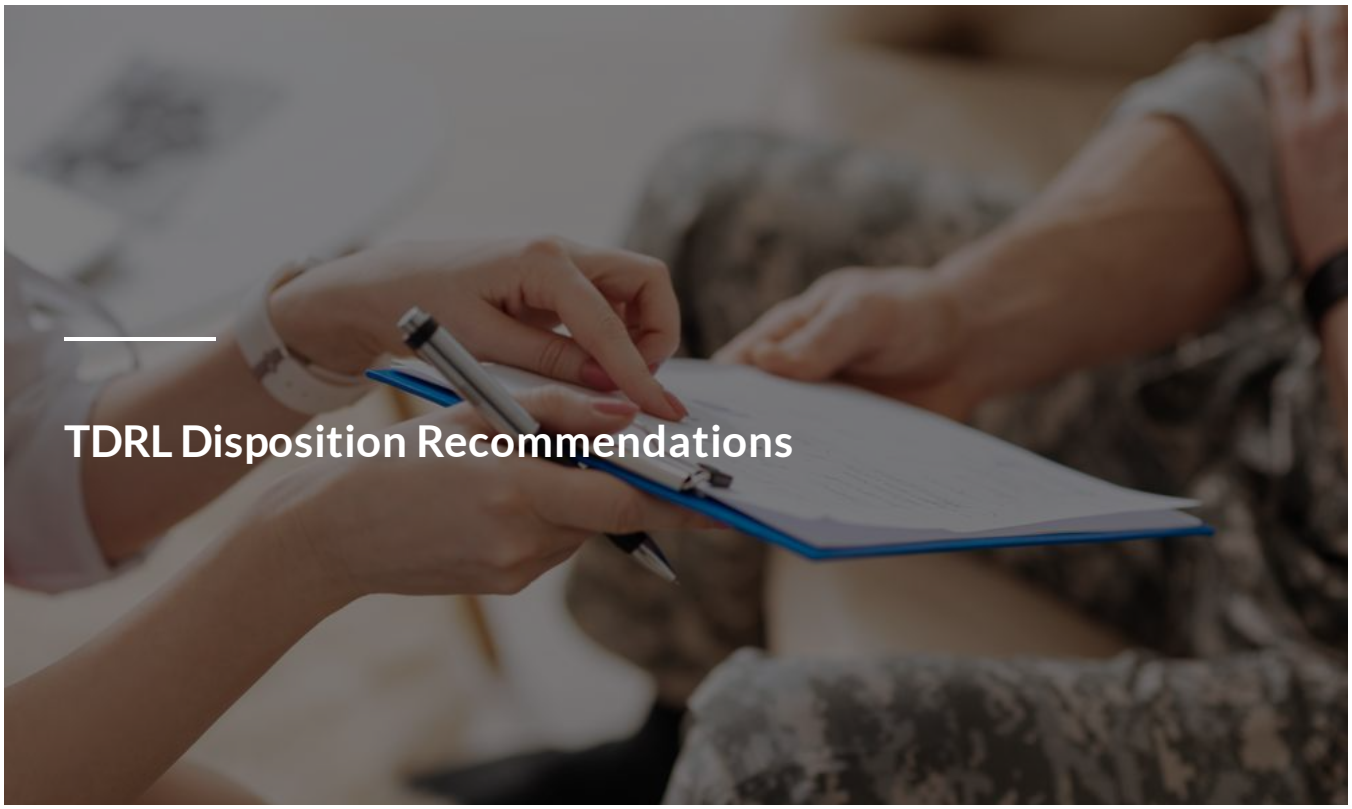
SUBMIT

Complete the content above before moving on.

Travel to Periodic Examinations of TDRL Members

Travel orders are sent to the service member showing the date, time, and place to report. An escort may accompany a service member to the place of examination or to the formal PEB

when the member is not physically or mentally able to travel without help. TDRL members traveling to a MTF for evaluation or for formal PEB receive travel and per diem allowance.



TDRL Disposition Recommendations

TDRL to Permanent Retirement

Applies to unfit TDRL members whose condition(s) has stabilized upon TDRL reevaluation and whose unfitting disabilities combine to 30 percent or greater rating, or who have 20 years or more service.

TDRL to Discharge with Severance Pay

Applies to unfit TDRL members whose combined disability VA ratings upon TDRL reevaluation is less than 30 percent and member has less than 20 years of service.

Removal from TDRL (Fit)

Applies to TDRL members found fit and being removed from the TDRL.

Retain on TDRL

Applies to unfit TDRL members whose disabilities remain unfitting and unstable.

Service member is provided with exam report and advised that there is no change in status or Air Force retired pay.

Multiple Choice

Which TDRL disposition recommendation applies to TDRL members found fit and being removed from the TDRL?

- ○ TDRL to Permanent Retirement

- ○ TDRL to Discharge with Severance Pay
- ○ Removal form TDRL (Fit)
- ○ Retain on TDRL

SUBMIT

Complete the content above before moving on.

ASIMS

Objective-After completing this lesson, you will be able to describe the relationship between the principles of USAF Aeromedical Services Information Management System (ASIMS) and Individual Medical Readiness (IMR), In accordance with (IAW) established policies and standards.

ASIMS

As an Aerospace Medical Service member it is very likely that as part of a primary care management team you will be responsible for managing patient care related data. In this capacity, the web-based Air Force ASIMS serves as the standard for unit commanders or their designated representatives to access their Airmen's individual medical readiness requirements. ASIMS ensures that all individual medical readiness requirements are current, and that all Air Force members have been provided necessary or recommended preventative services.

In describing the functions of the Military Health System, this lesson covers the seven elements forming the structure of the military health system. Additionally, this lesson

presents the health care benefits and options available to active duty, National Guard, Reserve and other eligible personnel. These functions are critical in supporting the Military Health System mission:

- Ensuring America's active duty reserve-component personnel are healthy so they can complete their national security missions.
- Ensuring that all active and reserve medical personnel in uniform are trained.
- Ready to provide medical care in support of operational forces around the world.
- Providing a medical benefit commensurate with the service and sacrifice of active duty personnel, military retirees, and families.

CONTINUE

Individual Medical Readiness (IMR)

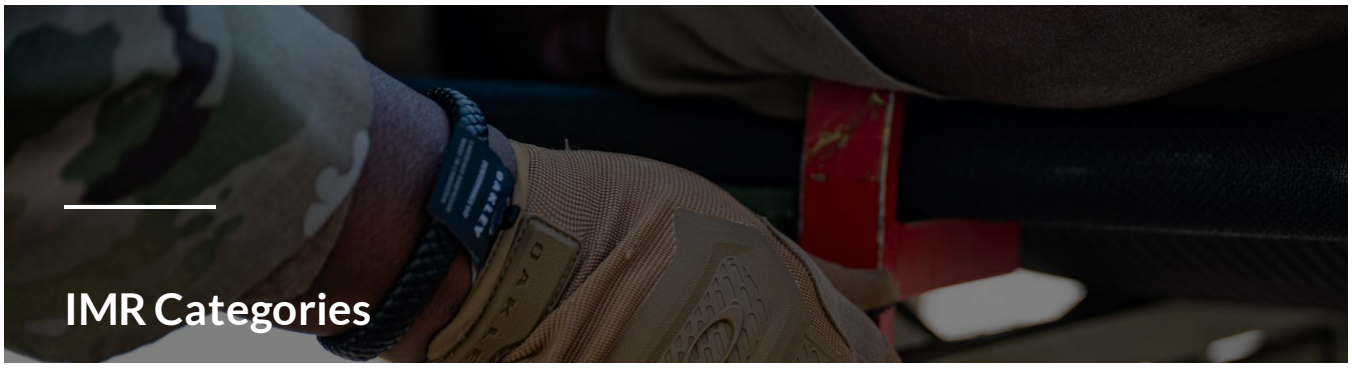
The purpose of the IMR program is to ensure military members are medically ready to deploy. ASIMS provides commanders and medical personnel with real time status of individual medical readiness requirements.

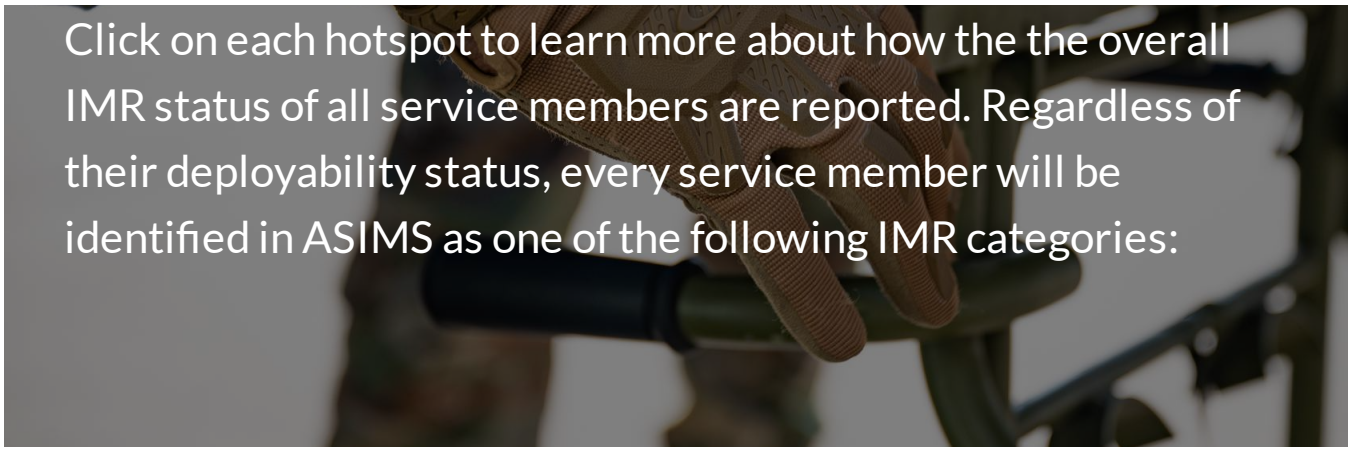
It has key performance metrics that is reported by ASIMS which promote a healthy and fit fighting force medically prepared to provide the maximum ability to accomplish deployment missions throughout the spectrum of military operations.

