



# **INDEPENDENT DUTY MEDICAL TECHNICIAN USER GUIDE**

OPR: AFMOA/SGP

6 December 2013 (updated 6 Apr 14)

MEMORANDUM FOR ALL USAF 4N0X1C INDEPENDENT DUTY MEDICAL TECHNICIANS

FROM: AIR FORCE MEDICAL OPERATIONS AGENCY (AFMOA)/SGP

SUBJECT: USAF INDEPENDENT DUTY MEDICAL TECHNICIAN (IDMT) USER GUIDE

1. The approved USAF IDMT User Guide is attached and will be used in conjunction with AFI 44-103, *The Independent Duty Medical Technician Program* dated 6 Dec 13. The user guide is to be used by all IDMTs deployed, assigned or attached to Squadron Medical Elements (SMEs), Geographically Separated Units (GSUs), Mobile Medical Units (MMUs), or when performing IDMT duties in a Medical Treatment Facility.
2. This IDMT User Guide was created to provide our leaders in the field a tool that they could reference to answer questions on a variety of topics related to the IDMT career field. Keep in mind that this is a guide and in no way replaces the authority of the current and established Air Force policies and instructions. This guide is not all-inclusive and should be used as a reference when finding information about a particular topic. Leaders are encouraged to use all available resources (Knowledge Exchange, AFIs, AFMOA, mentors, consultants, and colleagues) to learn about different issues. The objective of the guide is for the information contained herein to be helpful as you lead your team to excellence.
3. Implementation is effective immediately. Any deviations from the protocols must be coordinated through the applicable MAJCOM SG or designated representative IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 6 Dec 13.
4. My POC for this document is SMSgt Kevin Nies. He can be reached at DSN 969-9206 or Comm 210-395-9206 or [kevin.nies@us.af.mil](mailto:kevin.nies@us.af.mil) for any further questions.

//Signed/mjs/6 Dec 13//

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**Attachment 1**  
**SAMPLE FORMAT, MTF/HMTF SUPPORT PLAN**

HMTF: \_\_\_\_\_ SITE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

A1.1. Description and demographics: *Include the detailed information as follows:*

A1.1.1. Designate the remote site supported. Briefly describe the mission of the remote site (unless classified).

A1.1.2. Describe the location of site. Indicate best mode of transportation, mileage, and travel time involved from HMTF to the remote site. Include a map showing the specific location of the site, main routes, large cities, and military or civilian hospitals/clinics in the area of the site.

A1.1.3. Indicate category and number of personnel at the remote site. Include all active duty military, family members, US civilians, and host nation employees.

A1.2. HMTF Support - Prepare a separate plan for each MAS/remote site supported.

A1.2.1. Describe how Medical and Dental preceptors are consulted both during and after duty hours. Include alternative contacts such as Emergency Room Medical Officer of the Day (MOD).

A1.2.2. Describe how inpatient, ambulatory, and dental services are acquired through the HMTF.

A1.2.2.1. Include clinic schedules, appointment procedures, and specialty clinics.

A1.2.2.2. Indicate how mental health and family support services are made available.

A1.2.2.3. Indicate how routine physical exam, GYN, and optometry services will be provided.

A1.2.3. Provide specific instructions for requesting evacuation of patients from the site for further treatment to include support agreements with any civilian Aeromedical transport agencies/theater assets.

A1.2.4. Describe the support provided in the following areas and determine the SAV frequencies for each. During SAVs, the HMTF Commander or designated personnel evaluates Medical/Dental care, competency of training, administrative procedures, and budgetary processes, if applicable.

A1.2.4.1. Medical/Dental Service.

A1.2.4.2. Pharmacy. Describe how controlled substances are accounted for. Describe how patient refills will be accomplished.

A1.2.4.3. Laboratory Services. Describe how specimens will be transferred to the laboratory.

A1.2.4.4. Public Health - List which public health services will be conducted at the remote site.

A1.2.4.5. Bioenvironmental Engineering - List services to be conducted at the site and designate which services will be conducted by the IDMT and the HMTF BE office.

A1.2.4.6. Medical Logistics - Describe how medical supplies will be sent to the remote site.

A1.2.4.7. Administrative Services - Include outpatient records and the Personnel Reliability Program.

A1.2.4.8. Other HMTF staff agencies (staff development, Health Promotion, Nursing, etc.).

A1.2.5. Provide specific instructions and guidance for procuring medical services from civilian sources.

A1.2.5.1. Include names of medical treatment facilities in the area of the remote site that can provide care. Discuss capabilities of those facilities. **NOTE:** Include this information in all cases.

A1.2.5.2. Describe any TRICARE referral provider network services.

A1.2.5.3. Describe under what circumstances civilian medical services may be used.

A1.2.5.4. Indicate if civilian consultations for ancillary services such as X-Ray, Laboratory, and other services like Physical Therapy may be used.

A1.2.5.5. Describe how civilian medical sources will be reimbursed.

A1.2.5.6. Provide specific instructions and guidance for procuring medical or dental services from other DOD or host nation military facilities. In addition, describe in detail any other arrangements for obtaining care and support.

### A1.3. Support provided by the Medical Aid Station

A1.3.1. Describe in detail professional guidance not included in AFI 44-103.

A1.3.2. Indicate if the site supports TDY physicians and what support will be made available.

A1.3.3. Legal Blood Alcohol Testing (BAT) procedures - Identify which laboratory will conduct legal BATs, indicate the chain of custody methods and how blood specimens are transferred to the laboratory.

A1.3.4. AF Drug Screening procedures - Identify who will be the Medical Urine Testing Monitor and indicate whether urine specimens are transferred to the HMTF Laboratory, or mailed directly to HQ, Air Force Drug Testing Laboratory, AFMOA/SGBD, 2480 Ladd Street, Bldg 3750, Lackland AFB, TX 78236-5310.

A1.3.5. Describe how annual flu shots and routine immunizations will be accomplished.

A1.3.6. Describe what role the site IDMT plays in local disaster response and specify prescribing directives.

A1.3.7. Potential Sexual Assault. Describe procedures to follow in the event of a potential sexual assault and proper handling of medical evidence.

