**NATIONAL HEADQUARTERS CIVIL AIR PATROL** 

**CAP REGULATION 79-1**

**17 December 2019 DRAFT**

**Health Service**

**OPERATION OF THE CAP HEALTH SERVICE PROGRAM**

This regulation provides (1) philosophy and policy for the organization and operation of the CAP Health Service program, (2) requirements for health service officers, (3) guidance and procedures for all CAP members having contact with CAP member health information, (4) requirements for handling cadet medication and (5) guidance for use of the CAP 79 series forms.

**SUMMARY OF CHANGES.**

This regulation renames the Chief of the CAP Health Service as the Senior Program Manager for Health Service; introduces the CAP 79 series forms; updates focus areas for Health Service and clarifies standards for who can serve as a health service officer (HSO). HSO includes both senior member officers and noncommissioned officers. The regulation will be concurrent with the introduction of the HSO specialty track guide. **Note: This regulation is revised in its entirety.**

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1. **ORGANIZATION AND FUNCTION**
	1. **General Considerations.** People are the most valuable asset of any organization. This is especially true of a volunteer organization, such as CAP. In order for those people to perform their tasks well, they should be optimally healthy, physically fit and well-trained. Physical fitness, health promotion, environmental health, and first-aid familiarization are readiness issues. Training at every level must reflect these issues. CAP members should strive to reflect U.S. Air Force fitness and health promotion values. Because CAP is part of the Total Force, the overarching goal of the CAP Health Service Program is to assist our entire membership to be optimally healthy and fit.

* 1. **Supplements and Waivers.** New supplements and waivers to this regulation (including locally produced health-related forms) cannot be issued below the wing level. Existing supplements, waivers or local policies and associated forms in place prior to the release of this regulation may be used through 30 September 2020. Wing supplements or waivers require approval by the region commander and the Senior Program Manager for Health Service, CAP/HS. Requests for supplements or waivers from nationally-chartered units (e.g., NHQ-001) must be submitted through the National Chief of Staff for approval. Any supplement or waiver with potential legal implications will be coordinated with the NHQ/GC for approval as well. The preferred method for transmitting supplements and waivers is by e-mail with a MS Word or .pdf file attachment.
	2. **National Positions.** The National Commander will appoint a Senior Program Manager for Health Service, CAP/HS. The Senior Program Manager advises the National Commander on matters of health service policy and activities and is the chair of all Health Service Working Groups. The CAP/HS must be a health professional, who will, by training and experience, demonstrate attitude, knowledge and/or skills in areas such as aerospace medicine, prevention, wellness, health promotion, health education and readiness.
		1. The CAP/HS may have a staff, as needed, for the proper management of the Health Service program. The staff should be in disciplines other than that of the chief and may be appointed by the CAP/HS, with the concurrence of the National Commander.
		2. A Health Service Advisory Panel, consisting of the eight region health service officers and several ad-hoc members to advise the CAP/HS on policies, needs and the status of the Health Service program in their respective regions.
		3. Health Service Working Groups, composed of diverse Health Service Officers, may be constituted to work with the chief in the further development and evaluation of Health Service programs as needed. The CAP/HS will coordinate selection of participants with wing and region commanders, and CAP/HS should document this participation for inclusion in members’ personnel records.
		4. The CAP/HS will also ensure adequate representation from their office to serve as part of the multidisciplinary group promoting wellness and resiliency to the membership of the organization.
			1. The CAP/HS is primarily responsible for coordinating the development and publication of the curriculum for the annual Wingman Support Day each October, with support from with representatives from the Cadet Programs Directorate, Chaplain Corps, and other offices as-required.
			2. Additionally, the CAP/HS will ensure there is ongoing representation to the same multidisciplinary group, and that there is Health Service support and input made available for the other programs and initiatives that this group puts forth.
	3. **Field Positions.**
		1. Each region and wing commander shall have a health service officer/senior program manager for health service on their staff. The CAP/HS serves as an advisor to each region/wing commander for the selection of a new wing/region health service officer.
		2. Each unit should have an assigned health service officer. Health service officers must be adult members. Cadets, regardless of age, may not be health service officers but may be allowed to participate as assistants under the direct and constant supervision of a health service officer with the concurrence of an activity director or commander and the Cadet Program’s adult member for the purpose of enriching science, technology, engineering, and math skills.