Service members will be assessed based upon established, defined, and measurable medical readiness elements. We will learn more about each area through out the lesson.

The **IMR elements** are:

- DoD PHA (Periodic Health Assessment)
- DLMC status (Duty/Deployment-limiting medical condition)
- Dental readiness
- Immunization status
- Medical readiness laboratory studies
- Individual medical equipment




Click on each hotspot to learn more about how the the overall IMR status of all service members are reported. Regardless of their deployability status, every service member will be identified in ASIMS as one of the following IMR categories:

Not Medically Ready (NMR)

Service members are considered NMR when they have a deployment-limiting medical condition (DLMC) which is categorized as “temporary non-deployable” or “permanent non-deployable” for medical reasons in accordance with DoDI 1332.45 and/or if they require urgent or emergency dental treatment (classified as DRC 3).

Commanders should verify that Service members who are classified as DRC 3 are addressed immediately upon identification to guarantee that these Service members become FMR. Temporary non-deployable conditions include, but are not limited to, hospitalization, recovery or rehabilitation time from serious illness or injury, or pregnancy (including post-partum).

Permanent non-deployable Service members have a medical condition permanently preventing deployment, are enrolled in the Disability Evaluation System (DES), or are a RC Service member with a permanent profile pending a line of duty determination.

Partially Medically Ready (PMR)

Service members are considered PMR when they are overdue for a DoD PHA and/or dental readiness assessment (classified as DRC 4) and/or are lacking one or more of the following: required immunizations, medical readiness laboratory studies, or individual medical equipment.

This category is the main focus of a commander's required actions and includes IMR deficits that must be rectified by the Service member immediately upon identification to guarantee that these Service members remain or become FMR.

Fully Medically Ready (FMR)

Service members are considered FMR when they are current in the DoD Periodic Health Assessment (DoD PHA) and dental readiness assessment, classified as dental readiness classification (DRC) 1 or DRC 2, have received all required immunizations based on assignment location, have received all required readiness laboratory studies, are current with all individual medical equipment, and are categorized as "deployable" or "deployable with limitations" in accordance with DoDI 1332.45.

Service members that are categorized as "deployable with limitations" have conditions requiring additional medical screening or require a medical waiver to deploy. Conditions requiring additional medical screening include a temporary profile less than 30 days or light duty, in accordance with DoDI 1332.45, and conditions requiring a medical waiver to deploy include, but are not limited to, conditions referred to in DoDI 6490.07.

Fill in the Blank

The purpose of the individual medical readiness (IMR) program is to...

Type your answer here

SUBMIT

Complete the content above before moving on.

Individual Medical Readiness (IMR) Responsibilities

IMR is a commander-run program but ultimately it is the service member's responsibility to be up to date. Accordingly, both the **commander** and the **service member** have specific responsibilities aimed at enhancing individual medical readiness.

UNIT COMMANDER	SERVICE MEMBER

The Unit Commander will ensure Airmen in the unit fulfill IMR requirements.
They will monitor unit IMR status at least monthly and designate a unit representative(s) to help monitor Unit IMR, and serve as a unit liaison with the Base Operational Medicine Clinic (BOMC).

UNIT COMMANDER	SERVICE MEMBER

Each service member will maintain health and fitness and meet IMR requirements.
They will report medical and health issues that may affect readiness to deploy or fitness to continue serving in an active status. They will report significant health information to his or her chain of command and verify documentation of this information during the PHA and Pre-Deployment Health Assessment processes.

They will authorize and facilitate disclosures of all health information by any non-Department of Defense (DOD) health care provider(s) to the Military Health System (MHS).

You can monitor your IMR requirements using MyIMR via the AF Portal or via: https://asimsimr.health.mil/imr/MyImr.aspx.

Deployability Categories

Service members with any physical or psychological condition that may prevent or interfere with their ability to perform duties of office, grade, rank, or rating while deployed are considered as having a Duty (or Deployment) Limiting Medical Condition (DLMC). The presence of any DLMC may require further action or evaluation by a DoD healthcare provider if the condition is newly diagnosed or if a deployability category was not assigned at the time of evaluation.

Deployability status will be assessed during every provider encounter within the Military Health System (MHS). DoD healthcare providers will determine if conditions identified during each patient encounter affect the Service member's ability to deploy, perform their job-specific duties, meet retention medical standards, or complete the fitness assessment.

The four medical deployability categories will reflect in IMR and required DoD healthcare provider actions. They are listed below, click on each + to learn more about these categories.

Deployable

Service members are considered "deployable" if they do not have any acute or chronic physical or psychological conditions that may interfere with their ability to perform duties while deployed. Members in this category will be categorized as FMR if no other IMR deficits exist.

Deployable with Limitations

Service members are considered "deployable with limitations" when they have an acute or chronic condition that may interfere with their ability to perform their duties while deployed and which require additional medical screening and/or a medical waiver to deploy. Conditions requiring additional medical screening include temporary profile less than 30 days or light duty, and conditions requiring a medical waiver to deploy include, but are not limited to, conditions described in DODI 6490.07 and pregnant and post-partum women who have requested and been approved for a deployment waiver.

In accordance with DODI 1332.45, members in this category are reported as "deployable with limitations" and will be categorized as FMR if no other IMR deficits exist. Healthcare providers will flag these Service members as requiring a deployment waiver within the Service-specific IMR tracking system.

Temporary Non-Deployable

Service members are considered "temporary non-deployable" when they are classified as DRC 3, placed on temporary limited duty or temporary profile, or are hospitalized, pregnant, or in the postpartum phase in accordance with DODI 1332.45.

These members will be categorized as NMR. Healthcare providers will refer Service members who do not meet minimum standards for deployment, in accordance with DODI 6490.07, for "temporary non-deployable" status in accordance with Service-specific guidance.

Permanent Non-Deployable

Service members are considered "permanent non-deployable" when they:

- do not meet standards for military service retention in accordance with DODI 6130.03, Volume 2; or
- are enrolled in DES in accordance with DODI 1332.18; or
- are placed on permanent limited duty or have a permanent profile and are pending a decision of a non-duty related line of duty determination in the RC in accordance with DODI 1332.45. These members will no longer be considered for deployment and will be categorized as NMR.

Matching

Match the medical deployability category with the correct definition.

Permanent Non-Deployable	do not meet standards for retention or have a permanent profile
Temporary Non-Deployable	they are classified as DRC 3, or on a profile or hospitalized

Deployable	do not have any acute or chronic physical or psychological conditions that will interfere
Deployable with Limitations	have an acute or chronic condition that may interfere with their ability to perform

SUBMIT

Please read more about IMR in AFI 10-250 Individual Medical Readiness.

PDF

AFI 10-250.pdf

162.2 KB

Complete the content above before moving on.

Immunizations list in ASIMS.

IMR Immunizations

Part of being medically ready involves disease prevention, which is managed through vaccinations. While many vaccinations are given during basic training, other vaccinations and/or "booster shots" are given at various times while in the service, and some are given only to certain designated personnel, or for assignment/deployment to various locations around the World.

The immunization requirement is met if the Service member is current on all DoD- and Service-required vaccinations in accordance with AR 40–562/BUMEDINST 6230.15B/AFI 48–110_IP/CG COMDTINST M6230.4G. It is not met if the Service member is not current (overdue) for one or more vaccinations. Except for annual influenza vaccinations, all other vaccinations are given a 30-day grace period before becoming overdue. Immunizations are recorded on DD FORM 2766C and can be printed from ASIMS for active duty members, retirees, and their dependents.

Below is a list of the routine immunizations given to service members.

1. Hepatitis A and B
2. Influenza
3. Measles, Mumps, Rubella (MMR)
4. Meningococcal
5. Poliovirus

6 Tetanus-Diphtheria

7 Varicella

Immunization Administration

INTRAMUSCULAR (IM) ROUTE	SUBCUTANEOUS (SUBCUT) ROUTE
Use a needle long enough to reach deep into the muscle. Insert needle at a 90 degree angle to the skin with a quick thrust. Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.	

INTRAMUSCULAR (IM) ROUTE	SUBCUTANEOUS (SUBCUT) ROUTE
	Pinch up on subcutaneous tissue to prevent injection into muscle. Insert needle at 45 degree angle to the skin.

Reactions to Immunizations

ANAPHYLAXIS	VASOVAGAL REACTION	HYPER-VENTILATION	HYPOGLYCEMIC REACTION	ANA V

A generalized allergic reaction affecting more than one organ system (e.g., skin (beyond local), respiratory, gastrointestinal, cardiovascular).

ANAPHYLAXIS	VASOVAGAL REACTION	HYPER-VENTILATION	HYPOGLYCEMIC REACTION	ANA V

This is usually secondary to anxiety or painful situations (but is NOT under voluntary control) and frequently in physically fit individuals with a history of fainting easily. The patient appears pale and may complain of nausea before syncope (fainting), but does not become pruritic (itchy), flushed (flushed (redness in face, neck), or cyanotic (blue discoloration). There may be a significant fall in blood pressure and/or slowed heart rate. Patients usually experience profuse diaphoresis (sweating).

These patients usually improve spontaneously without medication. Rarely, a low heart rate causes blood pressure to fall, which may result in fainting. If fainting does occur, monitor the patient until symptoms resolve. If a patient is at risk for this type of reaction, administer shot in such a way as to reduce the risk of injury related to a fall (e.g., place patient in a reclining position with feet elevated).