A1.3.8. Initial/Annual Sexual Assault Training. Identify when Sexual Assault Prevention and Response Training was accomplished and if IDMT is current.

A1.4. The HMTF and Supported Unit's commander sign the HMTF support plan and forward it to the MAJCOM/SG(s) for approval.

A1.4.1. A copy is maintained by the Command 4N Functional Manager who oversees the IDMT asset with a copy sent to the host Command 4N Functional Manager.

A1.5. Once approved, HMTF distributes as follows:

A1.5.1. One copy to the remote site Commander/or Line Unit Commander.

A1.5.2. One copy to the remote site/MAS IDMT.

A1.5.3. The original to the HMTF IDMT Program Coordinator.

A1.5.4. E-mail a copy of the approved plan to the IDMT Consultant.

## Attachment 2

### HMTF STAFF ASSISTANCE VISIT REPORT TEMPLATE

MEMORANDUM FOR HOST MEDICAL TREATMENT FACILITY COMMANDER  
REMOTE SITE COMMANDER  
IN TURN

FROM:

SUBJECT: Report of Staff Assistance Visit to \_\_\_\_\_ (Remote Site)

1. Personnel Who Made Visit. State grade, name, and duty title of personnel; date of visit; time spent with the unit.
2. Purpose of Visit. Concisely state the reason for the visit (that is, according to HQ USAF directive, requested by commander, follow-up, etc.).
3. Key Personnel Contacted During Visit (Remote Site Commander, First Sergeant, IDMTs, etc.)
4. Areas Reviewed and Evaluated. Discuss in detail both professional and administrative areas reviewed, including (as appropriate to the visiting agency):
  - a. Availability of required resource materials.
  - b. Administrative functions.
  - c. Availability of medical OIs and IDMT treatment protocols.
  - d. Medical Annex to Remote Site Disaster Plan.
  - e. Infection control practices.
  - f. Patient satisfaction.
  - g. Availability of health promotion materials.
  - h. Self-Aid -Buddy Care (SABC) training statistics (# trained and %) where required by duty positions or by MAJCOM.
  - i. Basic Life Support (BLS) training statistics (# trained and %) when required by duty position or by MAJCOM.
  - j. Copy of/compliance with HMTF site support.
  - k. Narcotics maintenance
5. Findings and Recommendations. Be specific. Separately identify each problem area and the action taken or recommended. Example: FINDING # 1: Expiring emergency medications must be returned to the HMTF pharmacy and replaced prior to expiration.
6. Training and Education. Provide a brief description of in-service topics addressed.

7. General Comments. Address topics related to support facilities, equipment, mission changes, personnel, etc., that have not previously addressed. These may include positive findings and kudos.
8. Review of TDY Orders. Address appropriateness of patient referrals.
9. Repeat Deficiencies. List finding numbers from paragraph 5.
10. Review quality improvement (i.e. peer review) activities since last HSI and evaluate program.
11. Debriefing. State the grade, name, and position of the senior officer or officers/NCOs debriefed and any feedback comments or concerns.

SIGNATURE BLOCK  
(Senior Member of SAV Team)

cc: MAJCOM/4N Functional Manager  
HMTF/Site Coordinator  
Remote Site/MAS IDMTs  
IDMT Consultant

## Attachment 3

### EMERGENCY EQUIPMENT AND SUPPLIES

Below is a list of suggested emergency equipment and supplies for the remote sites/MAS. The HMTF physician preceptor determines in writing the type and amount of emergency equipment and supplies.

#### ITEM

A3.1. Anaphylaxis Treatment Supplies

A3.2. Intravenous (IV) Solutions.

A3.3. IV Infusion Sets.

A3.4. Portable Suction Unit (battery or electric-powered).

A3.5. Suction Catheters.

A3.6. Oxygen (O<sub>2</sub>) Tank. [Should have adequate supply on hand for 24 hour period.]

A3.7. Single-stage, lightweight O<sub>2</sub> regulator.

A3.8. Yoke Adapter.

A3.9. O<sub>2</sub> Masks (adult and child).

A3.10. Airway adjuncts, oropharyngeal/nasal pharyngeal, endotracheal tube (adult and child).

A3.11. Bag - Valve - Mask, Hand Held Resuscitator.

A3.12. Tourniquets, non-pneumatic.

A3.13 Syringes, disposable (HMTF determines number and type).

A3.14. Needles, disposable (HMTF determines number and type).

A3.14. Semi/Automatic External Defibrillator.

**RECOMMEND:** Laryngoscope, McGill forceps, cricothyroidotomy set, long-spine board, KED, traction splint, cardiac monitor, non-invasive blood pressure/pulse monitor, and other equipment in the Medical Emergency Set, Ambulance supplies/equipment required



**Attachment 4**

**LETTER FOR INVENTORY OF CONTROLLED SUBSTANCES**

MEMORANDUM FOR *(Enter name and rank of appointee)*

FROM: *(Site Commander) (date)*

SUBJ: Monthly Inventory of Controlled Substances

1. You have been appointed to accomplish the monthly inventory of controlled substances and to inspect the register of controlled drugs at the medical aid station. Report to the site commander for specific instructions.
2. Report to the medical aid station and perform the inventory and inspection according to the instructions provided by the commander and those contained in AFI 44-103.
3. Report the results of the inventory and inspection to the commander, in writing, as an endorsement to this letter. State any discrepancies noted and actions required. (For example, 2 capsules of National Stock Number (NSN) 6505-00-481-1822, Phenobarbital, short. Report of Survey required.) If no discrepancies were noted, so state.

SIGNATURE BLOCK

1st Ind, Site Designation/Office Symbol (Date)

TO: Site Commander

1. Inventory/Inspection accomplished on (enter date)
2. *(Enter results, see paragraph 3 of basic letter)*

SIGNATURE BLOCK

*(Signature of Inventory and Inspection Officer)*

COMPLETE THIS FORM IN TRIPLICATE:

Original to the Remote Site/MAS IDMT

INTURN routed from Site Commander to MTF/HMTF CC

**Attachment 5**

**INDEPENDENT DUTY MEDICAL TECHNICIAN INITIAL CERTIFICATION PROGRAM**

A5.1. **OBJECTIVE:** To certify all IDMTs IAW AFI 44-103 and appropriate MAJCOM supplements and to provide guidance to departments on proper training of the IDMTs. This program is established to outline the responsibilities of the various departments in the initial training of IDMTs assigned to USAF MTFs/HMTFs/SMEs.

