OIX GATEWAY NORFOLK VA SUCCESSFUL PROCESSING REPORT: AMENDED AVIATION PHYSIOLOGIC EPISODE REPORTING REQUIREMENTS FOR ALL NAVAL AIRCRAFT

RTTUZYUW RUOIAZ0871 0931446-UUUU--RHMCSUU.
ZNR UUUUU
R 031446Z APR 17
FM COMNAVSAFECEN NORFOLK VA
TO COMNAVAIRFOR SAN DIEGO CA
COMNAVAIRSYSCOM PATUXENT RIVER MD
COMNAVAIRLANT NORFOLK VA
COMNAVAIRFOR SAN DIEGO CA
COMMARFORPAC
COMMARFORCOM
BUMED FALLS CHURCH VA
CG FOURTH MAW
CNATRA CORPUS CHRISTI TX
AIG 6940
AIG 6941
BT
UNCLAS //N03750//
SECINFO/U//
MSGID/GENADMIN/COMNAVSAFECEN/10/APR//
SUBJ/AMENDED AVIATION PHYSIOLOGIC EPISODE REPORTING REQUIREMENTS /FOR ALL NAVAL AIRCRAFT//
REF/A/MSGID:GENADMIN/COMNAVAIRFOR/290617ZMAY2012//
REF/B/DESC:DOC/OPNAVINST 3750.6S/13MAY2014//
REF/C/MSGID:GENADMIN/COMNAVSAFECEN/131726ZJUN2016//
REF/D/MSGID:GENADMIN/COMNAVSAFECEN/162013ZDEC2016//
REF/E/MSGID:GENADMIN/COMNAVAIRFOR/310417ZJAN2017//
REF/F/MSGID:GENADMIN/COMNAVAIRFOR/030217ZJUN2015//
NARR/REF A IS CNAF MSG PROVIDING INTERIM GUIDANCE DIRECTING REPORTING PHYSIOLOGICAL EPISODES FOR FA-18 SERIES AIRCRAFT VIA SPECIALIZED PE PART A, B & C DATA COLLECTION FORMS.
REF B IS THE NAVAL AVIATION SAFETY MANAGEMENT SYSTEM.
REF C IS NSC MSG PROVIDING REVISED AVIATION PHYSIOLOGIC EPISODE REPORTING GUIDANCE.
REF D IS THE PREVIOUS NSC MSG PROVIDING AMENDED PHYSIOLOGIC EPISODE REPORTING REQUIREMENTS FOR ALL NAVAL AIRCRAFT.
REF E IS CNAF F/A-18A-F AND EA-18G AIRCRAFT ECS AND AOS DISCREPENCY TRACKING AND REPORTING POLICY.
REF F IS TYCOM PHYSIOLOGIC EPISODE REPORTING GUIDANCE FOR OBOGS EQUIPPED AIRCRAFT.
POC/KIMBALL THOMPSON/CIV/UNIT:NAVSAFECEN 10A/NAME:NORFOLK
/TEL:DSN 564-3520 X7226/TEL:757-444-3520 X7226
/EMAIL:EDWARD.THOMPSON@NAVY.MIL//
POC/LEE VITATOE/CAPT, MSC/UNIT:NAVSAFECEN 14/NAME:NORFOLK
/TEL:DSN 564-3520 X7228/TEL:757-444-3520 X7228
/EMAIL:LEE.VITATOE@NAVY.MIL//
This is a jointly coordinated message from Commander Naval Air Forces and Commander Naval Safety Center.

This message provides requirements for reporting and documenting physiologic episodes (PHYSEPS) involving USN and USMC aircrew and naval aircraft and replaces REF D.

Recommend including a copy of this MSG with Reference B.

2. BACKGROUND.

A. Historically, physiologic incidents were F/A-18 focused. However, reported events illustrate the scope of the problem applies to all naval aircraft. The reduction, elimination, and/or mitigation of PHYSEPs remains the #1 safety priority of Commander Naval Air Forces. CNAF, CNAL, CNATRA, BUMED and NAVAIR staffs are in full alignment with PHYSEP mitigation strategies.