ANAPHYLAXIS	VASOVAGAL REACTION	HYPER-VENTILATION	HYPOGLYCEMIC REACTION	ANA V

This my also cause breathlessness and collapse. Peripheral tingling sensations are experienced without any other associated signs or symptoms. Blood pressure and pulse are maintained, unless associated with a vasovagal reaction.

ANAPHYLAXIS	VASOVAGAL REACTION	HYPER-VENTILATION	HYPOGLYCEMIC REACTION	ANA V

This is usually secondary to a fall in blood sugar and may be related to not having had breakfast and prolonged standing or activity prior to the immunization. Symptoms may be mild or severe and may range from mild weakness or dizziness to symptoms that can be mistaken for a vasovagal reaction or a stroke (nervousness, sweating, intense hunger, trembling, weakness, palpitations, trouble speaking).

Asking patients if they have eaten (particularly if they have diabetes or its is later in the morning) and if they have problems with this type of reaction may allow for prevention of a reaction after immunization by encouraging a snack or sugar-containing drink. In large immunization programs, it may be advisable to have some emergency snacks or drinks available.

ANAPHYLAXIS	VASOVAGAL REACTION	HYPER-VENTILATION	HYPOGLYCEMIC REACTION	ANA V

This is a graphic that explains the differences between anaphylaxis and vasovagal reactions.

Read more about immunizations in AFI 48-110 Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases (Army Regulation 40-562).

PDF

AFI 48-110.pdf

260.7 KB

The Immunization Toolkit

This document provides a practical reference which facilitates and enhances the global delivery of quality immunization healthcare to Department of Defense (DoD) beneficiaries and employees. The Defense Health Agency Immunization Healthcare Division (DHA-IHD) publishes the ITK based on national recommendations, evidenced-based, peer-reviewed published medical literature, and clinical practice guidelines.

The ITK is an implementation adjunct to published DoD policy and guidance from the Centers for Disease Control and Prevention (CDC) and Food and Drug

Administration (FDA). However, as these documents may intermittently be updated, the ITK should always be used in conjunction with current:

- FDA-approved manufacturer package inserts
- CDC Vaccine Information Statements (VIS) and recommendations
- Advisory Committee on Immunization Practices (ACIP) guidelines
- Screening for individual patient health risk factors and medical problems
- Healthcare provider's orders
- DoD directives, instructions, policies, and procedures. (Note: Where DoD guidance varies from CDC/FDA, DoD guidance takes precedence).

Assessment of individual vaccine benefits and risks is the responsibility of a licensed, credentialed healthcare provider. If standing orders are used, the screening process (e.g., standardized health risk assessment questionnaire) assists with identifying individuals recommended to receive a provider-expanded evaluation prior to immunization.

DHA-IHD clinical staff are immunization subject matter experts, providing timely consultative support to healthcare workers, Service members, and beneficiaries on vaccine effectiveness, safety, and acceptability. Furthermore, this team clinically supports those with concerns of adverse vaccine reactions and works with the Vaccine Adverse Events Reporting System (VAERS) registry to provide long-term clinical case management and medical exemption tracking to military

beneficiaries.

Immunization Tool Kit (6 Dec 2023).pdf
5.1 MB

CONTINUE

Quarters

There are instances when a medical condition or injury is such that inpatient care is not required to return the patient to a full or limited duty status. However, the condition is such that the member should not, on basis of sound professional judgement, return to duty immediately.

In these cases, placing the patient on quarters is warranted.

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP

Quarters is a full duty excuse provided to active duty (AD) service members receiving medical or dental treatment for a disease or injury that, based on sound professional judgment, does not require inpatient care. Quarters patient is treated on an outpatient basis, and is to remain in their home during the quarters period.

A quarters periods generally last 24-72 hours depending on the provider's prescribed rest/recovery period.

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP

The provider or support staff will notify the member's unit commander or commander's designee regarding the patient's quarters status. An email will be automatically sent to the unit's POC list on file once the provider digitally signs the document. It is also good practice to print a copy for the member to be able to give to their supervisor.

If ASIMS is not available or the member is from another service, command authority notification must be documented on Department of Defense DD Form 689, Individual Sick Slip, or a locally created form.

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP

Unit commanders and supervisors have the authority to grant up to 24 hours sick status if a member's illness/injury does not require military training facility (MTF) intervention. If the illness/injury persists beyond 24 hours, then the member must be referred to the MTF for treatment and subsequent clinical examination.

1. 24-hour quarters expires the next day at the start of patient's regular work shift.
2. 48-hour quarters extend to the start of work on the second day.
3. 72-hour quarters extend to the start of work on the third day.

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP

This is a DD Form 689, Individual Sick Slip is used to document a patient's quarters when a provided does not have access to ASIMS or if that provider is working with another branch of service.

Please read more about Quarters in AFMAN 41-210,TRICARE Operations and Patient Administration

PDF

AFMAN 41-210.pdf

1.9 MB

CONTINUE

Dental Readiness

Annual dental readiness assessments will be accomplished to determine a Service member's DRC. All DRC 3 and DRC 4 conditions must be immediately corrected upon identification for a Service member to become FMR, if no other IMR deficits exist. b. DRC:(1) Class 1 (DRC 1).Service members are considered DRC 1 when they have a current dental readiness assessment and do not require dental treatment or re-evaluation.

DRC 1 Service members are FMR in regard to their dental health and require no additional action or support. (2) Class 2 (DRC 2).Service members are considered DRC 2 when they have a current dental readiness assessment and require non-urgent dental treatment or re-evaluation for oral or dental conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 Service members are FMR in regard to their dental health and require no additional urgent action or support.

Additional Readiness Items

Below you will learn about some additional areas of readiness that must be completed for a member to be fully medically ready .

INDIVIDUAL MEDICAL EQUIPMENT	LABORATORY STUDIES	DENTAL CLASS 3 & CLASS 4

The issuance of medical equipment will be monitored for individuals subject to deployment based on Service policy. The core DoD requirements are one pair of protective mask inserts for all deployable Service members needing visual correction and hearing aids and batteries for all deployable assets needing hearing support.

Service-specific policies may identify additional items of medical equipment, such as two pairs of prescription spectacles or laser eye protection, but these are not part of the DoD core-reporting element.

INDIVIDUAL MEDICAL EQUIPMENT	LABORATORY STUDIES	DENTAL CLASS 3 & CLASS 4

To be considered medically ready, Service members must provide a sample of their deoxyribonucleic acid (DNA) for filing within the Armed Forces Repository of Specimen Samples for the Identification of Remains. In addition, Service members must be screened for glucose-6-phosphate dehydrogenase (G6PD) deficiency and sickle cell trait in accordance with DODI 6465.01.

Furthermore, Service members must undergo testing for the human immunodeficiency virus (HIV), the results of which must be maintained with a date on file in a Service-specific medical system of record. To be considered medically ready, Service members' HIV testing timeframe must be in accordance with DODI 6485.01.

INDIVIDUAL MEDICAL EQUIPMENT	LABORATORY STUDIES	DENTAL CLASS 3 & CLASS 4

Service members are considered Dental Readiness Class (DRC) 3 when they require resolution of an urgent or emergent dental treatment to be FMR. DRC 3 Service members are considered NMR, and actions to correct DRC 3 conditions must be taken immediately upon identification. Service members classified as DRC 3 will be categorized as "temporary non-deployable" until the condition is resolved. If the Service member's oral or dental condition is not actionable or cannot be resolved to meet criteria for DRC 1 or 2, the Service member may be placed in a DLMC status in accordance with Service-specific policy.

Class 4 (DRC 4).Service members are considered DRC 4 when they are overdue for their annual dental readiness assessment. DRC 4 Service members are considered PMR and will require their annual dental readiness assessment immediately upon being identified as FMR if no other IMR

deficits exist. The dental readiness assessment requirement is met if the service member is current (not overdue (DRC 4)) for the annual dental readiness assessment.

The Service member's annual dental readiness assessment remains current for 12 months past the last completion date. A 90-day grace period is added to allow for unplanned periods of leave, temporary duty, deployments, or other periods of unplanned non-availability before being classified as overdue.

What is BOMC?

The Base Operational Medicine Clinic is the hub of Medical Readiness. The BOMC oversees all medical readiness-related exams including Periodic Health Assessments (PHAs), Deployment-related Health Assessments, and Separation Health Physical Examinations (SHPEs). The BOMC also oversees all medical clearance processing for applications related to retraining, overseas PCS, Palace Chase / Palace Front, Professional Military Education, and Command Selection Board. Finally, the BOMC includes the Medical Standards Management Element (MSME), which oversees medical profiles, the Airman Medical Readiness Optimization Board (AMRO Board, formerly called the DAWG), and the medical evaluation board (MEB) process.

Watch the video and read the PDF below for more information about BOMC Training.

What is BOMC Video Transcript.pdf
135.3 KB

BOMC Training.pdf
162.7 KB

CONTINUE

Periodic Health Assessment (PHA)

The AFI 48-170, *Aerospace Medicine Periodic Health Assessment* that has all information about PHA's. A PHA occurs annually in accordance with DoDI 6200.06 and DHA Procedural Instruction 6200.06. PHA remains current for 12 months after the last completion date and is overdue if it is not completed within 90 days after the due date. This grace period allows for unplanned periods of leave, temporary duty, deployments, or other unplanned periods of non-availability. Service members who are overdue for the DoD PHA are considered partially medically ready (PMR) and are

required to complete their annual DoD PHA immediately to become fully medically ready (FMR) (if no other IMR deficits exist).

This assessment is comprised of **four** main components:

1. Periodic Health Assessment Questionnaire (PHAQ) - completed by the member *(provided below)*.
2. Medical record review - conducted by a medical technician.
3. Mental Health Assessment (MHA) - performed by a trained healthcare provider *(provided below)*.
4. Review and Disposition - conducted by a healthcare provider.

