From: Commander, Navy Reserve Forces Command  
Commander, Naval Air Force Reserve  

Subj: FLIGHT SURGEON, AVIATION MEDICAL TECHNICIAN,  
AND SEARCH AND RESCUE MEDICAL TECHNICIAN DUTIES,  
RESPONSIBILITIES, AND UTILIZATION  

Ref:  
(a) COMNAVAIRFORINST 6100.1  
(b) OPNAVINST 3750.6R CH-4  
(c) OPNAVINST 3130.6E  
(d) NTTP 3-50.1  
(e) BUPERSINST 7220.29A  
(f) DoD Instruction 7000.14-R of 3 March 06  
(g) OPNAVINST 3710.7T  
(h) OPNAVINST 6410.1  
(i) NAVMED P-117  
(j) RESPERSMAN 6000-010  

1. Purpose. To provide guidance for operational commanders and  
Medical Treatment Facility (MTF) commanders in the utilization of  
Commander, Navy Reserve Forces Command (COMNAVRESFORCOM) and  
Commander, Naval Air Force Reserve (COMNAVAIRFORES) Flight  
Surgeons (FS), Aerospace Medical Technicians Corpsmen (AVT), and  
Search and Rescue Medical Technicians (SMT) in providing  
operational readiness, aviation safety, and clinical care. This  
instruction is a revision and should be reviewed in its entirety.  

2. Cancellation. COMNAVRESFORCOMINST 6410.2 and  
COMNAVAIRFORESINST 6410.2.  

3. General. It is the intent of COMNAVRESFORCOM and  
COMNAVAIRFORES to ensure the highest possible level of health and  
safety for reserve aviation units through the optimum utilization  
of assigned aeromedical personnel.  

4. Duties and Responsibilities of COMNAVAIRFORES Medical  
Personnel
a. Force Surgeon. The COMNAVAIRFORES Surgeon is the senior FS assigned to assist and advise COMNAVAIRFORES and staff on all medical matters. The COMNAVAIRFORES Surgeon is responsible for preparing directives for execution and administration of all medical programs and policies of the command. The COMNAVAIRFORES Surgeon serves as the key liaison with Commander, Naval Air Force (COMNAVAIRFOR) Surgeon for the total force aeromedical program. He or she also serves as a liaison with the Bureau of Medicine and Surgery Reserve Programs (Code M10), COMNAVRESFORCOM, Commander Navy Reserve Force on aeromedical policy issues, and Naval Medical Support Command (NMSC) Jacksonville on issues regarding credentialing and privileging of FSs.

b. Force Medical Administrative Officer (MAO). The Force MAO is responsible for providing the Force Surgeon advice and guidance in all matters of administration, policy, and procedures. The MAO is responsible for the Force Health Promotion Program, ensuring each COMNAVAIRFORES unit maintains an effective Health Promotion. The MAO is responsible for Medical Readiness Program tracking and data analysis.

c. Force Hospital Corpsman. Advise the Force Surgeon concerning the medical welfare of personnel located within COMNAVAIRFORES and aspects of Force medical plans. Ensures readiness of medical units within the Force, inspects medical departments of COMNAVAIRFORES units, appraises conditions affecting health of Navy commands, recommends corrective action, directs medical aspects of operational and logistical plans, provides input on assignment of medical personnel within the Force, and exercises senior leadership and technical oversight of enlisted personnel and medical readiness.

d. Wing Flight Surgeons (WFSs). The COMNAVAIRFORES FS shall designate, in writing, WFSs to assist and advise the Force Surgeon on all wing medical matters. The WFS is responsible for providing technical supervision, coordination, and guidance to FSs and AVTs within their wing. The WFS shall:

(1) Provide guidance to squadron FSs for improving medical aspects of Aircraft Mishap Boards (AMB), Field Naval Aviator Evaluation Boards (FNAEB), Field Naval Flight Performance Boards (FFPB), Human Factors Boards, Human Factors Councils, Local Boards of FS and aeromedical waiver requests.

(2) Conduct or ensure the annual inspection of the Health Promotion Program within each squadron is complete and submit the squadron health promotion score sheet per reference (a).
(3) Provide COMNAVAIRFORES with updated contact information for regional FSs and AVTs on a periodic basis.

(4) Act as the COMNAVAIRFORES liaison to collect information from and disseminate information to regional FSs and AVTs.

(5) Assist COMNAVAIRFORES with credentialing and privileging matters involving regional FSs.

(6) Provide mentoring and career planning advice as appropriate.