	4. **Formal Health Service Training**. A Health Service program seminar is recommended to be conducted at every national, region and wing activity to reinforce healthy practices. All health service officers are encouraged to participate in the health service specialty track, which formalizes the specialty and creates set a professional standard for health service officers.
	5. **Medical Care Policy.**
		1. CAP is not a health care provider, and CAP members are not permitted to act in the role of a healthcare provider during the performance of official CAP duties. Consequently, CAP health service officers will not administer or dispense drugs or medications (aside from the over-the-counter medications found in the CAP 79-1), diagnose, interpret medical information, or perform physical examinations outside of the OSHA first-aid standard. When applicable in accordance with state and federal law, health service officers may provide selected over-the-counter medications as outlined in the CAPF 79-1 to our members.
		2. Medical care within CAP is limited to emergency first aid training and may be provided only by members with appropriate training and experience. Such care shall continue only until professional medical care can be obtained. However, CAP Health service officers should proactively produce medical plans to reduce the time from injury or illness to professional first responder care, confidentially review a member’s private health information when required, provide information on public health, aviation medicine, health, and fitness found on the CAP Health Service webpage, conduct first-aid level care, and ensure that CAP has qualified members trained in first aid and CPR ready to respond during CAP activities.
		3. Any member can assist another member in distress in order to save the life of the member. Members are encouraged to inform activity leadership, health service officers, those in direct contact with the member of their condition, and critical information or reasonable accommodation for support that may be needed. Should any CAP member be required by law to render aid by virtue of his or her professional credentials or state license (such as a paramedic or emergency medical technician, for example), such CAP member in complying with his or her legal obligations by their professional judgement shall be deemed to be doing so either as the agent of his or her employer or as an agent of the state agency that issued his or her license, but in no event as the agent of CAP. Such occurrences of required rendered aid by employment or state agency requirement shall be documented via memorandum to the CAP member’s commander.
		4. CAP members providingemergency first aid will inform first responders, like emergency medical services, what they have done so that further care is not hindered. All occurrences must be documented in accordance with CAPR 62-2, *Mishap Reporting and Review*.
	6. **General Duties of Health Service Personnel**. CAP Health Service personnel are responsible for advising CAP commanders and unit personnel on the health, fitness, disease and injury prevention and environmental protection of CAP members relevant to CAP activities, with special emphasis on those members involved in flying, emergency services and disaster relief activities, field exercises, encampments and special activities.
		1. Provide advice in writing via memorandum or email; verbal advice may be given in an emergency, but will be documented as soon as possible; advice or other guidance will be limited to the member’s area of expertise, and appropriate consultation should be sought otherwise.
		2. Provide or arrange for the provision of training in first aid, CPR and other life-saving measures by a certifying agency (American Red Cross, American Heart Association, American Safety and Health Institute, National Safety Council, etc.). First aid rendered will be documented using the CAPF 79-4 or an approved wing supplement.
		3. Provide or arrange for the provision of OSHA compliant blood-borne pathogen/disease prevention training, primarily to support operational mission needs for task-based training (see CAPR 60-3, *CAP Emergency Services Training and Operational Missions*, and ground team Specialty Qualification Training Record requirements within eServices and Ops Quals). A CAP OSHA compliant blood-borne pathogen/disease prevention training can be found at the National Headquarters, Health Service webpage.
		4. Report illness, injury and blood-borne pathogen exposures and urge members injured, taken ill, or exposed to obtain appropriate follow-up medical care from non-CAP sources (see CAPR 62-2 for reporting procedures).
		5. Advise members to obtain necessary healthcare from non-CAP health care sources when required by the activity director, commander or incident commander. CAP health service personnel will not perform such examinations as part of their CAP duties at any time.
		6. Advise members to complete the CAPF 79-1, CAPF 79-2, and CAPF 79-3, routinely or sooner if the information changes, and advise members to carry the forms in case of emergency while on CAP activities. Units will not maintain, store or require use of these forms for day-to-day use. The use and carrying of these forms is not always required, but members are encouraged to carry them for reference during activities for illness or emergency. Some activity or encampment commanders may require forms to be provided in advance for planning purposes. Health service officers advise these commanders on safe participation of members after reviewing the CAP standardized medical forms (CAPF 79-1, CAPF 79-2, and CAPF 79-3) and assist in making needed preparations at an activity to make participation as safe as possible for members. The ultimate decision for participation in any activity rests with the commander.
		7. Assist in providing necessary health service training materials, supplies and equipment for unit missions or special activities, including first aid, automated external defibrillation through a publicly accessible defibrillator program, and bloodborne pathogen/disease prevention kits.