A5.2. **REFERENCES:**

A5.2.1. AFI 44-103, *The Air Force Independent Duty Medical Technician Program*

A5.2.2. *The USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols*

A5.2.3. AFI 36-2201, *Air Force Training Program*

A5.3. **PROCEDURES:**

A5.3.1. Scheduling of IDMT training will be accomplished by the IDMT Program Coordinator.

A5.3.1.1. Each office of primary responsibility (OPR) for training will provide trainers.

A5.3.1.2. Schedules will be modified to ensure training time is available.

A5.3.2. The IDMT will report to the IDMT Program coordinator on the first day of scheduled training for initial briefing and issue of any required training materials.

A5.3.3. OPRs for training will provide training and conduct proficiency evaluations as necessary. Upon completion of training, OPRs/IDMT Program Coordinator will certify the IDMT has demonstrated task proficiencies. For tasks requiring a QTP IAW part II of the CFETP, ensure completed QTPs are forwarded to the IDMT Program Coordinator for entry into the IDMT's training record and a copy maintained in the program coordinator's binder.

A5.4 **MANDATORY IDMT Orientation Topics and Training Hours:**

<b>TOPICS</b>	<b>HOURS</b>
<b>BLOCK 1 Clinical Tasks</b>	<b>20.00+</b>
Conference with Licensed Physician Preceptor	2.00
Conference with Dental Preceptor	2.00
Licensed Physician Preceptor/Clinical Evaluation	20 patients minimum
Dental Preceptor/Clinical Evaluation	8.00
Specialty/NREMT/Paramedic Skill Verification	2.00
Calculating Drug Dosages (as applicable through the Medication Administration course)	2.00+

Infection Control	2.00
Suturing/Anesthesia Techniques	2.00
IV Infusion	1.00
<b>BLOCK 2 Administrative</b>	<b>10.50</b>
AF Form 1480/DD Form 2766 or equivalent	0.50
Health Benefits Program	1.00
Line Of Duty (LOD)	0.50
Outpatient Records Maintenance/AHLTA Training	4.00
Personnel Reliability Program (PRP)	2.00
Resource Management	0.50
Medical Affirmative Claims/Third Party Liability	0.50
HIPAA/Privacy Act	1.00
<b>BLOCK 3 Bioenvironmental Engineering</b>	<b>12.00</b>
PERFORM Water Sampling collection/Inspect base water source	8.00
Occupational Health Programs/Shop Visits	4.00
<b>BLOCK 4 Public Health Programs/Force Health Management</b>	<b>20.00</b>
PERFORM Food/Facility Inspection	8.00
Medical Intelligence	2.00
Foodborne Illness Outbreak	2.00
Medical Entomology	2.00
Communicable Disease Control	2.00
Deployment Surveillance	1.00
Occupational Health Activities	0.50
ASIMS/Physical Profiles	0.50
Food Security	2.00
<b>BLOCK 5 Aerospace Medicine</b>	<b>4.50</b>
Duties Not Involving Flying (DNIF)	0.50
Physical Profiles (Also in Force Health Management)	1.00
Mishap Investigation procedures	2.00
Readiness	1.00
<b>BLOCK 6 Medical Logistics</b>	<b>8.00</b>
Medical Logistics Procedures and Maintenance of Medical Supply Account	8.00
<b>BLOCK 7 Clinical Laboratory</b>	<b>6.00</b>
UA Multistix	1.00

Reagent test	1.00
Venipuncture	4.00
<b>BLOCK 8 Pharmacy</b>	<b>3.50</b>
Inventory/Audit control substances on hand	1.50
Pharmacy procedure	2.00
<b>BLOCK 9 Immunizations</b>	<b>8.00</b>
IBT Training (Unless waived by the CFM)	8.00

<b>BLOCK 1</b>
<b>Clinical Tasks</b>
<b>OBJECTIVES</b>
<p><b>1. Conference with Medical/Dental Preceptor. (DISCUSSION)</b></p> <p>a. The IDMT will review treatment protocols to include any MAJCOM specific supplements to AFI 44-103 and the <i>USAF Independent Duty Medical Technician (IDMT) Medical and Dental Treatment Protocols</i> with the medical/dental preceptor. This is also a good time to review the medication list specifically focusing on indications, actions, and contraindications.</p> <p>b. Review both IDMT and Preceptor responsibilities outlined in this AFI and discuss patient reporting procedures to include disposition, referral, and evacuation of emergent patients.</p> <p>c. Discuss preceptor notification procedures for the dispensing of scheduled drugs, administration of emergency medications and use of antibiotics.</p> <p>d. Review HMTF and MAS Operating Instructions.</p> <p><b>Physician Preceptor Clinical Evaluation (PERFORMANCE)</b></p> <p>e. Examine/treat a minimum of 20 patients.</p> <p>f. Perform focused examinations on body systems while using the physician preceptor as a guide and evaluator.</p> <p>g. Perform notification procedures for the dispensing of scheduled drugs, administration of emergency medications, and use of antibiotics (if possible).</p> <p>h. Document patient care and medical preceptor feedback on the AF IMT 4336 or locally developed/approved form and approved by MAJCOM Functional Manager. Work to improve any areas where required.</p>
<b>EVALUATION/REFERENCE</b>
<p>QTP 4N0X1C Volume 6 Module 1: Obtain and Record Medical History</p> <p>QTP 4N0X1C Volume 6 Module 2: Perform Physical Exams</p>
<p><b>2. Dental Preceptor Clinical Evaluation (PERFORMANCE)</b></p>

- a. Perform a minimum of 8 clinical hours (to include hands on care) with the dental preceptor.
- b. Solicit documented feedback from the dental preceptor and work to improve any areas where required.
- c. Understanding the management of acute dental problems to include dental abscess, periodontal disease, temporary fillings, broken teeth, etc.
- d. Familiar with referral requirements for dental problems.
- e. Documentation requirements for dental problems.