B. As the naval safety reporting system of record, WESS must contain all reported hazard and mishap events for documentation as well as for current and future safety analysis purposes. Submission to NAVAIR of the NAVAIR Part A, B & C forms alone, does not provide enduring documentation within the official naval safety reporting system, nor do they inform key NAE safety leadership in a timely manner when PHYSEPs occur.

3. REPORTING POLICY GUIDANCE. The following current and revised PHYSEP reporting guidance is provided and must be followed when PHYSEP related hazards and mishap incidents occur:

A. (New requirements) PHYSEPs are reportable safety incidents in accordance with REF B and must be reported via WESS. Squadrons shall generate a PHYSEP initial notification in WESS within 24 hours of any PHYSEP diagnosis and provide a brief description of the event and any medical treatment provided to aircrew. A completed Hazrep or SIR is Due on RAC Timelines established in REF B. PHYSEPS are defined in REF B Section 503H and include:

1. Hypoxia, either proven or suspected,
2. Carbon monoxide poisoning or other toxic exposure,
3. Decompression Illness,
4. Hyperventilation,
5. Spatial disorientation,
6. Loss of consciousness for any reason,
7. And other psychological, pathological, or physical problems that manifest during or after actual flight.

The revised guidance includes:
8. All aircraft pressurization events (in-flight or ground-based) resulting in aircrew or maintainer symptoms. Additionally, with the inclusion of (8), unintentional rapid decompression with cabin altitude above FL250 was removed and, unless symptomatic,
IS NO LONGER A REPORTABLE PHYSEP EVENT.

B. CLASSIFICATION OF SEVERITY. POSTFLIGHT TREATMENT PROTOCOLS CONSISTING OF 100 PERCENT OXYGEN, IV FLUIDS, EMERGENCY ROOM ADMISSION, OR HYPERBARIC CHAMBER THERAPY ARE GREATER THAN FIRST AID TREATMENT AND ARE THEREFORE CLASSIFIED, AT A MINIMUM, AS A CLASS D MISHAP WHEN TREATING PHYSIOLOGICAL EPISODES. ONE LOST WORKDAY CONSTITUTES A CLASS C MISHAP. PERMANENT PARTIAL DISABILITY OR THREE OR MORE PERSONNEL HOSPITALIZED CONSTITUTES A CLASS B MISHAP. FATALITY OR PERMANENT TOTAL DISABILITY IS A CLASS A MISHAP.

C. (NEW REQUIREMENTS) PHYSIOLOGIC EPISODE TEAM REPORTING GUIDANCE. SQUADRONS MUST CONTINUE TO COMPLETE AND SUBMIT NAVAIR PART A, B & C FORMS FOR PHYSEPS THAT RESULTED IN/FROM HYPOXIA, CARBON MONOXIDE OR OTHER TOXIC EXPOSURE, DECOMPRESSION ILLNESS, HYPERVENTILATION, AND ANY PRESSURIZATION EVENT RESULTING IN PHYSIOLOGICAL SYMPTOMS. TIMELINE FOR SUBMISSION OF THE PART A: IMMEDIATELY UPON EVENT DIAGNOSIS BUT NO LATER THAN 24 HOURS; PART B MUST BE SUBMITTED WITHIN 10 WORKING DAYS OF EVENT DIAGNOSIS; PART C MUST BE SUBMITTED WITHIN 48 HOURS POST-MEDICAL TREATMENT. SUBMISSION WILL BE IN PARALLEL TO SAFETY INVESTIGATIONS REQUIRED PER REF B. OVER TIME, DATA REQUIREMENTS RESULT IN CHANGES TO THE PARTS A-C. THESE FORMS WILL CONTINUE TO BE UPDATED AND NOTIFICATION SENT VIA CNAF MESSAGE. ENSURE CORRECT FORMS ARE USED. CURRENT VERSIONS OF PARTS A AND B (FOR THOSE COMMUNITIES THAT HAVE CREATED THEM) AND PART C (FOR ALL AIRCRAFT) ARE ONLY FOUND AT: HTTP://WWW.PUBLIC.NAVY.MIL/NAVSAFECEN/PAGES/AVIATION/AEROMEDICAL/AEROMEDICAL.ASPX