		8. Promote the policies of the U.S. Air Force and the Centers for Disease Control and Prevention (CDC) related to health, wellness, and fitness philosophy.
		9. Educate members about and encourage behaviors which result in increased safety, health, and wellness including, but not limited to:
			+ Wear of sunglasses when outside, driving or flying except when in military formations, as per CAPR.
			+ Wear of hearing protection while in and around aircraft and other high noise areas. See CAPR 62-1, *CAP Safety Responsibilities and Procedures*, for additional information on noise protection.
			+ Proper protection from heat, cold and sun exposure on activities.
			+ Proper hydration and foot health.
			+ Proper sanitation and public health precautions and practices.
			+ Eating of healthy and nutritious foods, snacks and beverages.
			+ Proper physical fitness and health promotion.
			+ Healthy mental/behavioral/emotional/cognitive resilience practices.
			+ Proper rest, sleep and knowledge of operational fatigue issues.
			+ Importance of self-care and personal care in maintaining a healthy membership.
			+ Proper medical planning to support the health or our members
			+ Proper aeromedical education
			+ Advice on reasonable accommodations
			+ Tobacco, illicit drug, and alcohol prevention
	7. **Qualifications of Health Service Officers.** Any health professional or technician meeting the criteria below may qualify for a health service appointment in CAP, provided that the member furnishes proof of current, unrestricted licensure, registration, certification, or professional school completion where such is required by law or regulation. All will be known as “Health Service Officers”, with additional designation as Medical Officer, Nursing Officer, or Emergency Medical Technician Officer as determined appropriate by the Wing Health Service Officer.
		1. Students in good standing in a professional training program for one of the professions listed below (e.g., students enrolled in an accredited medical school) will be considered eligible for a health service appointment in CAP, but will be limited to a Technician Rating until they provide documentation of the successful completion of their training.
		2. The following list is a generalized outline of the professions that meet the eligibility to serve as CAP Health Service Officers. A CAP Regional Health Service Officer will evaluate candidates in other professions not listed below, on a case-by-case basis for eligibility, when requested by the Wing Health Service Officer.
			1. Physician Category of Health Service: The professionals in the Physician Category may be awarded the CAP Medical Officer Badge IAW CAPM 39-1, in addition to earning the Health Service Officer Badge. This category includes the professions:
				+ Chiropractor
				+ Clinical Psychologist (PhD or PsyD)
				+ Dentist
				+ Naturopathic Physician
				+ Optometrist
				+ Pharmacist (PharmD)
				+ Physician (MD or DO)
				+ Physician Assistant (PA)
				+ Podiatrist
				+ Veterinarian
			2. Nurse Category of Health Service: Nurse (at all levels). The professionals in the Nurse Category may be awarded the CAP Nurse Officer Badge IAW CAPM 39-1, in addition to earning the Health Service Officer Badge.
			3. Emergency Medical Technician Category of Health Service: Paramedic and Emergency Medical Technician (at all levels). The professionals in the EMT Category may be awarded the CAP EMT Badge IAW CAPM 39-1, in addition to earning the Health Service Officer Badge.
			4. Allied Professions Category of Health Service: The professionals in the Allied Professions Category may earn the Health Service Officer Badge. This category includes the professions:
				+ Athletic Trainer
				+ Clinical Mental Health Professional
				+ Medical Physiologist
				+ Pharmacist
				+ Physical Therapist
				+ Public Health, Master or Doctoral Level
				+ Respiratory Therapist
				+ Social Worker
	8. **Training and Professional Growth.** All health service personnel are expected to receive annual continuing education in their professional discipline and are encouraged to participate in the CAP Health Service Officer Professional Development program as outlined in CAPR 50-17, *CAP Senior Member Professional Development Program*. All health service personnel will be trained in CPR, AED, first aid and bloodborne pathogens/disease prevention and maintain current certifications and/or training documentation in these areas. Copies of current certifications, licenses, and/or other documents to this effect will be maintained in the personnel folder of health service personnel. Copies should be removed when they expire.
	9. **Uniform Requirements.** Health service personnel should wear an appropriate CAP uniform in the conduct of their duties, the same as any other member, as prescribed in CAPM 39-1, *CAP Uniform Manual*. Health Service insignia, badges and certification patches are prescribed in CAPM 39-1.