PDF

DD Form 3024 PHA.pdf
1.6 MB

PDF

DD Form 2978 MHA.pdf
1018.4 KB

PHA Service Member Self-Assessment

You will start by verifying that with each DoD PHA, the Service member understands the requirement to report significant health information to their chain of command

and facilitate disclosure of significant health information by any non-DoD healthcare provider to a MHS DoD healthcare provider, and ensure compliance with such.

All Service members will disclose to their MHS DoD healthcare provider, and to their command, all medical encounters (including encounters for physical, dental, and mental/behavioral health), with a non-DoD healthcare provider, that would directly impact the service member's IMR status and will provide releases of information as necessary to facilitate receipt of medical documents from such encounters for entry into their military medical record.

Service members shall complete the PHA no earlier than 11 months (10 months, for Air Reserve Component only) and no later than 15 months from the previous PHA. Newly accessioned Airmen will accomplish their first PHA no later than day 181 after arriving at their first permanent duty assignment. Airmen will ensure PHAs remain current throughout training and retraining assignments.

Airmen will ensure that the PHA will remain current throughout projected permanent change of station transitions. If a deployment is expected to be greater than a 190-day deployment and the PHA will expire during that time, the Airman must accomplish the PHA within 120 days of the projected departure date, even if this requires an early, out-of-cycle PHA. The PHA is not a component of the annual Occupational and Environmental Health Medical Surveillance Exam.

Please utilize the following guide to help you with patient encounters in MHS Genesis.

PHA MHS GENESIS Guide.pdf
2.1 MB

PHA for **Flying and Special Operational Duty** personnel (i.e., personnel managed with DD Form 2992, Medical Recommendation for Flying or Special Operational Duty). PHA requirements are distinct from the requirements of the annual exam, even though these are often accomplished together. PHAs for Airmen requiring a DD Form 2992 have the same requirements as any Airman and can be accomplished in the same way any Airman completes a PHA. This form is provided for you below.

Inability to complete an annual Flying and Special Operational Duty exam shall not preclude an Airman from completing a PHA. A current Flying and Special Operational Duty annual exam shall not satisfy the requirement for an annual PHA. Just as a current PHA shall not satisfy the requirements of a Flying and Special Operational Duty annual exam.

DD FORM 2992.pdf
85.9 KB

Multiple Choice

Service members shall complete the PHA no earlier than _____months and no later than ____ months from the previous PHA?

- 12/24
- 11/15
- 24/12
- 15/11

SUBMIT

Read more about the PHA in AFI 48-170 Periodic Health Assessment provided for you below.

PDF

AFI 48-170.pdf

294.2 KB

Complete the content above before moving on.

Lesson 4 of 10

Budget

AFCDA01 Brittney Hall

Objective-After completing this lesson, the student will be able to develop and manage a budget in accordance with prescribed guidance and publications.

Budget Development and Management

Each unit has their own account and a cost center manager (CCM) to control spending. Each year, the CCM makes a budget for the upcoming fiscal year which is 1 October to 30 September of the next year. They submit a breakdown of how much money they expect to spend throughout the year on medical, non-medical and TDYs for their section to the budget office within their MTF. If the plan is approved, the money is loaded per quarter.

The MTF commander or designated equipment review and approval authority has final approval and funding authority for all MTF expense equipment under $100,000 with the exception of the equipment categories below.

The Air Force Medical Operations Agency, Medical Logistics Directorate, in coordination with the appropriate Surgeon General Consultant, is the approval authority for all medical investment equipment over $250,000 and medical expense equipment over $100,000.

Proper management of supplies and equipment involves designating someone to serve in the role of property custodian for the section which can be further broken down to distinguish supply custodians and equipment custodians. The custodians must maintain accurate and up-to-date records to ensure a true reflection of the section's inventory of equipment and supplies. They are also responsible for minimizing waste of government money by ordering appropriate levels of supplies and equipment.

The medical supplies for your unit will be ordered by the supply custodian through a system called Defense Medical Logistics Standard Support (DMLSS) and then delivered through your medical logistics section. The medical equipment ordering process is a bit more complex and will be coordinated through your facility's Medical Equipment Management Office.

According to military guidance, management of public property includes the proper allocation, control, care, use, and safeguarding of public property under control of the AF. This applies to each individual, whether they signed for the property or not.

If it is being used by you, or under your supervision at the moment, it's your responsibility. Such responsibility includes pecuniary (financial) liability. If you are found neglectful of supplies or equipment, you may find yourself footing the bill for broken or misused supplies or equipment.

AFMAN 41-216 DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT (DMLSS) USERS MANUAL.pdf
13.5 MB

Multiple Choice

What system will your supply custodian use to order medical supplies through?

- ○ Defense Medical Logistics Standard Support (DMLSS)
- ○ Defense Medical Logistics System Support (DMLSS)
- ○ Defense Medical Supply Support (DMSS)

Air Force Medical Logistics Support (AFMLS)

SUBMIT

Complete the content above before moving on.

Report of Survey

The report of survey (ROS) is an in-depth investigation of AF property that is lost, damaged, or destroyed by means other than fair wear and tear. The official report is documented on DD Form 200, Financial Liability Investigation of Property Loss. In addition, the ROS is the method used to assess financial liability for the loss, damage, or destruction of AF property by military or civilian personnel, serving as the basis for the government's claim for compensation.

Below is a list of conditions that will initiate a ROS, in accordance with AFMAN 41-209, *Medical Logistics Support*:

- Evidence of abuse, gross negligence, willful misconduct, or deliberate unauthorized use, fraud, theft, in the use of government property.
- Supplies with unit costs exceeding $16,000 or total inventory adjustments exceeding $50,000.

- All validated losses of accountable equipment with an acquisition cost greater than $2,500.
- All validated losses of controlled items.
- As directed by the military treatment facility commander, applicable medical squadron commander, designated inventory adjustment approval authority (IAAA), or medical logistics flight commander.

AFMAN 41-209 Medical Logistics Support.pdf
1.4 MB

For all validated losses, medical logistics will forward DD Form 200 to the MTF Report of Survey Monitor within ten duty days of loss validation, adjust accountable property records no later than 50 days, and maintain file copies of the information provided.

END OF LESSON

Lesson 5 of 10

Records

AFCDA01 Brittney Hall

Objective- After completing this lesson, the student will be able to manage an equipment authorization list and replacement plan in accordance with prescribed guidance and publications.

Equipment Authorization List

An allowance document is an Air Force (AF) publication which prescribes items and quantities (basis of issue) of equipment normally required by AF organizations and individuals in the accomplishment of assigned missions, functions and duties. Allowance documents are published as allowance standards.

The purpose of this list is to indicate each specific item for which a custodian is responsible. The quantity and dollar value of assets on hand are shown in stock number sequence. The custodian's signature on this list indicates that possession of property is transferred. Before signing for an equipment account, MEMO provides you with a copy of this listing to help you perform your initial equipment inventory.

After the inventory is completed and any necessary adjustments have been completed, you are given a new listing for your signature. MEMO maintains a signed copy of this list in the MEMO property custodian file. The second copy is given to you to file in your equipment folder.

Before a property custodian is relieved from duty, transferred, separated from service, or absent from the account in excess of a 45-day period, the MEMO takes action to transfer the property or have it assigned to an authorized successor.

Below is an example of a custodian receipt location list.

PDF

Custodian Reciept Location List.pdf
289.2 KB

CONTINUE

Equipment Replacement Plan

When War Reserve Material (WRM) assets become unusable or outdated, replacement is considered an initial procurement of new WRM and must be acquired with General Support Division (GSD) WRM obligation authority and identified to Air Force Material Command (AFMC) on the GSD operating program for additional WRM funding.

Let's take a look a an equipment replacement report below.

PDF

Equipment Replacement Report.pdf
246.8 KB

END OF LESSON

Lesson 6 of 10

Maintenance

AFCDA01 Brittney Hall

Objective- After completing this lesson, the student will be able to managed assigned property within their assigned duty section in accordance with prescribed guidance and publications.

Check the sticker date! If the date on the sticker is before the current date, the piece of equipment needs attention from MEMO.

Operator Responsibilities

The equipment custodians have an inherent responsibility for the management of assigned property. AF policy states they may be held financially liable for the mismanagement of property under their control. MEMO has the primary responsibility for the overall success of training the equipment custodians on processes, their local guidance, and expectations.

The primary equipment custodian is responsible for maintaining items that are assigned to their duty sections. Once designated in official writing, the equipment custodian must become familiar with the assigned duty by completing assigned custodial trainings required by the MEMO. They must be aware of the operator's responsibility in order to successfully request, sustain and deliver the equipment/supplies needed for their work center.

This sticker placed on all equipment to verify it has been checked and safe for use.

The equipment custodian works in conjunction with additional flights that all play a specific role in the success of equipment management. These flights include systems, facility management, maintenance, and MEMO.

As the account custodian, the primary may be granted systems rights to establish, modify, or delete sub custodians. This allows the primary custodian to assign equipment accountability of specific sections or treatment areas to others. An inventory must occur in order to establish a sub custodian’s responsibility.

Check your equipment at the start of each shift.

Maintenance also includes checking your equipment at the start of your shift to ensure it is working properly before you may actually use it/need it.

Check your Lifepak, suction machine, crash carts, printer paper, batteries are charged, vital machines are plugged in, etc.

It is also important to **clean** your equipment to ensure patient safety and longevity/functionality of your equipment. There are certain wipes/cleaning products for certain pieces of equipment. **Cleaning** is also a part of maintaining your high dollar pieces of equipment in your section.

Understand the instructions and dry time to ensure the product is being used effectively.

Having a sign-off card can help ensure the equipment is being cleaned effectively.

Certain wipes for different pieces of equipment.