(7) Perform other duties as assigned by the Force Surgeon.

e. Wing Corpsman. Ensures the medical readiness of medical units within their assigned Wing. Additionally, the Wing Corpsman inspects medical programs of COMNAVAIRFORES units, appraises conditions affecting health of Navy aviation commands, recommends corrective action, and directs medical aspects of operational and logistical plans. Additionally, they provide senior leadership and technical oversight of enlisted personnel and medical readiness.

f. Active Duty (AD) FS. COMNAVRESFORCOM AD FSs are assigned to Navy Operational Support Centers (NAVOPSPTCENs). While assigned, primary administrative control remains with the parent command, with duties assigned by the Commanding Officer (CO) of the NAVOPSPTCEN. A Memorandum of Understanding (MOU) may be established between the CO and each Type Commander Squadron or Wing CO or Officer in Charge (OIC) concerning coverage and oversight of each squadron by the AD FS in the absence of the Selected Reserve (SELRES) FS. An MOU may also be established between the CO and the local MTF concerning use of the unit FS by the local MTF. The FSs primary duty is aeromedical safety, that is, to identify and modify or eliminate aeromedical hazards. A significant role of the FS is to prevent accidents and improve unit operational readiness and performance per references (a) through (j). As the sole consistent FS presence the AD FS is directed to:

(1) Become an integral part of the aeromedical safety program and provide the CO with operationally oriented aircrew surveillance.

(2) Keep the squadron CO informed of aeromedical factors that may affect operational readiness.
(3) Participate fully in command safety functions, FNAEB, Human Factors Council/Board, and physiologic hazards reporting.

(4) Investigate known or perceived toxicological and environmental hazards associated with flight and/or maintenance and repair of aircraft.

(5) Participate in pre-mishap planning, drills, and evaluate search and rescue procedures.

(6) Investigate aircraft mishaps. Participate as a member of the AMB, and complete the aeromedical analysis when required. Reference (b) establishes the specific duties and responsibilities for the FS member of an AMB. Per reference (b), mishap investigation and reporting responsibilities of AMB members take precedence over all other duties.

(7) Participate in all review boards, e.g., FNAEB, FFPB, Local Board of FSs for assigned squadrons.

(8) Attend all officer meetings and safety stand downs.

(9) Provide aeromedical safety training to aircrew.

(10) Track progress of submitted aeromedical waivers and maintain a current file of all granted aeromedical waivers for squadron aircrew.

(11) Ensure Full-Time Support (FTS) squadron personnel are physically qualified, required immunizations are current, and all squadron personnel exposed to occupational health hazards are monitored per existing preventive medicine surveillance program guidance. Assist SELRES squadron FSs in completing these duties on SELRES squadron personnel.

(12) Supervise and assist the FTS AVTs and AD SMTs in the performance of their duties. The FS shall have direct supervisory authority over the aeromedical employment of the AVTs and SMTs assigned to reserve squadrons.

(13) The FSs assigned to a NAVOPSPTCEN may receive conditional Aviation Career Incentive Pay (ACIP). To receive this pay the FS must meet the criteria per references (e) and (f), be assigned to a FS Billet under Duty Involving Flight Operations (DIFOPS) or FS Billet involving flying, be current and qualified per reference (g), and accrue a minimum of 48 hours of flight time per year, per reference (f).
(14) The medical Privileging Authority and Credentials Process for Active Duty FSs will be the COMNAVAIRFOR Surgeon and Credentials Committee to assure appropriate standardization and medical quality assurance. The FSs will abide by all NMSC requirements for maintaining privileges. An Individual Credentials Transfer Brief (ICTB) should be forwarded by COMNAVAIRFOR to Privileging Authority for approval to all MTFs where clinical care will be provided.

(15) Be assigned additional duties to a cognizant co-located Reserve Component Command, providing N9 Medical Officer oversight, direction, and guidance to Echelon IV Field Commander per reference (j).

g. SELRES FSs. SELRES FSs are assigned to COMNAVAIRFOR operational squadrons or wings. While assigned, primary administrative control remains with the parent command, with duties assigned by the CO of the squadron or wing. MOUs may be established between squadron or wing CO or OIC and each NAVOPSPTCEN CO concerning coverage and oversight by the NAVOPSPTCEN AD FS in the absence of the SELRES FS. MOUs may also be established between the squadron or wing CO or OIC and the local MTF concerning use of the SELRES FS by the local MTF during drill periods. The FSs primary duty is aeromedical safety, that is, to identify, and modify or eliminate aeromedical hazards. A significant role of the FS is to prevent accidents and improve unit operational performance and readiness. The SELRES FS shall:

(1) Become an integral part of the aeromedical safety program and provide the CO or OIC with operationally oriented aircrew surveillance.