1. **HEALTH INFORMATION CONFIDENTIALITY**
	1. **Background.** Most people consider information about their health to be private and want that information kept confidential and protected from inappropriate use and disclosure. This regulation establishes general parameters under which CAP will use and disclose private health information (PHI). Membership and cadet programs regulations provide additional guidance in reference to physical training categories and documentation of medical issues for members. It is important for CAP members to realize that neither CAP, nor any unit within CAP, nor any CAP senior member (in his/her capacity as a senior member) are considered “healthcare providers” for the purposes of any of the federal and state laws and regulations concerning the privacy of health information. While there are no specific legal requirements that any CAP member exercise the level of care with the health information that a healthcare provider would be required to exercise with the health information use and storage, all CAP members must strive to strictly maintain candor and privacy so that PHI will not be shared indiscriminately.
	2. **Definitions.**
		1. The term “health information” as used in this regulation means information:
			1. Relating to the past, present or future physical or mental health or condition of an individual or the provision of health care to an individual.
			2. That identifies the individual or to which there is a reasonable basis to believe the information can be used to identify the individual.
		2. The term “disclose” and similar terms as used in this regulation shall mean the release, transfer, provision of, access to, or divulging in any other manner of health information to persons outside of CAP (except as authorized).
		3. The term “use” shall mean the release, transfer, provision of, access to, or divulging in any other manner health information within CAP.
	3. **General Use or Disclosure of Private Health Information (PHI).** Private Health information shall be used and disclosed by CAP members on a need for use/disclosure basis only. Anyone who accesses private health information of another CAP member has a requirement not to use or disclose such information except as required in the performance of official CAP functions. Except in emergency circumstances, CAP senior members will not disclose any health information on any members to other members unless absolutely necessary. When disclosed, health information should only be disclosed from a Health Service Officer to a Commander with a need for use/disclosure.
	4. **HIPAA (Health Insurance Portability and Accountability Act of 1996).** HIPAA is a federal government statute, which sets standards for the use and disclosure of health information by “covered entities” as defined in the statute and implementing regulations. HIPAA does not apply to the operations of CAP outside of the administration of any health care benefit plan maintained by CAP National Headquarters for employees.
	5. **Improper Uses and Disclosures.** No health information may be used within CAP or disclosed outside of CAP except as permitted or required under CAP regulations and in connection with the performance of duties within CAP or to allow CAP to carry out its legal responsibilities where a use or disclosure is required or permitted by law. In particular, health information may not be used or disclosed by members for any non-CAP purposes. Disclosures of health information outside of CAP, when permitted by this regulation, should be limited to the minimum amount of health information necessary (in the reasonable judgment of the member making the disclosure) to accomplish the intended purpose of the disclosure.
	6. **Sanctions for Improper Disclosures.** If any health information is used or disclosed in violation of this regulation, the supervising commander or activity director and the affected member will be notified. The notification will include the circumstances surrounding the improper health information disclosure and shall describe what health information was used or disclosed, the individual committing the improper use/disclosure, who received disclosed information, the corrective action proposed to prevent further improper uses or disclosures, and any other information deemed necessary by the commander.
		1. **Disciplinary Action.** Any member who breaches the privacy of any health information, depending on the circumstances of disclosure (intent, consequences, etc.), may be subject to disciplinary action.
		2. **Disclosure Complaints.** Members have the right to file a formal written complaint pursuant to CAPR 123-2, *Complaints*, if they feel CAP has not adequately protected the privacy of their health information.
	7. **Examples of Permitted Uses and Disclosures of Health Information.** The following is a list of some of the types of uses and disclosures of health information permitted by this regulation. It is not intended to be an exhaustive list. If in doubt, contact CAP/HS.
		1. To assist in obtaining immediate health care services for the member.
		2. To provide information essential for ongoing medical care of the member related to incidents or accidents while participating in CAP activities or missions.
		3. To a cadet’s immediate adult supervisor, in order to monitor an ongoing medical condition.
		4. For the payment of health care services rendered to the member under the CAP self-insurance program.
		5. For CAP operations.
		6. To evaluate a member’s participation in a CAP activity.
		7. To the parent or guardian of a cadet member who is under the age of majority.
		8. To a family member, other relative, or a close personal friend of an adult member, with the permission of the adult member, directly relevant to such person’s involvement with the member’s medical care and/or treatment.
		9. To qualified CAP safety professionals for consideration as a factor related to CAP mishap reviews or investigations with concurrence of NHQ CAP/GC or CAP/HS.