Repair/Calibration Requests

Everyone in a duty section plays a role in the normal maintenance of the equipment they use. Failing to conduct appropriate routine maintenance according to a manufacturer's instructions may result in damage to equipment or injury to a patient or staff member.

The equipment custodian will maintain reports on any maintenance that is required whether the maintenance is due to normal scheduling or due to a problem with the equipment. The primary sources of recording equipment repair are the AF Form 1297 and the Custodian Receipt Location List (CRLL).

Once a piece of equipment has been found unsuitable or hazardous the member should:

1. Remove the item from service-If the equipment cannot be physically removed from service, follow local guidance for tagging.
2. Notify your immediate supervisor and/or the equipment custodian that it has been removed.

The equipment custodian will:

1. Report the faulty equipment or calibration (CAL) request on the AF Form 1297 and the CRLL.
2. Notify the local MEMO and biomedical equipment repair technicians (BMET) of the request.

The MEMO/BMET will:

- Conduct medical equipment repairs and/or replace equipment.

AF Form 1297.pdf
32.4 KB

Multiple Response

You notice that a blood pressure machine is not working properly and what steps should you take? Mark all that apply.

- [ ] Remove the item from service.
- [ ] Follow local guidance for tagging if you are unable to remove item.
- [ ] Notify your immediate supervisor and/or the equipment custodian that it has been removed.
- [ ] Do nothing because you are not the equipment custodian.

SUBMIT

Complete the content above before moving on.

Reports

Reports are used to establish and manage equipment maintenance activity as well as provide data required for assigned property custodians, medical logistics, and higher headquarters. Reports can be generated in the DMLSS system.

The DMLSS system establishes requisition, purchase, receipt, storage, issue, shipment, disposition, stock control, and accounting procedures for Air Force medical stock record accounts. It also establishes requirements for facility management operations.

END OF LESSON

Lesson 7 of 10

Develop a Unit Training Program

AFCDA01 Brittney Hall

Objective- After completing this lesson, the student will be able to develop and maintain a unit training program in accordance with prescribed guidance and publications.

Maintain Electronic Training Record (ETR) Documentation

Documentation is important to personnel at all levels. It measures and identifies the status of training and task qualifications. Training documentation also helps management assess mission capability and readiness, and it defines requirements for individual career progression.

The trainee is the focal point of the AF training program and is responsible for making every effort to become qualified to perform in their AF specialty. They must acknowledge and document task qualification upon completion of training. This serves as official proof of proficiency, certifying the individual is now fully trained and accountable to perform specific tasks.

At a minimum you must complete the following columns in Part 2 of the CFETP:

- Start Date

- Training Completed
- Trainee Initials
- Certifier Initials (if applicable)

CONTINUE

Components of ETR

Documentation is important to personnel at all levels. Understanding where, how and why to document must be established to identify training and task qualifications. Learning the components of the electronic training record (ETR) will aid trainees and supervision throughout their career progression as it is the only authorized form of documentation. The automated ETR is the central standardized place to document technician qualifications and serves as official proof of proficiency.

The trainee is the focal point of the AF training program and is responsible for making every effort to become qualified to perform in their AF specialty. Section F in the CFETP is specific to medical AFSCs and provides additional guidance on required documentation in the ETR. It describes the master training plan (MTP) and training documentation.

The training record is made up of the AF Form 623 Parts I, II and III; AF Forms 623a, 797, 803 and 1098; and the Job Qualification Standard (JQS). Refer to AFI 36-2651 for guidance in documenting training on the various forms contained within the training record.

NOTE: All enlisted personnel (MSgt and below) with a medical AFSC will

have an active training record.

The electronic training record provides the capability to upload training-related documents into a training record. The following documents (as applicable) will be uploaded into every 4N0X1 training record:

- Current Nationally Registered Emergency Medical Technician (NREMT)
- Tactical Combat Casualty Care (TCCC) Card
- Advanced Life Support Card, and Pediatric Advanced Life Support Card
- Current Basic Life Support Card
- Current AF Form 2096
- LPN Certification
- CDC Test Score Sheets, if enrolled in CDCs

CONTINUE

Identify Personnel Training Needs

The 4N0 CFETP is a comprehensive core training document that identifies the legal scope of practice within the Air Force Medical Service, training requirements, and core

task requirements. Supervisors and trainers use the MTP as a guide to identify personnel training needs within their current work section.

To determine personnel training needs, supervisors and trainers must conduct an initial evaluation within 60 days of new personnel being assigned to the duty section. The supervisor will compare what the trainee knows or can perform against the tasks identified in the master training list. Personnel training needs are identified by assessing the difference between what the trainee can perform and the work center requirements.

Supervisors must review previous training documented in the member's CFETP. Verify the trainee's ability to perform the tasks and match the qualifications of the trainee against the predetermined standard in the MTP.

Multiple Choice

To determine personnel training needs, supervisors and trainers must conduct an initial evaluation within_____ of new personnel being assigned to the duty section.

- 30
- 60
- 90
- 120

SUBMIT

Complete the content above before moving on.

Develop and Present In-Service Training

Training needs are identified by the CFETP and determined once an initial evaluation is conducted on newly assigned personnel. Often sustainment training is required to maintain qualifications to perform duties in the 4N0X1X AFSCs. The supervisor/trainer may either schedule and/or conduct in-service training on current procedures, techniques, and equipment that are found to be necessary.

Trainees are trained, evaluated, and certified to the go/no-go level. Go means the individual can perform the task without assistance and meets requirements for

accuracy, timeliness, and correct use of procedures. Some tasks may take several days or weeks to complete. When developing an in-service training, trainers should reference the training sources found in the master training list.

A successful in-service training should include the following:

- Set training priorities
- Plan for concurrent trainings
- Determine training capabilities and resources
- Decide how and where to provide the training
- Develop training objectives
- Develop lesson guides and task breakdowns
- Evaluate training

Trainers must be **recommended** by their supervisors, qualified to perform the task being trained and have completed the Air Force training course.

Certifiers must be at **least a staff sergeant**, capable of evaluating the task being certified, be someone other than the trainer, and complete the Air Force training course. Possession of at least a 7-skill level is desired, but not required.

CONTINUE

Master Training Plan

The MTP is the source document that contains the strategy for completion of all work center specific tasks to be accomplished prior to an individual working independently. The MTP is a document that is reviewed annually to ensure 100 percent task coverage of all duty position requirements that are performed in the work center by personnel.

The MTP lays out a plan for ensuring that all job tasks and requirements are trained on and properly documented. This document serves as a guide for supervisors to certify that training is conducted effectively and efficiently in order to meet the mission.

The MTP provides guidance for:

- When tasks should be trained (priority/milestones).

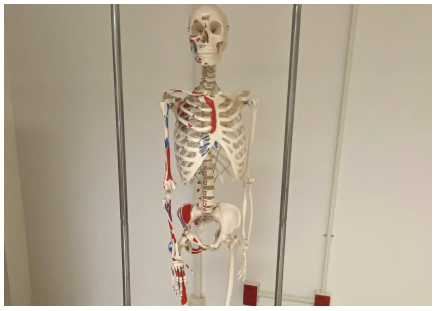
- How personnel will be trained (resources/methods).
- Approximation of how long training should take.

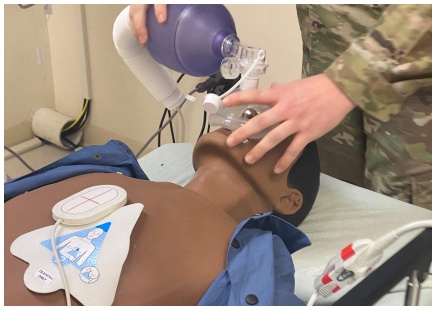
Refer to AFI 36-2651, *Air Force Training Program* for guidance in developing the MTP.

CONTINUE

Master Task List

The Master Task List (MTL) is a part of the MTP found in the CFETP. The supervisor will select all appropriate tasks from the MTL to ensure 100 percent task coverage within a work center and consisting of the current CFETP or Air Force Job Qualification Standard (AFJQS) and locally developed AF Form 797, (as a minimum). Should include tasks required for deployment and/or Unit Type Code (UTC) requirements for the trainees' duty position. These tasks identify all the day-to day mission requirements, core tasks, contingency tasks, and additional duties performed by the work center personnel. The MTP provides milestones as to when each task should be trained, how they will be trained (resources/method), and approximately how long it should take to train on individual tasks or sets of tasks.





Duty Task List

The Duty Task List (DTL) is found in the MTP. It is a comprehensive listing of all tasks performed within the 4N0X1 career field. Each work center MTL is created from selecting appropriate tasks from the DTL.

The DTL is a comprehensive list of all tasks required for a given duty position. The supervisor creates the DTL by selecting tasks from the MTL. This develops the training plan for the individual trainee.

Multiple Choice

This identifies all day-to-day mission (duty position) requirements, core tasks and contingency tasks, and additional duties performed by the work center personnel.

- ◯ Master Task List
- ◯ Duty Task List
- ◯ CFETP

Master Training Plan

SUBMIT

Complete the content above before moving on.

Evaluate Personnel in Upgrade Training

Supervisors and trainers will evaluate formal course graduates to ensure training was effective upon arrival to a new duty station. The trainees' technical ability to perform tasks taught in technical school will be evaluated using the STS contained in the CFETP. When an individual begins upgrade training (UGT) the supervisor or trainer will conduct an initial evaluation during the first 60 days.

When evaluating personnel in UGT, progression will be documented on AF Form 623a. Supervisors are required to document, at least monthly for all Airmen in upgrade training status. As a minimum, ensure training progress includes:

- Career development course and task progression
- Task certification, decertification, and recertification
- Training-related counseling, strengths, weaknesses, attitude, areas to improve, means to improve, and corrective action (if required)

The supervisor or trainer is responsible for evaluating personnel in UGT. After training has been conducted the trainee should be allowed time to practice what has been learned. Once the trainee is able to perform the task independently and successfully to the required standard, training can then be certified by the trainer. If the trainee's performance is substandard documentation must occur using an AF Form 623A and be placed into the record.