**3. Specialty/EMT Skill Verification (PERFORMANCE)**

- a. Provide IDMT Coordinator with copy of current EMT/BLS/ACLS cards.
- b. Perform emergency medicine skill verifications.

**EVALUATION/REFERENCE**

QTP 4N0X1C Volume 9 Module 1.1a: Perform Cricothyroidotomy

QTP 4N0X1C Volume 9 Module 1.1b: Perform endotracheal intubation

QTP 4N0X1C Volume 9 Module 1.1c: Perform needle thoracentesis for Tension Pneumothorax (if possible)

QTP 4N0X1C Volume 9 Module 1.1d: Perform Foreign Body Removal

**4. Calculating Drug Dosages/Use of Mosby's Online acceptable (PERFORMANCE)**

- a. State "5 Rights" of medication administration.
- b. Solve sample problems for the following types of medications:
  - 1. Oral Solutions
  - 2. Parenteral Injections
  - 3. Tablet dosages

**EVALUATION/REFERENCE**

QTP 4N0X1 Volume 1 Module 11: Medication Administration (Mosby's Online Course)

**5. Infection Control (DISCUSSION)**

- a. Discuss details of regulations/OIs that are pertinent to the scope of activities to the remote site.
- b. Site operating instructions

- c. Disinfection Procedures
- d. Cleaning solutions used
- e. Frequency of cleaning
- f. Disposal of contaminated waste

**EVALUATION/REFERENCE**

AFI 44-108, *Infection Control Program*

Locally Established Infection Control and Prevention Program

Locally Established Occupational Blood and Body Fluid Exposure Control Plan

**6. Suturing/Anesthesia Techniques (DISCUSSION/PERFORMANCE)**

- a. Review types of local anesthesia; discussing indications for using particular types.
- b. Review Types/sizes of suture material and indicated use.
- c. Review MTF/HMTF procedures for obtaining informed patient consent for the particular procedure.
- d. Review post suture wound care management.
- e. Perform suture utilizing simulation aid (if possible).

**EVALUATION/REFERENCE**

QTP 4N0X1 Volume 2 Module 6: Administer Local Anesthetic Agents

QTP 4N0X1 Volume 2 Module 7: Wound Closure

**7. Intravenous Infusion (PERFORMANCE/DISCUSSION)**

- a. Set-up, regulate and monitor intravenous infusion
- b. Initiate/discontinue peripheral intravenous infusion.

**EVALUATION/REFERENCE**

QTP 4N0X1 Volume 1 Module 12: IV Infusion

**Clinical Tasks FAR/POC**

Name:

Signature:

Date:

**BLOCK 2**

**Administrative**

**OBJECTIVES**

**1. AF Form 1480/DD Form 2766 or equivalent (DISCUSSION)**

- a. Initiate and manage AF Form 1480/DD Form 2766, Summary of Patient Care

**2. Health Benefits Program (DISCUSSION)**

- a. Review the process required to monitor the TRICARE program
- b. Review TRICARE referral services

**3. Line Of Duty (LOD) (DISCUSSION)**

- a. Review procedures and guidance for administrative LOD determination procedures

**4. Outpatient Records Maintenance (DISCUSSION/PERFORMANCE)**

- a. Establish and maintain patient record file system IAW established guidelines
- b. Review written guidance for quality control and records review
- c. Train on applicable patient tracking and reporting systems
- d. Train on AHLTA or applicable electronic health record

**5. Personnel Reliability Program (PRP) (PERFORMANCE)**

- a. Review procedures identified in the references
- b. Identify overall program director
- c. Distinctively identify and catalog PRP health records (maintain separately from other records)
- d. Review processes associated with PRP
  - 1. Records review
  - 2. Certification (AF Form 286)
  - 3. Decertification
  - 4. Notification

**EVALUATION/REFERENCE**

DODI 5210.42, *Nuclear Weapons Personnel Reliability Program*

QTP 4N0X1C Volume 5 Module 1: Administer Personnel Reliability Program

USAF PRP Website accessible through AF Portal		
<b>6. Resource Management (DISCUSSION/PERFORMANCE)</b>		
<ul style="list-style-type: none"> <li>a. Review RMO functions (i.e., patient counts, logs, and reports)</li> <li>b. Accomplish forms, logs, etc. in determining patient status and counts.</li> </ul>		
<b>7. Medical Affirmative Claims/Third Party Liability (DISCUSSION/PERFORMANCE)</b>		
<ul style="list-style-type: none"> <li>a. Discuss specific instructions pertinent to site activities concerning Third Party Liability (TPL) and necessity of accurate reporting</li> <li>b. Complete AF Form 1488, <i>Daily Log of Patients Treated for Injuries</i>, for Staff Judge Advocate to determine TPL</li> </ul>		
<b>8. HIPAA/Privacy Act</b>		
<ul style="list-style-type: none"> <li>a. Review procedures and local guidance for this program</li> </ul>		
<b>Administrative FAR/POC</b>		
Name:	Signature:	Date:

<b>BLOCK 3</b>		
<b>Bioenvironmental Engineering</b>		
<b>OBJECTIVES</b>		
<b>1. Water Sampling collection/INSPECTION of base water source (PERFORMANCE)</b>		
<ul style="list-style-type: none"> <li>a. Demonstrate water sample pH and chlorine residual measurement</li> <li>b. Demonstrate bacteriological water sample collection and sample analysis technique</li> <li>c. Interpret (already incubated) samples (include “spiked” positives)</li> <li>d. Demonstrate notification procedures IAW local procedures</li> <li>e. Visit local base water source (identify safeguard methods/water vulnerability measures)</li> </ul>		
<b>EVALUATION/REFERENCE</b>		
OIs and technical references as advised by the HMTF BE		
Current Site Support Plan		
QTP 4N0X1C Volume 8 Module 1: Perform Chlorine Residual/pH Test		