		10. Other disclosures allowed, authorized or permitted by law.
2. MEDICAL FORMS AND INFORMATION HANDLING
	1. **Guidelines for Use and Storage of Health Information.**
		1. Record Storage. When completed, the CAPF 79-1, CAPF 79-2, and CAPF 79-3 will be maintained by the member. If required by the commander for multiple day activities, a copy may be stored separately in a locked container accessible only to authorized senior members as defined by the activity director or commander. When health information is stored on a computer, which is discouraged, it will not be accessible to unauthorized members or have access to the internet. Ultimately, information must be destroyed at the end of the activity or event unless needed for legal or insurance purposes whether stored on computer or hard copy, unless returned to the member or the member’s parent or guardian.
		2. Record Use. When health information is in use, care must be taken to ensure records are not in the view of individuals who have no need to know such information.
	2. **Limit Medical Information Collected.** Health information should be collected only when that information might make a difference in the safe participation of the member(s). The decision to collect this information rests with the commander of the activity, shall be made in consultation with the activity or wing HSO and, if controversial, higher authorities shall be advised. Collection of information is rarely needed for short duration activities. However, for a longer duration activity that may be conducted in the field, or for activities that involve physical exertion, the CAPF 79-3, *Member Health Participation Level Form* may be used. Health information may also be collected on members involved in field trips or overnight activities where medications may need to be administered or medical conditions may affect activities or participation. All members should retain a copy of the CAPF 79-1 or CAPF 79-2 on their person.
	3. **Medical Forms sent with applications.** Medical information forms sent with the activity registration materials will be handled in a confidential manner. The completed form can be placed in an envelope with the label, “Confidential Medical Information” and the applicant’s name and CAP ID on the front and attached to the application form, or some other mechanism designed to preserve the confidentiality may be used. Ideally, a qualified health service officer should open the envelope. When a qualified HSO is not available, the commander or the commander’s designee may handle and process the information, but this should be discouraged. Consultation can be obtained from a remotely located qualified health service officer as needed. Consultation may be provided via electronic means, but shall not be permanently stored.
	4. **Handling Medical Forms/Information at an activity.** While at the activity, medical forms/ information will only be accessed by senior members with a legitimate need to know the member’s health information as approved by the activity director or commander. When not in use, paper records must be secured in a locked container or file cabinet, and electronic records must be password protected. Only senior members authorized by the activity commander (or his/her designee) may access the information.
	5. **Handling Medical Forms/Information Forms after an activity has concluded.** All member health information and other information will be returned to the member or parent/guardian at the conclusion of the activity, or destroyed. Records from civilian professional emergency room and urgent care visits will also be returned to the member or their parent/guardian. Electronic information will be completely and securely deleted from all locations on computers. No health information will be retained or stored after an activity’s conclusion except in the following circumstances:
		1. When a mishap that requires reporting occurs at the activity and the member’s appropriate CAPF 79 series forms or other records have information relevant to the mishap shall be retained by the activity director or commander for use in any after-action or reporting obligations. When the copies of the member’s health records are no longer needed, they shall be returned to the member or the member’s parent or guardian, or destroyed.
		2. Activity health logs that do not include names or other personal health information or privacy act information may be retained for planning and statistical analysis.
3. HANDLING OF CADET MEDICATIONS
	1. **General Rule.** The taking of prescription medication is the responsibility of the individual member for whom the medication was prescribed or, if the member is a minor, the member’s parent or guardian. Except in extraordinary circumstances, CAP members, regardless of age, will be responsible for transporting, storing, and taking their own medications, including inhalers and epinephrine pens.
		1. A CAP health service officer, or other senior member if a health service officer is not available, after obtaining all the necessary information and receiving documentation of the written permission from a minor cadet’s parent or guardian for the administration of prescription medication during the activity, can agree to accept the responsibility to remind the minor cadet to take any prescribed medication at the times and in the frequencies prescribed; however, no senior member will be required or encouraged to do so. This regulation does not prohibit senior member staff from monitoring medication compliance with directly observed medication ingestion, having medication forms for the cadet to initial when doses were taken, performing pill counts, or other compliance verification.
		2. When a cadet is unable to safely self-medicate and senior member supervision is not available, it is recommended that the cadet postpone attendance at the activity until the cadet can be successful with the self-medication tasks. Another option may be to have a parent or guardian attend the activity as a CAP member or cadet sponsor member to supervise the cadet’s medication administration.