(2) Keep the CO informed of aeromedical factors affecting operational readiness.

(3) Participate fully in command safety functions, FNAEB, Human Factors Council/Board, and physiologic hazards reporting.

(4) Investigate known or perceived toxicology or environmental hazards associated with flight and/or maintenance and repair of aircraft.

(5) Participate in pre-mishap planning/drills and evaluate search and rescue procedures.

(6) Attend all officer meetings and safety stand downs.

(7) Provide aeromedical safety training to aircrew.
(8) Track progress of submitted aeromedical waivers and maintain a current file of all granted aeromedical waivers for squadron aircrew.

(9) Track and verify all SELRES squadron personnel are physically qualified, ensure required immunizations are current, and all squadron personnel exposed to occupational health hazards are monitored per existing preventive medicine surveillance guidance.

(10) Acquire medical intelligence reports at least 30 days prior to extended deployment.

(11) Accompany units on all deployments and detachments, as requested by the CO.

(12) Supervise and assist SELRES AVTs in the performance of their duties. The FS shall have direct supervisory authority over the aeromedical employment of the SELRES AVTs assigned to the unit.

(13) FSs with significant background in emergency and out-of-hospital care, especially air ambulance, should be selected to serve in squadrons with Flight Corpsmen (SAR). A designation letter as Flight Corpsman Program Medical Director shall be completed by the CO of the aviation SAR squadron or unit. Main duties include, but are not limited to, providing oversight and professional guidance to squadron SAR and ensuring all local protocols are standardized per references (c) and (d).

(14) Flight Surgeons assigned to a COMNAVAIRFORES squadrons may receive conditional ACIP. To receive this pay the FS must meet three criteria per references (e) and (f), be assigned to a DIFOPS or FS Billet involving flying, be current and qualified per reference (g), and maintain a minimum of 6 hours of accrued flight time per year per reference (f).

(15) The medical Privileging Authority and Credentials Processor for SELRES FSs assigned to COMNAVAIRFORES are the Centralized Credentials and Privileging Department (CCPD) of NMSC. Flight Surgeons will abide by all NMSC requirements for maintaining privileges. An ICTB should be forwarded by CCPD to Privileging Authority approval for all MTFs where clinical care will be provided.

h. AVT. The squadron or unit AVT's primary responsibility is direct medical readiness activity support of the operational squadron, and to support the FS in performance of administrative and operational aeromedical duties. The AVT shall:
(1) Maintain aeromedical aspects of the squadron/unit health records (i.e., deployment readiness, flight physicals, periodic health assessments, immunizations, and annual verification).

(2) Maintain efficient processing of aviation physical examinations.

(3) Maintain a computerized medical database for all squadron or unit personnel per current directives.

(4) Serve as the aeromedical liaison and safety observer for squadron personnel. The AVT should be an extension of the FS, responsible for and attentive to aircrew and support personnel surveillance with regard to health, safety, and morale.

(5) The unit FS should exercise control of aeromedical duties of the AVT in the unit. Primary administrative control remains with the AVT's assigned command.

(6) The AD and FTS AVT will spend a minimum of 40 percent of their regular duty time, i.e. 2 days per work week, directly engaged in aeromedical activities within squadron spaces. Those members in an actively drilling reserve status will spend 1 day per drill weekend directly engaged in aeromedical activities within squadron spaces. Remaining time for all members will be spent at the local MTF or NAVOPSPTCEN assisting aviation examinations.

(7) All leave, Temporary Additional Duty (TAD), and Temporary Duty requests will be submitted for approval through the AVT's chain of command, i.e. clinical work supervisor, unit FS, Head of Aviation Medicine or Clinic Senior Enlisted Leader.

(8) AVTs should participate in FS mishap investigations, FNAEBs, and Field Naval Flight Officer Evaluation Boards (FNFOEBs). AVTs will not be penalized, nor given extra duty for time spent in these activities away from the clinic.

i. SMT. SMTs have completed training qualifications for both the Hospital Corpsman (HM) 8401 SMT and HM 8406 AVT Navy Enlisted Classification. SMTs have training in emergency care and are qualified as a Naval Aircrewman. They are an integral member of the SAR unit and fulfill a critical element of the squadron’s SAR and aeromedical evacuation capability. SMTs, in addition to performing the duties and responsibilities of an AVT, shall:

(1) Serve as aircrew for the air station and/or squadron.
(2) Fulfill all SAR duties, to include sustainment of required flight training and qualifications of an SMT per references (c) and (d).