Once trainees have completed all UGT requirements the supervisor should coordinate with the unit training manager (UTM) to initiate AF Form 2096 for official skill level upgrade.

PDF

DAF FORM 623A.pdf
274.9 KB

PDF

DAF FORM 2096.pdf
480.1 KB

Task Knowledge

Supervisors and trainers will evaluate formal course graduates to ensure training was effective upon arrival to new duty station. The trainees' technical ability to perform tasks taught in technical school will be evaluated using the Specialty Training Standard (STS) contained in the CFETP.

Training effectiveness is evaluated in terms of knowledge, education, training, and specialty experience indicated for the attainment of a particular skill level or job position.

Skill level training requirements are defined in terms of tasks and knowledge requirements. Section C of the CFTEP outlines the specialty qualification requirements for each skill level along with the mandatory requirements for entry, award, and retention of each skill level.

Specific task and knowledge training requirements are identified in the STS in Part II, Sections A and B of the CFETP. Column 1 list the task, knowledge, and technical reference necessary for airmen to perform duties in the 3-, 5-, and 7-skill level.

CONTINUE

Task Proficiency

Supervisors and trainers will evaluate formal course graduates to ensure training was effective upon arrival to a new duty station. Trainees will be enrolled in career development courses (CDC) that are designed to build on the information that was taught in technical school. The CDC will teach the trainee not only how to perform a task, but when and why to do so. This will enhance task proficiencies, ultimately leading to task certification.

Training effectiveness is evaluated in terms of knowledge, education, training, and specialty experience indicated for the attainment of a particular skill level or job position. Once training has been accomplished on a particular task and the trainee is deemed proficient, it is critically important that the trainee is knowledgeable of what and where training is documented within the training folder.

The written record is the only means of identifying what has been trained, when it was trained, and when (if applicable) the training is due to be conducted again. Training documentation helps assess capability, individual strengths/weakness, and resources needed to support quality patient care. Task proficiency is complete once requirements have been identified, trained, and abilities assessed satisfactorily.

Proficiency Code Key

Multiple Choice

You are reviewing the CFETP and a task you are getting ready to train is rated at a 2b proficiency code. What does this mean?

- The trainee can do most parts of the task and only needs help on the hardest part, and they can name parts, tools, and simple facts about the task.
- The trainee can do most parts of the task and only needs help on the hardest parts and they can

determine step by step procedures for doing the task.

- ○ The trainee can do most parts of the task and only needs help on the hardest parts.
- ○ The trainee can identify basic facts and terms about the subject.

SUBMIT

Complete the content above before moving on.

Retraining Opportunities

The retraining program is designed to balance the numbers of personnel in specific grades and year groups of the AF specialty. Retraining opportunities are available at many times in your AF career. Supervisors and trainees must be aware of the eligibility windows as well as all necessary requirements needed to retrain within the medical field.

The most up-to-date IN and OUT list can be found on the Retraining Advisory list.

https://myfss.us.af.mil/USAFCommunity/s/retraining-advisory

Located within the CFETP you will find specific training requirements for entry and retraining into the specialty AFSCs. The CFETP contains career field opportunities for retraining that are listed in the STS for AFSC 4N0X1/X.

OBJ IN: Each column indicates the number for each rank (First Term, SSgt, TSgt, MSgt, SMSgt) needed to come "IN" the AFSC.

OBJ OUT: Each column indicates the number for each rank (First Term, SSgt, TSgt, MSgt SMSgt) needed to go "OUT" of the AFSC.

4N0 Retraining Options

Below is a list of all the retraining opportunities available to you as a 4N0.

4N0X1B Neurodiagnostic Technologist (B Shred)

Assists physician with and prepares patients for examination, treatment, and diagnostic procedures. Assembles, operates, maintains and performs routine user maintenance of electroencephalographic and electromyographic equipment. Perform with special electroencephalographic and electromyographic procedures. Ensures appropriate completion and storage of procedure logs.

4N0X1C - Independent Duty Medical Technician (C Shred)

Renders medical, dental, and emergency treatment; recommends and coordinates evacuations for definitive medical treatment. Performs pharmacy, laboratory, bio environmental, immunizations, public health, medical logistics and medical administration duties. Establishes preceptorship and provides forward area health care IAW applicable guidelines in an austere or bare-base environment.

[redacted]

4N0X1D Allergy/Immunization (D Shred)

Manages immunotherapy care and performs diagnostic tests as ordered by physician. Prepares allergenic extracts and/or specific allergy treatment extracts. Performs allergy, skin and allergy testing.

Manages computer based patient information. Performs tuberculosis skin testing. Administers vaccines IAW current guidelines. Provides emergency care for treatment of anaphylaxis. Provides patient education regarding expected reactions and proper post-vaccination care. Provides oversight of immunization processes and programs. Manages the IBT/IA program.

Washington DC - with travel to Andrews AFB, Fort Mead and Walter Reed

45 Days (30 Classroom/15 Clinical).

4N0X1F - Flight and Operational Medical Technician (F Shred)

Assists flight surgeon with aircraft mishap and physiological incident response, investigation, and reporting. Supports flight surgeon to develop flying safety and deployment briefings. Assists healthcare provider teams with interpretation and application of medical standards to determine medical qualifications for occupational duty, worldwide duty, special operation duty, mobility status, flying status, special duty, security clearance, professional military education (PME), retraining, commissioning, and transition to Air Force Reserves or Air National Guard.

Provides administrative management of duty limiting conditions reports. Assists with oversight of waiver management utilizing the Aircrew Information Management Waiver Tracking System (AIMWTS). Maintains grounding management on all aircrew assigned utilizing the Aeromedical Services Information Management Systems (ASIMS). Performs the paraprofessional portion of initial flying class/special operational duty (SOD) physicals. Conducts clinical entries for data into the Physical Examination Processing Program (PEPP) and manages physical until completion.

Provides first point of contact for non-empanelled patients requiring physical examinations (i.e. Department of Defense Medical Examination Review Board (DoDMERB), Reserve Officer Training Corps (ROTC), and others that are an extension of the occupational exam). Performs preventive health assessment (PHA) physicals for flying status and non-flying status personnel and updates results of required tests and examinations into ASIMS.

4N0X1G - Aeromedical Evacuation Technician (G Shred)

Performs pre-flight/in-flight patient care and documentation. Provides emergency care for patients in event of medical and/or aircraft emergencies. Functions as an aeromedical evacuation crew member (AECM). Prepares patients, equipment and aircraft for flight. Enplanes and deplanes patients. Loads and unloads baggage. Operates specialized aircraft flight equipment, medical devices and aircraft systems related to patient care. Performs AE mission planning and management.

4N0X1H - Nationally Registered Paramedic (H Shred)

This is a 4 month school - Pima Community College (Nationally Registered). ALS, PALS, BLS, TCCC required and a 2 week refresher.

SEI 455 Special Operations Command (SOC) Medic

SOC medics are ideally suited to Special Operations Forces (SOF) and Combat Search and Rescue (CSAR) mission support for establishing bare-base encampments. They perform special operations medical support providing initial combat point of injury care, on-going field trauma care, and Casualty Evacuation (CASEVAC) to definitive care.

SEI 486 Hemodialysis

Prepares patients and equipment for specialized renal acute/chronic. Performs hemodialysis machine maintenance and water treatment system component maintenance, IAW Advancement of Medical Instrumentation (AAMI) and local policy standards. Provides troubleshooting capabilities, and critical thinking skills in the event of machine/patient emergencies.

SEI 487 Critical Care Technician

Prepares patient with special equipment for transfers. Performs and assists with examinations and special procedures including mechanical ventilation, cardiovascular and neurovascular procedures and dialysis.

Currently a requirement for all ICU medics:
26 days of didactic and hands-on training at Kettering Medical Centers, OH
96 hours of clinicals
132 hours of simulation labs
24 hours of lectures

SEI 490 Hyperbaric Medical Technician

Prepares patients and equipment for hyperbaric dive. Provides wound care and debridement. Prepares hyperbaric chamber and properly positions patients. Functions as hyperbaric dive crew member. Assists hyperbaric nurse or provider with patient care during and post treatment. Provides emergency care for patients in event of medical or hyperbaric chamber emergencies.

SEI 480 Licensed Practical Nurse (LPN)

LPNs are directly involved in patient care. They perform basic medical tasks and make sure patients are comfortable. They work under the direction of doctors and registered nurses. Each state regulates whether an RN must supervise an LPN. Some LPNs can only perform certain tasks under the direction of a physician or an RN.

Check out the USAF School of Aerospace Medicine at the website below!

AF

U.S. Air Force School of Aerospace Medicine

The official website for Air Force Research Laboratory

READ MORE AF >

Members receiving a selective reenlistment bonus (SRB) must request a waiver through the MPS prior to performing duties outside of their CAFSC. In addition to guidance in AFI 36-2101, refer to AFI 36-2606, Reenlistment in the United States Air Force.

Formal Training

The retraining program is designed to balance the number of personnel in specific grades and year groups of the AF specialty. Once a member has been accepted for retraining, the next step consists of completing any formal training that is needed to be qualified to perform their new duties.

The STS shows formal training and correspondence course requirements. Advance trainings are formal courses that are provided for selected career Airmen who are qualified in one or more positions of their AF specialty with additional skills and knowledge to enhance their expertise in the career field. The Education and Training Course Announcement contains specific MAJCOM procedures, fund cite instructions, reporting instructions, and listings for those formal courses conducted or managed by the MAJCOMs or field operating agencies (FOAs). Once selected to attend formal training, the unit training manger will be notified of the projected training and notify the trainee.