		3. In the case of a severe reaction requiring use of an epinephrine auto injection pen for anaphylaxis, albuterol inhaler for asthma, or diabetic sugar gel for a diabetic low blood sugar emergency where a cadet has become so ill as to have difficulty in administering his or her own aforementioned mediation, trained members may assist the cadet in administering the epinephrine injection in order to save the life of the cadet. It is encouraged that health service officers or senior members who may have contact with this cadet be made aware of the potential for severe reactions and become familiar with the operation of the cadet’s particular device.
		4. Members who require refrigeration for medications should carefully coordinate with activity officials well in advance of their attendance at the activity to ensure that refrigeration will be available. CAP cannot guarantee the availability of refrigeration at all activities.
		5. Members are prohibited from sharing, loaning, or otherwise providing any prescription, non-prescription, herbal, vitamin, nutritional supplement or illegal substance to any other cadet or member.
	2. **Departures from the General Rule.** If any state law or state regulation is more restrictive than the general rule described in this regulation (either in prohibiting minors from self-administering drugs prescribed for them, in prohibiting unlicensed persons from supervising the self-administration of prescription drugs, or in limiting how such drugs may be stored and accounted for) the state law or state regulation must be followed.
		1. The wing legal officer will research applicable state laws on an annual basis. If no deviations are noted a wing supplement is not required. If state law requires deviation from the general rule of this regulation, the wing, in consultation with appropriate CAP Health Service Officers and Legal Officers, shall adopt a supplement to this regulation specifying to what extent the general rule must be altered to comply with its state laws and regulations. This supplement must be approved by the NHQ/GC and CAP/HS.
		2. For national and regional activities, the supplement of the host wing, if the wing has published such a supplement, will be used for the activity, unless an activity specific supplement or policy is approved.
	3. **Written Permission Required for Minor Cadets.** No minor cadet may bring any prescription or non-prescription medications, herbals, vitamins, or supplements to any CAP activity without the written permission of the cadet’s guardian. Such permission will be contained within application materials for the activity by using the CAP Standardized Medical Forms. Written permission from a guardian will include acknowledgement and understanding of this regulation.
	4. **Handling of Cadet Medications.** Cadets will bring any prescription, non-prescription medications, herbals, vitamins, or supplements to a CAP activity only in the original containers in which the medication was dispensed or packaged. Prescription containers must contain the name of the prescribing healthcare provider, the name and telephone number of the dispensing pharmacy (if applicable), the name of the recipient of the prescription, and any other applicable dosing instructions. All other non-prescription medications, herbals, vitamins and supplements must also contain dosing instructions and be labeled with the cadet’s name.
	5. **Cadet Non-Prescription Medications.** For purposes of this regulation, “non-prescription medications” shall mean oral and topical non-prescription medications approved by the FDA for sale “over the counter,” and shall exclude herbal medications, vitamins, and dietary supplements.
		1. **Cadet Self-Medication.** Cadets may only self-administer non-prescription medications as provided in writing by a guardian.
		2. **Permission for Administration; Limitations.** Situations may arise where non-prescription medications would be helpful to treat a minor illness/injury, but were not provided in the original written guardian permission. Non-prescription medications may be given to minor cadets as needed and according to package directions by CAP senior members, if permission has been given in writing or verbally by the cadet’s guardian. Herbal medications, vitamins, and dietary supplements are not to be provided by senior members to cadets under this paragraph. CAP has no approved protocols for the administration of any prescription or nonprescription medications or substances by any member other than as provided in this regulation. This regulation does not preempt any state law or regulation that would prohibit a CAP member from undertaking these actions, and any wing’s supplement to this regulation (see paragraph 4.2. above) shall describe any such prohibitions on the administration of non-prescription medications by non-licensed persons
		3. **Documentation of Non-Prescription Medication Administration.** If non-prescription medications are administered or furnished by staff, the senior member administering or furnishing such medications shall record the minor cadet’s name and the date, time, and amount of such medications administered or furnished to the minor cadet in the activity medical log and the record shall be available to the minor cadet’s parent or guardian at the conclusion of the activity.
	6. **No Restrictions on Cadets Over the Age of Majority.** Nothing in this regulation shall limit the ability of CAP cadet members over the age of majority in the state in which the activity is conducted either to possess or self-administer prescription, non-prescription drugs, herbals, vitamins or supplements.