D. (NEW REQUIREMENTS) MU/SLAM STICK DATA. FOR ALL PHYSEP EVENTS, SQUADRONS MUST SUBMIT A COPY OF THE AIRCRAFT MU DATA FILE WITH THE PART A FORM. SQUADRONS FLYING WITH SLAM STICK PRESSURE RECORDING DEVICES MUST ALSO INCLUDE THE RECORDED SLAM STICK DATA FILE FROM THE PHYSEP EVENT WHEN SUBMITTING THE PART A FORM. MEDICAL PROFESSIONAL USE OF SLAM STICK DATA SUPPORTS PROPER DIAGNOSIS AND TREATMENT.

E. (NEW REQUIREMENTS) MEDICAL GUIDANCE. BLOOD SAMPLES ARE NOT REQUIRED IN SUPPORT OF PART C FORM PROTOCOL AND SHALL NOT BE SENT TO NAMRU DAYTON FOR TOXICOLOGICAL TESTING. AT THE DISCRETION OF THE ATTENDING FLIGHT SURGEON, FOCUSED LABORATORY TESTING MAY BE DEEMED APPROPRIATE WHEN CONSIDERED RELEVANT TO PHYSEP INVESTIGATION. FLIGHT SURGEONS ARE ENCOURAGED TO SUBMIT AMPLIFYING DATA IN WORD DOCUMENT FORM OR AS ATTACHMENTS (E.G. 72-HOUR MEDICAL HISTORY, AHLTA NOTES, ETC) WHEN SUBMITTING THE PART C FORM. ENSURE FLIGHT SURGEON NAME, PHONE NUMBER AND EMAIL ADDRESS ARE INCLUDED ON THE PART C FORM.

4. ENDORSEMENT. PHYSEP HAZREPS AND MISHAP REPORTS MUST BE ENDORSED PER REF B. TO ENSURE ALL PERTINENT FINDINGS ARE INCLUDED IN THE FINAL REPORT OF RECORD IN WESS, NAVSAFECEN WILL CONDUCT A CLOSE OUT OF ALL PHYSEP HAZREPS AND MISHAP REPORTS PENDING NAVAIR
SUMMARY OF PET ANALYSIS AND FINDINGS, TO INCLUDE A FINAL CLOSING ENDORSEMENT STATEMENT.
5. PRE-MISHAP GUIDANCE. SQUADRONS MUST INCORPORATE DECOMPRESSION ILLNESS (DCI) DETAILS INTO THEIR MISHAP RESPONSE PLAN AND DUTY BINDERS. AT A MINIMUM, INCLUDE LOCATION OF THE TWO CLOSEST HYPERBARIC CHAMBERS WITH POC INFORMATION FOR 24/7 ASSISTANCE AND A TRANSPORTATION PLAN FOR GETTING AIRCREW TO A CHAMBER, WHETHER THE AIRCREW ARE ON OR OFF BASE, AT HOME, OR DEPLOYED. IN CASES OF SUSPECTED DECOMPRESSION ILLNESS, EXPERT CONSULTATION IS AVAILABLE 24/7 AT NAMI'S DCS HOTLINE: 850-449-4629. ADDITIONAL REFERENCES ARE AVAILABLE DIRECTLY ON THE PART C FORM.//

BT
#0871
NNNN
<DmdsSecurity>UNCLASSIFIED</DmdsSecurity>
<DmdsReleaser>
ALT.NAVSAFECE.N.SAFEMSGTRFK.FCT.0202561187
</DmdsReleaser>