END OF LESSON

Lesson 8 of 10

Safety Data Sheets (SDS)

AFCDA01 Brittney Hall

Objective-After completing this lesson, the student will be able to properly maintain safety data sheets in accordance with prescribed guidance and publications.

Safety Data Sheets (SDS)

Safety is a primary focus in any MTF you work in, but some of the duties you conduct in your day-in and day-out operations may require you to use products and items that contain chemicals, that could be hazardous to you and your health; especially, if the product or item is used incorrectly or an accident has caused a spill or splash. This is why, it is important you understand some basic information about SDS.

Within **60 days** of in-processing to a new work center Airmen should complete unit orientation to include familiarization and the location of the SDS. The **local policy** should be **consistent** with the **job safety training outline (JSTO)** which is a means to comply with federal

regulations to **train and protect** our DoD and Air Force employees.

AFI 90-821, Hazard Communication (HAZCOM) Program, establishes the minimum requirements for an effective hazard communication program for those activities that handle or use hazardous material.

It contains the requirements for practices and procedures, assigns responsibilities, and
provides guidance for managing the Air Force Hazard Communication Program (AFHCP). The purpose of AFHCP is to reduce the incidence of chemically induced occupational illnesses and injuries by informing employees of the hazards associated with, and proper preventive measures to be taken when using or handling, hazardous materials in the workplace. It applies to all United States civilian and military employees.

Work centers shall maintain SDS (in either paper or electronic format) for every item on the work area-specific hazardous chemical list and all chemicals on hand within the work area must match the SDS on file, even if the chemical is not in use. Shop supervisors will ensure that all workers on every shift know where to locate and how to use the SDS should a chemical mishap occur.

The unit orientation should include but is not be limited to:

1. Identifying the location of the SDS
2. Review of the area-specific hazardous chemical list
3. Review of the JSTO

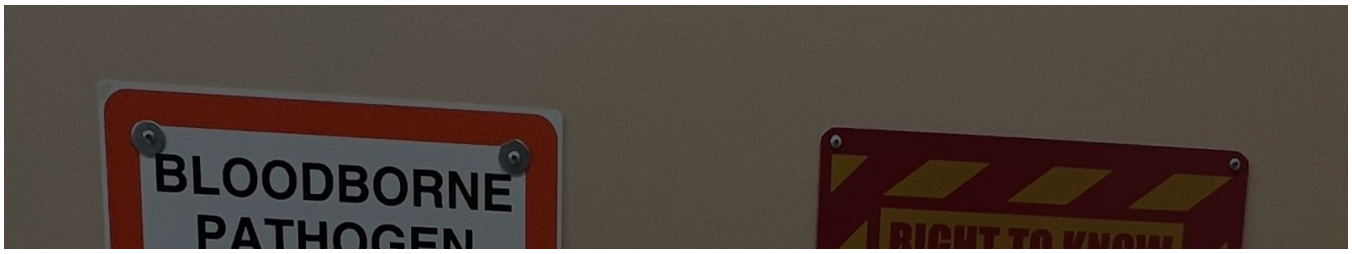
The SDS is provided by the product manufacturer and contains information such as the following in the table:

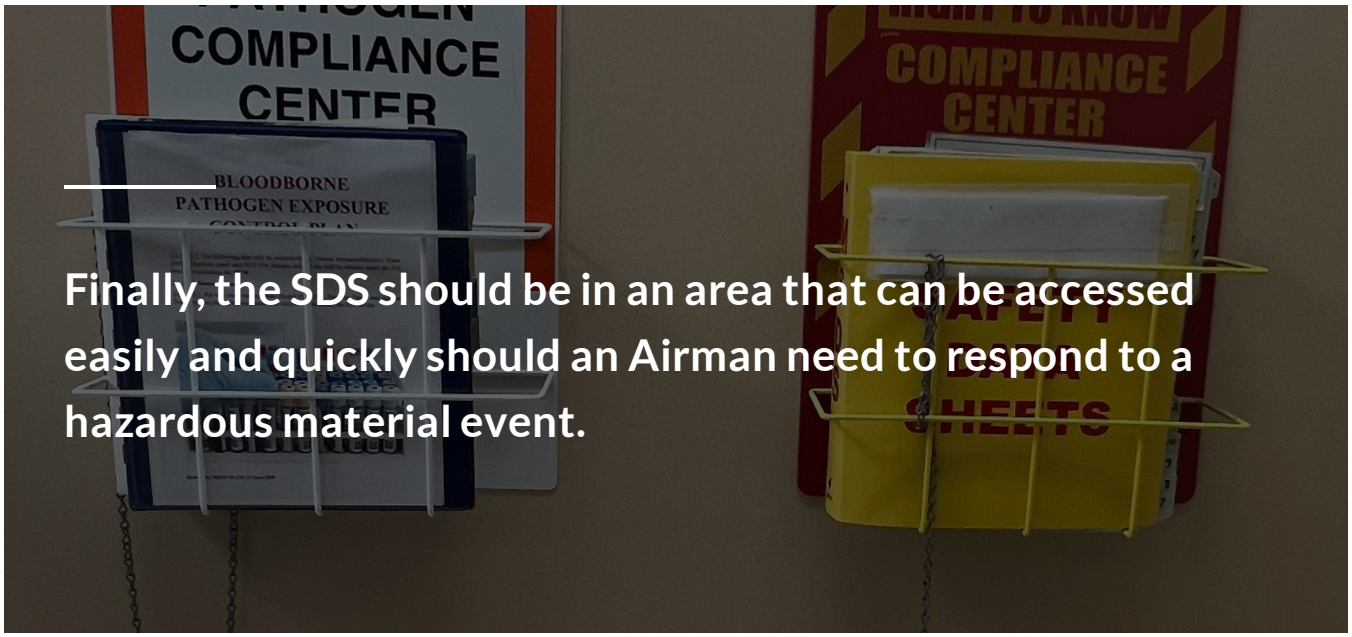
Labeling

All materials contained on the SDS need to have appropriate labeling. Include the following information on the label:

- Identity of the hazardous material
- Appropriate hazard warnings
- Name, address, and phone number of the manufacturer, importer, or other responsible party

Maintain the labels on the containers so they can be read easily. Should the labels become unreadable, replace them. When in doubt or you have questions about what is required for hazardous materials, contact your installation BE or representative.





_____ Finally, the SDS should be in an area that can be accessed easily and quickly should an Airman need to respond to a hazardous material event.

True or False: Within 30 days of in-processing to a new work center Airmen should complete unit orientation to include familiarization and the location of the SDS.

- ◯ True
- ◯ False

SUBMIT

This is also a reminder that an Air Force Form 55 Employee Safety and Health Record needs to be filled out for each member that indicates additional work place hazards.

Below is an example of an AF Form 55, you will fill out according to your unique workplace hazards.

PDF

AF Form 55.pdf

49 KB

Complete the content above before moving on.

Lesson 9 of 10

Unit Manpower Document

AFCDA01 Brittney Hall

Objective- After completing this lesson, the student will be able describe a unit manpower document in accordance with prescribed guidance and publications.

The ability to understand and manage resources does not solely pertain to physical products, it also correlates to the ability to manage manpower requirements within the unit, making sure the right people are in the right position. One of the Air and Space Force's most valuable asset is personnel; unfortunately, it is one of the most limited resources within the enterprise. Your unit's leadership team is continuously evaluating authorizations and requirements to try and obtain and/or maintain the minimum amount of personnel required to complete the mission.

Manpower management involves the authorizations for assigned personnel the MTF commander identifies as necessary to accomplish the mission. Determining the right amount of people needed is critical. The Air Force uses specific tools and techniques to determine and validate manpower requests and authorizations. The information is then used to request manpower authorizations from the DoD and Congress.

After the DoD establishes a limit on manpower authorizations, it allocates them to each branch of service. The Air Force, in turn, prioritizes and allocates its share to each major command (MAJCOM). Priorities are established because the amount of authorizations usually are not enough to meet the total number of requirements.

Unit Manpower Document (UMD)

The Unit Manpower Document (UMD) is pulled from a computer-generated system and will showcase manpower position information for funded authorizations, unfunded requirements, and non-Future Year Defense Program (FYDP) positions by unit and work center. The UMD reports on Regular Air Force military, civilians, traditional reservists (TR), Active Guard Reserve, Air Reserve Technician (ART), and Individual Mobilization Augmentees. Supervisors periodically review this document for accuracy and currency in their work center(s).

The UMD can also be used as a tracker for members inbound/outbound/separating and when members are eligible for decorations.

POS

POS – A position number is a unique ten-digit alphanumeric code identifying a manpower authorization (funded) or requirement (unfunded). The first eight digits are the position number, and the last two digits are the Command ID (identification). A manpower change to an authorization drives a corresponding change to the UPMR.

PAS & Unit

The personnel accounting symbol (PAS) is a unique four-digit alphanumeric code used to identify an organization. The unit column identifies the location that is being reported.

OSC & Title

The Office Symbol Code (OSC) is a 2-to-7-character code that identifies the work center or office where the position is authorized and identifies the internal organization of a unit.

FAC

The Functional Account Code (FAC) is a six-digit code used to identify a homogenous grouping of tasks. The first four digits are controlled by HQ USAF and describe the organization down to the basic function. The last two digits are MAJCOM-controlled and re used to identify command unique work centers.

PEC

The Program Element Code (PEC) represents a category that the position was allocated against, which helps with the overall cost data of people, equipment, and facilities.

RGRD

The Required Grade (RGRD) specifies what grade was earned by the applicable Air Force Manpower Standard or Capabilities based Manpower Standard (AFMS or CMS). Differences between the required grade and the authorized grade can be caused by multiple factors, to include funding constraints.