QTP 4N0X1C Volume 8 Module 2: Perform Bacteriological Water Testing		
<b>2. Occupational Health Programs/Shop VISITS (DISCUSSION/PERFORMANCE)</b>		
<ul style="list-style-type: none"> <li>a. Review potential hazards (including confined spaces) and control measures in-place</li> <li>b. Review AF Instructions/OIs which are pertinent to the scope of activities at the site</li> <li>c. Understand specific surveillance/program responsibilities <ul style="list-style-type: none"> <li>1. Recordkeeping/case files</li> <li>2. Respiratory protection program</li> <li>3. Hearing conservation</li> </ul> </li> </ul>		
<b>EVALUATION/REFERENCE</b>		
OIs and technical references as advised by the HMTF BE		
Current Site Support Plan		
<b>Bioenvironmental FAR/POC</b>		
Name:	Signature:	Date:

<b>BLOCK 4</b>		
<b>Public Health Program/Force Health Management/MSME</b>		
<b>OBJECTIVES</b>		
<b>1. Food/Facility Inspection (PERFORMANCE)</b>		
<ul style="list-style-type: none"> <li>a. Perform base food service sanitation inspection</li> <li>b. Perform base facility health inspections (Dormitory, Barbershop, etc)</li> </ul>		
<b>EVALUATION/REFERENCE</b>		
OIs and technical references as advised by the HMTF PH		
Current Site Support Plan		
QTP 4N0X1C Volume 8 Module 3: Conduct Food Safety Inspections		
<b>2. Medical Intelligence (DISCUSSION)</b>		
<ul style="list-style-type: none"> <li>a. Review Medical Intelligence gathering procedures/resources in support of deployments</li> </ul>		

1. National Center for Medical Intelligence (NCMI)
2. Defense Intelligence Agency (DIA)
3. Classified LAN / Secret Internet Protocol Router Network (SIPRNET)
4. Local Force Protection Agency
5. Central Intelligence Agency's World Fact Book

**3. Foodborne Illness Outbreak (DISCUSSION/PERFORMANCE)**

- a. Discuss details of necessity of quick identifications of foodborne illness outbreak, causes, prevention, and treatment
- b. Review the following causes:
  1. Intoxications
  2. Staphylococcal food poisoning
  3. Salmonellosis
- c. Review locally established procedures for conducting foodborne illness outbreak surveys

**4. Medical Entomology (DISCUSSION)**

- a. Discuss details of the following:
  1. Insect identification
  2. Insect control

**5. Communicable Disease Control (DISCUSSION)**

- a. Discuss details of disease tracking and reporting of the following programs:
  1. TB detection and control
  2. Zoonoses
  3. Rabies control
  4. Sexually Transmitted Infections (STIs)

**NOTE:** These tasks may require proficiency with applicable electronic medical records/database programs.

**EVALUATION/REFERENCE**

OIs and technical references as advised by the HMTF PH

Current Site Support Plan
<b>6. Physical Profiles (DISCUSSION)</b> a. Review local guidance on the following: b. AF Form 469, <i>Duty Limiting Condition Report</i> , documentation and disposition c. Worldwide availability report (Code 37 or DAWG report in ASIMS)
<b>EVALUATION/REFERENCE</b>
OIs and technical references as advised by the HMTF Force Health Management
<b>7. ASIMS (DISCUSSION/PERFORMANCE)</b> a. Review procedures and use of ASIMS b. Administration and reporting at deployed/remote sites
<b>8. Food Safety and Security (DISCUSSION/PERFORMANC)</b> a. Food sampling in an intentional contamination event b. Sample preparation and sending to appropriate laboratory c. Utilization of High Microbial Load Kit
<b>9. Occupational Health (DISCUSSION)</b> a. Discuss Hearing Conservation Program b. Review Bloodborne Pathogens follow-up and reporting c. Discuss occupational Illness reporting using AFRESS II (Air Force Reportable Events Surveillance System) d. Discuss occupational health examinations
<b>10. Deployment Surveillance (DISCUSSION/PERFORMANCE)</b> a. Discuss actions required as a deployed medical provider providing face-to-face interaction at deployed/remote sites when no other provider is available b. Review/Perform Post-deployment surveillance questionnaires, DD Form 2795, DD Form 2796, and DD Form 2900 requirements
<b>Public Health FAR/POC</b>
Name: _____ Signature: _____ Date: _____

**BLOCK 5**

**Aerospace Medicine**

**OBJECTIVES**

**1. Duties Not Involving Flying (DNIF) (DISCUSSION)**

- a. Review local guidance on medical recommendation for flying personnel (AF Form 1042, *Medical Recommendation for Flying or Special Operational Duty*)
- b. Review local guidance on Aeromedical dispositions (AF Form 1041, *Medical Recommendation for Flying or Special Operational Duty Log* )
- c. Review MAJCOM guidance on return to flight status for flying personnel (AF Form 1042)

**EVALUATION/REFERENCE**

AFI 48-101, Aerospace Medicine Enterprise

OIs and technical references as advised by the HMTF Flight Medicine Section

**2. Mishap Investigation Procedures (DISCUSSION/PERFORMANCE)**

- a. Review local guidance and references
- b. Inventory accident investigation kit

**3. Readiness**

- a. Review applicable MANFORs and CONOPS

**EVALUATION/REFERENCE**

AFI 91-204, *Safety Investigation and Reports*

AF Pamphlet 91-211, *USAF Guide to Aviation Safety Investigation*

Flight Surgeons Manual, OIs and technical references as advised by the HMTF Flight Medicine Section

**Aerospace Medicine FAR/POC**

Name:

Signature:

Date:

**BLOCK 6**

**Medical Logistics**

**OBJECTIVES**

**1. Medical Logistics Procedures and Maintenance of Medical Supply Account**

**(DISCUSSION)**

- a. Review duties and responsibilities as they pertain to the following:
  1. Pecuniary liability
  2. Relief from custodial responsibilities
- b. Discuss specific OIs pertaining to medical supply procedures for the following standard issues:
  1. Recurring issues/shopping guide
  2. Non-recurring issues
  3. Emergency issues
- c. Discuss specific OIs pertaining to medical supply procedures as they pertain to local purchase
  1. Obtaining authorization
  2. Brand name/sole source
  3. Priorities/Surcharge and lead-time
- d. Review and discuss the following medical equipment management procedures:
  1. Request for equipment
  2. Approval for funding process
  3. Transferring equipment
  4. Rental
  5. Loans of equipment
- e. Discuss specific OIs and local procedures pertinent to the following funds management activities:
  1. Funds obligations and expenditures
  2. Ratification action
  3. Supply discipline
  4. Overpricing
  5. Backorder list/Issue summary
- f. Review and discuss the following medical supply/equipment management documents:
  1. Activity issue list/summary

- 2. Backorder report
- 3. Custodian folder
- 4. Custodial receipt/locator list
- 5. Three year equipment list

g. Review and discuss methodology of obtaining non-medical issue items

h. Review and discuss methodology to request equipment repair of the following:

- 1. Medical Items
- 2. Non-medical equipment
- 3. Real property

i. Review Logistics procedures for accountability of controlled substances

- 1. Discuss local policies as they apply to the MAS/deployed environment

**EVALUATION/REFERENCE**

OIs and technical references as advised by the HMTF Medical Logistics Section

OIs and instructions specific to the MAS/deployed environment

Provide copies of DD 1348-6, DOD Single Line Item Requisition System Document for use in training

Examples of custodial folders to include: supply procedures, turn-ins, and equipment Management

Reference: AFI 41-209, *Medical Logistics Support*

**Medical Logistics FAR**

Name:

Signature:

Date:

**BLOCK 7**

**Clinical Laboratory**

**OBJECTIVES**

**1. UA Multistix (DISCUSSION/PERFORMANCE)**

- a. Be familiar with governing AFIs and local laboratory operating procedures
- b. Perform UA Multistix IAW manufactures instructions

c. Discuss details of test procedure including quality control measures and sources of error

**EVALUATION/REFERENCE**

Manufacturer's instructions as identified by laboratory preceptor

**2. Reagent test (DISCUSSION/PERFORMANCE)**

- a. Be familiar with governing AFI's and local laboratory operating procedures
- b. Perform reagent test (i.e. HCG, rapid strep) IAW manufacturer's instructions
- c. Discuss details of test procedure including quality control measures and sources of error

**EVALUATION/REFERENCE**

Manufacturer's instructions as identified by laboratory preceptor

**3. Venipuncture (PERFORMANCE)**

- a. Perform venipuncture IAW infection control guidelines
- b. Review requirements for obtaining legal blood samples and procedures for chain of custody, etc.

**EVALUATION/REFERENCE**

OIs and technical references as advised by the HMTF Laboratory

QTP 4N0X1C Volume 1 Module 7: Collect and label blood from venipuncture

**Clinical Laboratory FAR**

Name:

Signature:

Date:

**BLOCK 8**

**Pharmacy**

**OBJECTIVES**

**1. Discuss/inventory/audit of control substances on hand (DISCUSSION/PERFORMANCE)**

- a. Review/complete AF Form 579, *Controlled Substance Register*
- b. Discuss inventory procedures IAW this instruction
- c. Review destruction of controlled substances procedures

**EVALUATION/REFERENCE**

AFI 44-103, *The AF Independent Duty Medical Technician Program*

OIs and technical references as advised by the HMTF Pharmacy Section

**2. Pharmacy procedure (DISCUSSION)**

- a. Discuss specific OIs pertinent to site activities.
- b. Review/discuss drug inventory procedures and administrative management

**EVALUATION/REFERENCE**

OIs and technical references as advised by the HMTF Pharmacy Section

**Pharmacy FAR**

Name:

Signature:

Date:

**BLOCK 9**

**Immunization Back-up Technician**

**OBJECTIVES**

**1. Maintains certification as an IBT (except when waived by CFM) (PERFORMANCE)**

- a. Complete immunization tasks of the 4N0X1 CFETP and all associated QTPs
- b. Complete local MTF immunizations section orientation

**EVALUATION/REFERENCE**

AFI 44-103, *The AF Independent Duty Medical Technician Program*

OIs and technical references as advised by the HMTF Immunization section

QTP 4N0X1 Volume 12 Module 1: Principles of active and passive immunity

QTP 4N0X1 Volume 12 Module 2: Active duty immunizations

QTP 4N0X1 Volume 12 Module 3: Pediatric immunizations

QTP 4N0X1 Volume 12 Module 4: Management of adverse reactions following immunizations

**Immunization Back-up Technician FAR/POC**

Name:

Signature:

Date:





## Attachment 6

### ANNUAL IDMT SUSTAINMENT TRAINING REQUIREMENTS

A6.1. In order to lessen the impact on SMEs and deployment operations, sustainment training requirements will be conducted throughout the **calendar year** with the exception of the situation governed by paragraph 2.3.6. of AFI 44-103 (Calendar year refers to training conducted in a 12 month period from one year to the next. For example if an IDMT completed training in March of one calendar year, sustainment training should be completed by March of the next calendar year.) Training requirements should be divided into equal parts scheduled regularly *throughout* the year to maintain the highest level of competency/skills. All IDMT tasks/training conducted either at home station or at a deployed location (workload credit) **MUST** be fully documented (patient encounter log, QTPs, etc.) and maintained in the IDMT's AFTR in order for the IDMT to receive FULL CREDIT. (T-2)

A6.2 MANDATORY IDMT Orientation Topics and Training Hours:

<b>BLOCK 1</b>
<b>Clinical Tasks</b>
<p><b>1. Clinical Rotations (minimum of 80 patients/year) (PERFORMANCE)</b></p> <ul style="list-style-type: none"><li>a. IDMT will examine/treat patients either in the HMTF, when deployed, or locations approved by MAJCOM/SG.</li><li>b. QTPs will be accomplished IAW 4N0X1 CFETP</li><li>c. QTP 4N0X1C Volume 6 Module 1: Obtain and Record Medical History</li><li>d. QTP 4N0X1C Volume 6 Module 2: Perform Physical Exams</li></ul>
<p><b>2. Dental Rotations (Minimum of 16 hours divided equally throughout the year) (PERFORMANCE)</b></p> <ul style="list-style-type: none"><li>a. IDMT will work alongside dental preceptor</li></ul>
<p><b>3. IDMT program coordinator (minimum of 8 hours) (PERFORMANCE)</b></p> <ul style="list-style-type: none"><li>a. Review of all training documentation</li><li>b. QTP 4N0X1C Volume 9 Module 1.1a: Perform cricothyroidotomy</li><li>c. QTP 4N0X1C Volume 9 Module 1.1b: Perform endotracheal intubation</li><li>d. QTP 4N0X1C Volume 9 Module 1.1c: Perform needle thoracentesis for tension pneumothorax (if possible)</li><li>e. QTP 4N0X1C Volume 9 Module 1.1d: Perform Foreign Body Removal</li><li>f. All 4N0X1 required QTPs</li></ul>

**4. Infection Control (Once a year)(DISCUSSION/PERFORMANCE)**

- a. Satisfy local HMTF requirements for health care professional

**BLOCK 2**

**Administrative (minimum 2 Hours)**

**1. Personnel Reliability Program (PRP) (DISCUSSION)**

- a. Review PRP procedures
- b. Identify overall program director
- c. Distinctively identify and catalog PRP health records (Maintain separately from other records)
- d. Review processes associated with PRP
  - 1. Records review
  - 2. Certification (AF Form 286, *Personnel Reliability Program (PRP) Qualification/Certification Action*)
  - 3. Decertification (AF Form 286A, *Personnel Reliability Program (PRP) Permanent Disqualification/Decertification Action*).
  - 4. Notification
- e. QTP 4N0X1C Volume 5 Module 1: Site Administration - Personnel Reliability Program
- f. USAF PRP website accessible through the AF Portal

**2. AF Form 1480/DD Form 2766 or equivalent (DISCUSSION)**

- a. Initiate and manage AF Form 1480/DD Form 2766, *Summary of Patient Care*

**3. Health Benefits Program (DISCUSSION)**

- a. Review the process required to monitor the TRICARE program
- b. Review TRICARE referral services

**4. Line Of Duty (LOD) (DISCUSSION)**

- a. Review procedures and guidance for administrative LOD determination procedures

**5. Outpatient Records Maintenance (DISCUSSION)**

- a. Establish and maintain patient record file system IAW established guidelines
- b. Review written guidance for quality control and records review

c. Train on applicable patient tracking and reporting systems

**6. Resource Management (DISCUSSION/PERFORMANCE)**

- a. Review RMO functions (i.e., patient counts, logs, and reports)
- b. Accomplish forms, logs, etc. in determining patient status and counts

**7. Medical Affirmative Claims/Third Party Liability(DISCUSSION/PERFORMANCE)**

- a. Discuss specific instructions pertinent to site activities concerning Medical Affirmative Claims (MAC) or Third Party Liability (TPL) and necessity of accurate reporting
- b. Complete AF Form 1488, *Daily Log of Patients Treated for Injuries*, for Staff Judge Advocate to determine TPL

**8. HIPAA/Privacy Act (DISCUSSION/PERFORMANCE)**

- a. Review procedures and local guidance for this program

**BLOCK 3**

**Bioenvironmental Engineering**

**1. Water Sampling collection/INSPECTION of base water source (PERFORMANCE)**

**a through d accomplished 4 times in different locations throughout the year**

- a. Demonstrate water sample pH and chlorine residual measurement
- b. Demonstrate bacteriological water sample collection and sample analysis technique
- c. Interpret (already incubated) samples (include “spiked” positives)
- d. Discuss notification procedures IAW local procedures
- e. Visit local base water source (review safeguard methods/water vulnerability measures)
- f. QTP 4N0X1C Volume 8 Module 1: Perform Chlorine Residual/pH Test
- g. QTP 4N0X1C Volume 8 Module 2: Perform Bacteriological Water Testing

**2. Occupational Health Programs/Shop VISITS X 4 locations if possible (DISCUSSION/PERFORMANCE)**

- a. Review potential hazards (including confined spaces) and control measures in-place
- b. Review AF Instructions/OIs which are pertinent to the scope of activities at remote sites
- c. Understand specific surveillance/program responsibilities

1. Recordkeeping/case files
2. Occupational health examinations
3. Respiratory protection program
4. Hearing conservation

**BLOCK 4**

**Public Health Program**

**1. Food/Facility Inspection (PERFORMANCE)**

- a. Perform base food service sanitation inspection at 4 locations throughout the year
- b. QTP 4N0X1C Volume 8 Module 3: Conduct Food Safety Inspections
- c. Perform base facility health inspections (Dormitory, Barbershop, etc...) at 4 locations throughout the year
- d. Review safeguard methods/food vulnerability measures IAW the current Food Code

**2. Physical Profiles (DISCUSSION) (4 hours)**

- a. Review local guidance on the following:
- b. AF Form 469 documentation and disposition
- c. Worldwide availability report (Code 37 or DAWG report in ASIMS)

**3. ASIMS (DISCUSSION/PERFORMANCE)(8 hours)**

- a. Review procedures and demonstrate use of ASIMS

**4. Other PH functions (16 hours)**

- a. Medical Intelligence
- b. Communicable Disease Control
- c. Food Safety and Security
- d. Occupational Health
- e. Deployment Surveillance

**BLOCK 5**

**Aerospace Medicine (24 hours throughout the year)**

**1. Duties Not Involving Flying (DNIF) (DISCUSSION/PERFORMANCE)**

- a. Review local guidance on medical recommendation for flying personnel (AF Form 1042)
- b. Review local guidance on Aeromedical dispositions (AF Form 1041)
- c. Complete AF Form 1041 and AF Form 1042

**EVALUATION/REFERENCE**

AFI 48-101, *Aerospace Medicine Enterprise*

OIs and technical references as advised by the HMTF Flight Medicine Section

**2. Mishap Investigation Procedures (DISCUSSION/PERFORMANCE)**

- a. Review local guidance and references
- b. Inventory accident investigation kit