(3) Provide ongoing first-aid training for SAR crewmen.

5. FS Utilization

   a. Primary administrative control remains with the command to which the FS is assigned, with duties assigned by the CO.

   b. Per reference (e), FSs will spend 50 percent of their regular duty time directly engaged in "aeromedical activities" in the unit work area, i.e. squadron spaces; AD FSs will spend approximately 2 1/2 days per week and SELRES FSs will spend approximately 1 day per drill weekend. Variations, to the extent the base/squadron/Wing CO deems maintenance of medical readiness and/or the aeromedical safety program requires more or less direct FS support of MTF operations, must be delineated in a MOU.

   c. For Annual Training or TAD assignments on-board an aircraft carrier, FSs will report to the ship's senior medical officer, clinical assignment of duties as directed, to include normal underway and in-port medical watches.

   d. While employed in the MTF/Branch Health Clinic (BHC), FSs should be assigned to the Aviation Medicine Department with primary responsibility for aviation sick call and aviation physicals. Whenever possible, the FS should have the opportunity to care for personnel of the parent command.

   e. The FS should not be assigned "make-up" duties following their absence from the MTF when deployed or when functioning as a member of an AMB or FNAEB. A FS serving on a FNAEB in the local area should still be able to stand previously assigned evening or weekend duties.

6. AVT Utilization. The AVT can most effectively fulfill their responsibility of aircrew and support personnel surveillance, records and administrative support, and FS support through frequent, close observation and interaction with unit personnel in the unit work environment. The following guidelines for utilization of the AVT are encouraged:

   a. The FS of the unit to which the AVT is assigned should exercise control of the aeromedical duties of that unit's AVT. The AD FS will supervise FTS AVTs, and the SELRES FS will supervise SELRES AVTs. Primary administrative control remains with the command to which the AVT is assigned.
b. The AVT should spend a minimum of 40 percent of their regular duty time (2 days per 5 day work week for FTS AVTs and 1 day per drill weekend for SELRES AVTs) directly engaged in aeromedical activities in the squadron spaces. Squadron time should not be scheduled during periods of in-service rate training. Delineation of exact time allocation, duties, and chain of command may be established by a MOU between the parent command and the CO or OIC of the local MTF/BHC.

c. All leave, TAD, and Temporary Duty Under Instruction requests will be submitted for approval using the AD/FTS AVT's chain of command. Such requests will be routed to approving authority at the squadron via the AD/FTS AVT's clinical work center supervisor, unit FS, or Head, Aviation Medicine Department, or Clinic Senior Enlisted Advisor.

d. The unit AD/FTS and/or SELRES AVT shall accompany the SELRES FS and unit on AT deployments, Aircraft Carrier Qualifications, and other detachments as directed by the squadron or unit CO.

e. The unit AVT should actively participate with the FS in mishap investigations, FNAEBs, FFPBs and FNFOEBs. The AVT shall not be penalized nor given extra duty for this time away from the clinic.

f. AVTs will be exempt from all clinic and watch duties for 30 days preceding and following extended deployments, which are 6 months or greater.

7. SMT Utilization. SMTs fulfill two critical roles in the squadron. Primarily, they fly with the squadron as aircrew and provide in-flight medical care in support of SAR, Combat SAR, and Medical Evacuation missions. Additionally, they provide aeromedical support to squadron aircrew and support personnel. They play a critical role in medical readiness, aviation safety, search and rescue training, and providing in-flight and emergency medical care. The following guidelines for utilization are encouraged:

   a. Designation as a command SMT and completion of qualifications requirements per reference (a) is the first priority of the SMT upon arrival to the squadron. In addition, their orientation at the squadron or station and BHC will include training and access to Navy and Marine Corps Intranet, Composite Health Care System, Armed Forces Health Longitudinal Technology Application and Medical Readiness Reporting System, which should be completed within 90 days of check-in.
b. SMTs shall spend 50 percent of their regular duty time engaged in maintenance of emergency medical skills and flight proficiencies per reference (a), maintenance of the SMT qualification is a priority and may supersede the 50 percent time allotments as necessary.

c. SMTs should spend the remainder of their regular duty time engaged in AVT duties as listed above. Generally, 60 percent of this time should be spent in support of clinic or afloat medical department requirements and in-service rate training. The remaining 40 percent of this time should be spent engaged in aeromedical activities within squadron spaces with an emphasis on medical readiness and aviation safety.

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