4. **CAP 79 SERIES FORMS**
	1. **CAP 79 Series Forms.** The purpose of the CAP 79 forms is to provide a standard method of collecting a current and accurate medical information to aid in the care and management of CAP personnel. These forms are also used to provide permission for care and treatment of minors, document reasonable accommodation requests, provide documentation of a designation of physical participation categories when required, and provide insurance and emergency contact information. The CAP 79 forms are complementary to the medical information contained on the CAPF 31, *Application for CAP Encampment or Special Activity,* and any previous national or locally produced medical forms, except where state law requires modifications. Any modifications needed should be addressed in a wing supplement to the CAP standardized medical forms, approved by NHQ/GC and CAP/HS. Processes and local forms that have been reviewed and approved previously by NHQ/GC will be expired upon signature of this CAPR.
		1. **CAPF 79-1, *CAP Minor Ward Health Form*.** This form contains confidential information about the minor or warded member’s past medical and surgical history, allergies, medications, immunizations, social history and information about any special needs or reasonable accommodations (e.g., mobility, dietary, etc.). Additional information not able to fit on this form may be placed on an additional attached page. A copy of this form should be kept on the member’s person when participating in a CAP activity. A copy may be required to be temporarily reviewed with registration materials for some activities. This is the form to designate what medications (prescription or over the counter) a cadet is to take during the activity. This form is used for parents/guardians to designate whether their minor cadet may receive “as needed” non-prescription medications for minor illnesses and symptoms, if allowed within the state the activity is occurring. Administration of any OTC medications will be logged (date, time, medication, dose, reason, facilitator, etc.). A separate log will be utilized for each member who receives an OTC medication during an activity in order to facilitate return of the individual records to the member after the activity has concluded. This form supersedes any other CAP form containing OTC medication permissions at any level. This form may not be usable in some states due to statutes concerning who can administer medications, administration conditions, documentation and other issues. Wing legal officers should research appropriate state laws. In conjunction with advice from wing legal officers and health service personnel, a wing supplement to this regulation will be drafted and approved by NHQ/GC and CAP/HS for any wings with differing requirements. National or region level activities may have unique requirements; activity directors will consult with the host wing legal officers and health service officers prior to developing activity specific policies, and policies deviating from this regulation must be approved by NHQ/GC and CAP/HS prior to implementation.
		2. CAPF 79-2, CAP *Adult Health Form*. This form contains confidential information about the adult member’s past medical and surgical history, allergies, medications, immunizations, social history and information about any special needs or reasonable accommodations (e.g., mobility, dietary, etc.). Additional information not able to fit on this form may be placed on an additional attached page. A copy of this form should be kept on the member’s person when participating in a CAP activity. A copy may be required to be temporarily reviewed with registration materials for some activities.
		3. CAPF 79-3, *CAP Member Health Participation Level Form*. This form is completed by the member if they are at the age of majority, their parent or guardian if they are a minor or ward, or a member’s personal healthcare provider, if the member chooses at their own financial expense. This form may be required by a commander, activity director, or incident commander at their discretion. The physical participation categories and appropriateness of service in austere environments away from easily accessible medical care using classification designations will be assessed. If, after review of the CAPF 79-3, a member’s safe participation in an activity is in question, the activity commander may consult the health service officer and determine if the member can safely participate in the activity’s full program, only a portion of the activity, or is unsuited for that activity due to medical limitations. A medical limitation should not prevent a member from participating in an event if that member can still benefit from other aspects of the event. Example: A cadet with a broken arm probably can’t run the obstacle course, but can do most other training at an encampment. Physical exams will not be required automatically for any event.
	2. **Uses of the CAP 79 Series Forms.**
		1. **General Guidance.** An activity director or commander, in consultation with a health service officer, will evaluate each activity for medical risk including level of physical activity required, terrain, accessibility, availability of medical care, etc. Physical participation category standards may be set for an activity to ensure safe participation of members based on the physical requirements of the activity and communicated to members on the application materials. Activity directors and commanders need to carefully consider CAP’s nondiscrimination policy when approving or disapproving participation, and work to provide reasonable accommodations in coordination with the HSO when and where possible. The activity or unit/wing commander or their designees, in consultation with the activity health service officer, can also determine any additional requirements for submission of health information for activities not specified in this regulation.
		2. **Currency of the CAP 79 Series Forms.**
			1. Personnel are encouraged to update their CAP 79 series forms as needed for any changes in medical conditions, reasonable accommodations or medications. Once completed, the forms can be used repeatedly on activities for the next year if there are no changes to the form. If there are any changes, either a new should be completed, or the form updated, re-signed and dated.