**EVALUATION/REFERENCE**

AFI 91-204, *Safety Investigation and Reports*

AF Pamphlet 91-211, *USAF Guide to Aviation Safety Investigation* Flight Surgeons Manual

OIs and technical references as advised by the HMTF Flight Medicine Section

**BLOCK 6**

**Medical Logistics (Minimum 8 hours)**

**1. Medical Logistics Procedures and Maintenance of Medical Supply Account**

- a. Review and discuss the following medical equipment management procedures:
  - 1. Request for equipment
  - 2. Approval for funding process
  - 3. Transferring equipment
  - 4. Rental
  - 5. Loans of equipment
- b. Review and discuss the following medical supply/equipment management documents:
  - 1. Activity issue list/summary
  - 2. Backorder report
  - 3. Custodian folder
  - 4. Custodial receipt/locator list

5. Three year equipment list

c. Review and discuss methodology of obtaining non-medical issue items

d. Review Logistics procedures for accountability of controlled substances

1. Discuss local policies as they apply to the MAS/deployed environment

2. Review AFI 41-209, *Medical Logistics Support*

## **BLOCK 7**

### **Clinical Laboratory (8 hours)**

#### **1. UA Multistix (DISCUSSION/PERFORMANCE)**

a. Perform UA Multistix IAW manufacturer's instructions

b. Discuss details of test procedure including quality control measures and sources of error

c. QTP 4N0X1C Volume 7. Module 1 Perform Macroscopic Urinalysis

#### **2. Reagent test (DISCUSSION/PERFORMANCE)**

a. Perform reagent test (i.e. HCG, Rapid Strep) IAW manufacturer's instructions

b. Discuss details of test procedure including quality control measures and sources of error

#### **3. Venipuncture (DISCUSSION/PERFORMANCE)**

a. Perform venipuncture IAW infection control guidelines

b. Review requirements for obtaining legal blood samples and procedures for chain of custody

## **BLOCK 8**

### **Pharmacy (8 hours)**

#### **1. Discuss/ inventory/audit of control substances on hand (DISCUSSION/PERFORMANCE)**

a. Review/complete AF Form 579, *Controlled Substance Register*

b. Discuss inventory procedures IAW this instruction

c. Review destruction of controlled substances

## **EVALUATION/REFERENCE**

AFI 44-103, *The Air Force Independent Duty Medical Technician Program*

OIs and technical references as advised by the HMTF Pharmacy Section

**2. Pharmacy procedure (DISCUSSION)**

- a. Discuss specific OIs pertinent to site activities.
- b. Review/discuss drug inventory procedures and administrative management of MAS/deployed sites

**EVALUATION/REFERENCE**

OIs and technical references as advised by the HMTF Pharmacy Section

**BLOCK 9**

**Immunizations (IAW AFI 44-102)**

**This includes working in/at mass immunizations/shot lines, immunization clinic, completing immunization CBT, in-services, etc.**

**1. Perform immunization functions (PERFORMANCE)**

- a. QTP 4N0X1 Volume 12 Module 1: Principles of active and passive immunity
- b. QTP 4N0X1 Volume 12 Module 2: Active duty immunizations
- c. QTP 4N0X1 Volume 12 Module 3: Pediatric immunizations (IDMT in MTF)
- d. QTP 4N0X1 Volume 12 Module 4: Management of adverse reactions following immunizations



Attachment 7

Independent Duty Medical Technician 24-Hour Access Locations

24 Hour ER Access for IDMT		
59 Medical Wing	Comm: 210-292-7331	DSN: 554-7331
Travis AFB	Comm: 707-423-3825/3826	DSN: 799-3825
Eglin AFB	Comm: 850-883-8227	DSN: 975-8227
JBER	Comm: 907-580-5555	DSN: 317-580-5555 Option 2
Joint Base Andrews	Comm: 240-857-2333	DSN: 857-2333
Lakenheath ED	Comm: +44(0)1638-52-4226	DSN: 314-226-4226
LANGLEY AFB	Comm: 757-764-6800	DSN: 764-6800
Misawa	Comm: 011-81-176-77-6647	DSN: 315-226-6647
NELLIS AFB	Comm: 702-653-2344/3445	DSN: 348-2344/3445
Wright-Patt AFB	Comm: 937-257-0770/3203	DSN: 312-787-0770
Yokota		DSN: 315-225-7740



<b>DO NOT RELEASE WITHOUT PERMISSION OF THE MTF COMMANDER</b>	
<b>Level I Review: Chairperson - Discuss review with provider</b>	
<b>Discuss and document quality of care, opportunities for improvement</b>	
# Charts Reviewed:	
# Discrepancies:	
# Referred to next level:	
Comments/disposition/action/resolution, etc.	
Any issues unresolved: <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	
<b>Forward all QA documents to the IDMT Coordinator</b>	
Signature:	Printed name:
Title of reviewer:	Signature IDMT reviewed:
Date	Date

<b>IDMT coordinator review:</b>	
Issue resolved: <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)      File in PAF: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refer to: Prostaff: <input type="checkbox"/> ECOMS <input type="checkbox"/> Other committee/function <input type="checkbox"/> Specify	
Comments/disposition/action/resolution, etc.,	
Title of reviewer:	Signature of reviewer:
Date	
<b>Level III Review: SGH. For issues not resolved during this review process and/or to share items that provide opportunity in improve.</b>	
Comments/disposition/action/resolution, etc.,	
Issue resolved: <input type="checkbox"/> File in PAF: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refer to: Prostaff: <input type="checkbox"/> ECOMS <input type="checkbox"/> Other committee/function <input type="checkbox"/> Specify	
Signature of reviewer:	Printed name:
Title of reviewer:	Signature of IDMT reviewed
Date	Date:
<b>If appropriate, discuss opportunities for improvement and education in the appropriate forum. Document discussion in meeting minutes.</b>	

QUALITY ASSURANCE DOCUMENT, NOT SUBJECT TO DISCOVERY IAW 10 U.S.C. SECTION 1102

**DO NOT RELEASE WITHOUT PERMISSION OF THE MTF COMMANDER**