GRD

The Authorized Grade (GRD) is the grade that the personnel system uses to assign personnel. It is the "funded" grade, which may be different than the "required" grade.

AFSC

The Air Force Specialty Code (AFSC) is used to represent a specific military occupational specialty, skill, or qualification (i.e., 4N071).

CONTINUE

Unit Personnel Management Roster (UPMR)

Like the UMD, the UPMR is a report that displays authorized positions for the group, squadron, and/or flight based on the Personnel Accounting Symbol (PAS) code.

The UPMR is another means to manage manpower. It identifies the people assigned to the work center. This tool matches the names of personnel to the actual position he or she is assigned. The information on the UPMR should match the authorizations on the UMD.

The UPMR also lists projected personnel gains, losses, retirements, separations, and rotation from overseas. Commanders use this roster to ensure personnel and projected gains are assigned to their proper position. Supervisors should periodically review this roster for accuracy and elevate corrections as needed.

The UPMR is a spreadsheet that supplies the following information:

Click the + below to learn more about each section of the UMPR

Position Number

A position number is a unique identifier that specifies the requirements a member should fulfill to be placed in this position. Think of it like a sports team, there are only a certain amount of members authorized on a team, each with their own jersey number. When someone new joins the team, the coach needs to evaluate what jersey number (i.e., position number) the member will receive, based on their qualifications, skill level, etc.

Security Access Requirement (SAR)

Identifies the level of security clearance required for that specific position. Most of our career field will be required to have Secret.

Grade Authorization

Indicates what grade is authorized for that specific position number.

Grade Assigned

Shows the grade of the member that is currently assigned to that position.

Name & SSN

Provides the name and social security number of the member currently assigned to that position.

Remarks

This area should specify if a member that is currently assigned to a position number is scheduled to retire, along with their expected retirement date. There could also be a remark stating a member is scheduled to be gained into the unit, and their information will be inputted into the system once they in-process and are assigned a position number.

Managing and assigning position numbers requires the verification that unit personnel are assigned against funded positions on the UMD, as well as ensuring personnel are assigned to appropriate position numbers on the UPMR. Some of the information that will be reviewed when managing and/or assigning position numbers include but are not limited to:

- Empty positions.
- What positions are funded.
- Comparing the member's grade to the required grade determined on the UMD.
- Required skill level compared to member's skill level.

If you ever heard the phrase “Faces to Spaces,” that is the comparison between the UMD (spaces) to the UPMR (faces), to ensure everyone is administratively placed in the correct position.

The ability to know how many people you have, how many you’re supposed to have, and how many are in the right position can be quite a load to bear for your leadership team.

If the UMD and UPMR is not periodically reviewed for accuracy and personnel are not placed in the correct positions, then it could jeopardize your unit from having enough manpower to complete the mission or prolong the process of getting inbound personnel.

This is an example of an UPMR.

Authorization Change Request (ACR) & Authorization Change Notice (ACN)

The last manpower resourcing tool we will discuss for manpower management is the ACR/ACN. An ACR is a request by an organization to change its manpower authorizations. Change requests can be submitted for several reasons, however, the reason must be driven by a valid requirement.

One **example** is the request to move one position to a different duty section due to manning requirements. Another example is to **convert** a position from one rank or skill level to another to fulfill the requirement of position experience.

Commanders or designated approval officials are **authorized** to submit change requests for their unit and subordinate units. The **MAJCOM** either approves or disapproves the request.

CONTINUE

Manning Assistance

Manpower requirements are not changed to accommodate temporary changes pertaining to manning. It would be difficult and expensive for the Air Force Personnel

Center (AFPC) to generate orders every time a unit was going to be short personnel due to deployments, formal training, personnel challenges, and so forth. The official avenue to request temporary assistance when manning levels affect the mission is through manning assistance. Manning assistance provides short term manpower to fulfill the requirements of a unit or position. Requests for manning assistance must be carefully thought out and justified.

When a commander submits a request for a qualified member to fill a critical manning shortage, installation resources are considered first, then elevated to the MAJCOM level if needed. The request is reviewed and validated at several levels prior to reaching the tasked unit or base.

CONTINUE

Manpower Validation Process (MVP)/Overseas Contingency Operations (OCO)

OCO refers to separate funding set aside by the President for operations outside of the US whether during a prolonged stay by military forces or in a national emergency as directed by the President or congress.

Reports are used to establish and manage equipment maintenance activity as well as provide data required for assigned property custodians, Medical Logistics, and higher headquarters. Reports can be generated in the Defense Medical Logistics Standard Support (DMLSS) system.

The DMLSS system establishes requisition, purchase, receipt, storage, issue, shipment, disposition, stock control, and accounting procedures for Air Force medical stock record accounts. It also establishes requirements for facility management operations.

END OF LESSON

Lesson 10 of 10

Daily Operations

AFCDA01 Brittney Hall

Objective-After completing this lesson, the student will be able to manage a work center in accordance with prescribed guidance and publications.

Daily Operations

Every Airman in the unit has a purpose within the team. Once fully trained and qualified we must be ready to work to the highest level to complete the mission. You will most likely be informed of daily operation standards and expectations through your chain of command.

Daily operations are specific to the unit/area of responsibility you are assigned to. Learning what must and will be completed is part of knowing your role in the mission. Airmen must ready themselves and be accountable, likewise supervisors and those that hold charge must provide a clear path to ensure daily operations are being maintained. Supervisors' daily efforts to direct, plan, and prioritize assignments, results in an efficient and well-run unit.

CONTINUE

Set Priorities

It is not sufficient to simply create a plan; you must also be able to set priorities, articulate and implement whatever you plan. For a plan to work, each step must receive equal attention and a specific completion time.

Every force development action, from basic military training, to professional military education to strategic engagement opportunities, is linked to the institutional competencies. These competencies provide a common language, set of priorities, and proficiency expectation based on an Airman's rank, experience and/or position.

Prioritizing your **plan of action** enables you to make the best use of the time available for yourself, others, and the **overall completion** of the mission.

Categorizing priorities is the most efficient **time management** tool utilized to assist you with forecasting future decisions.

CONTINUE

The Duty Schedule

The duty schedule must be developed so that adequate, qualified personnel are available to meet the patient care requirements. With proper planning you will be able to create a schedule that provides efficient staffing/coverage for the unit to accomplish the mission. Usually the non-commissioned officer in charge (NCOIC) or flight chief will be in charge of managing and publishing the schedule for their specific clinic.

There are several factors to take into consideration when developing a duty schedule and one must consider that emergencies may arise. When planning a duty schedule, you must keep in mind that people have emergencies and special circumstances that may need to be dealt with at the last minute. Additional factors include; knowing personnel scope of practice levels, their competency, and ultimately the unit's workload.

Types of schedules are as follows:

- Compressed work schedule
- Self-scheduling
- Flextime scheduling

- Cyclical/12-hour scheduling
- Conventional schedules

CONTINUE

Work Center Orientation

The supervisor must conduct and document an initial orientation for all newly assigned members prior to the start of duty performance. Additionally, a work center orientation must be conducted and documented within sixty days that encompasses work center practices, equipment and unit familiarity.

Supervisors will provide all newly assigned individuals (i.e., Permanent Change of Station (PCS), Permanent Change of Assignment (PCA) or work center change to include deployment) with an initial work center orientation to familiarize them with the unit. This includes all equipment available for use, standard operating procedures, local processes, environment or safety, fire and health requirements. The orientation, along with hands on job experience permits the member to become capable in their assigned duties/tasking.

The work center orientation ensures that a member is qualified and/or receives proper exposure to become skillful in the performance of duty at the appropriate skill level within the unit. The work center orientation streamlines areas of importance in relation to the duty section and assists members in becoming proficient and productive.

Take a look at a basic example of a work center orientation below. Please feel free to download and change it as needed for the section you

work in.

Basic Orientation Checklist.pdf
208.7 KB

CONTINUE

Position Descriptions

Your primary responsibility is to do your part to accomplish the mission. The mission requires you to be trained and competent in your primary AFSC as you ready yourself for career progression and increased responsibility. As you progress from an Airman to a Non-Commissioned Officer (NCO) to a Senior Non-Commissioned Officer (SNCO) you may hold various positions.

The position description is a comprehensive document that includes the specific position requirements such as supervision, promotion expectations, a job summary, and duties to be performed while on the job. When properly applied, duty titles and position descriptions facilitate a quick understanding of a person's role and level of responsibility. Enlisted duty titles are assigned based upon the scope of responsibility and the duties being performed.

The following duty titles are the official, authorized duty titles for the enlisted force:

- Supervisor

- Non-commissioned Officer in Charge (NCOIC)
- Section Chief
- Flight Chief
- Superintendent
- Manager
- Chief

Multiple Choice

The_____ is a comprehensive document that includes the specific position requirements such as supervision, promotion expectations, a job summary, and duties to be performed while on the job.

- ◯ position description
- ◯ personnel description

position summary

personnel summary

SUBMIT

Complete the content above before moving on.

Performance Standards

Trainees are trained, evaluated, and certified to the go/no-go level. Go means the individual can perform the task without assistance and meets requirements for accuracy, timeliness, and correct use of procedures. Your primary responsibility is to do your part to accomplish the mission however, accomplishing the mission requires more than just technical proficiency but it also requires you to meet performance standards.

You must be responsive and accomplish your duties in a timely and efficient manner. The Career Field Education and Training Plan (CFETP) defines a standard as a predetermined quality or quantity, against which performance skills and knowledge are measured to accomplish the job. Quality and quantity of work are both important since they are the primary measures of efficiency and productivity. Performance standards are measured on an individual basis to

determine if requirements are met or additional training is required for the task, duty position or upgrade.

CONGRATULATIONS! YOU HAVE REACHED THE END OF THE COURSE!