			2. CAP follows the U.S. Centers for Disease Control and Preventions advice and encourages members to have regular check-ups for ongoing health promotion, care and health maintenance. If there are changes in health that will affect the physical participation of the member, the CAPF 79-3, *Member Health Participation Level Form* should be updated by the CAP member or their examining health provider, if they choose with the new information and an updated signature and date provided. The CAPF 79-1, CAPF 79-2, and CAPF 79-3 should remain with the member and be temporarily provided to the health service officer, commander, activity director, or tasked incident commander, upon a valid request. New forms should be completed when there is a health changes or at the time of a new health screening or check-up. Copies, faxes and electronic submissions of these forms are acceptable alternatives to original documents. If any additional restrictions or modifications are necessary, they must be contained in an approved wing supplement or specific activity guidance for National and regional activities.
		3. **Short Duration Activities.** Short duration activities are defined as day-long activities or activities lasting up to 3 days with 2 overnights. All members should carry a copy of their CAPF 79-3, if required by the incident commander, activity director, or commander, and either a CAPF 79-1 for minors or a CAPF 79-2 for members who have reached the age of majority on their person, while at the activity. An incident commander, activity director, or commander may require a minor member participating in an overnight activity to also have a copy of the CAPF 79-1 available for review by the activity health service officer, the adult directly supervising the cadet, or the commander’s designee prior to the member’s participation in the activity. For activities in which a cadet or senior member’s physical ability to participate must be evaluated by the activity staff, the CAPF 79-3 will be completed when required by the activity director, incident commander, or commander and will be submitted with the member’s application to the short duration activity.
		4. **Longer Duration Activities.** Longer duration activities are defined as activities lasting 4 or more days. All members should submit either the CAPF 79-1 for those under the age of majority or CAPF 79-2 for those over the age of majority and the CAPF 79-3 when directed by the activity director or commander
		5. **Personal Medical Form.** Though not required, all members are encouraged to have the completed CAP 79 series forms on their person, or readily available, when attending any CAP activity. In this way medical information exposure is limited, but the information will be available if the member should become ill or injured. In this case the copy the member keeps with them can be used to facilitate care and treatment.
	3. **Health Participation Levels.** The CAPF 79-3, Member Health Participation Level Form may be used to assist activity commanders and members in determining safe and appropriate participation of members in activities. The activity director or commander may choose to require them when the activity has strenuous physical activity, when conducted in a remote location under austere conditions, is far from medical facilities, or has a long duration of activity. The physical participation levels are based on physical classes that correspond to common environments in CAP and also provide restrictions and health-based reasonable accommodations. The determination of a health participation level is made by the member’s personal healthcare provider and is designated on the CAPF 79-3. This health participation level is different than those contained in the CAPP 60-50, *Cadet Program Management*, and is not used in the determination for participation in the Cadet Physical Fitness Training program. Additional information can be found in CAPR 52-16 for cadet physical fitness categories. The Physical Participation Categories are:
		1. **Arduous Duty.** Members are in good health and may participate in any physical activity without restrictions. Field duty is exclusively conducted outdoors in remote parts of the United States in a disaster site, search and rescue mission, and physically extreme training scenarios that includes multiple hours of cardiovascular physical fitness. It often involves strenuous activities such as fast-paced running, bending, lifting up to 50 lbs., crawling, climbing or hiking over rough and uneven terrain for day long periods in weather extremes such as cold, heat, and heat and humidity. Behavioral, emotional health, resilience and attention to detail is critical due to the high physical demands.
		2. **Field Duty.** Field duty is primarily conducted outdoors in the United States in a disaster site, search and rescue mission, or physically demanding summer camp that includes 30 minutes of cardiovascular physical fitness. It often involves strenuous activities such as standing, bending, lifting up to 40 lbs., crawling, running, climbing or walking over rough and uneven terrain for long periods and can include weather extremes of cold or heat and heat and humidity. Behavioral, emotional health, resilience and attention to detail is important due to the above-average physical demands.
		3. **Urban Field Duty.** Urban duty is primarily conducted outdoors in the United States in flat terrain cities that involves light bending, light lifting of up to 20 lbs., light crawling, and walking on relatively even terrain for up to 30-minutes at a time and can include weather extremes of cold or heat and heat and humidity. Behavioral, emotional health, resiliency and attention to detail is of average intensity.
		4. **Office Duty.** Office work is conducted primarily in a mission base inside a temperature-controlled environment that involves walking 1-2 flights of stairs, repeated standing and sitting, light lifting of up to 5 lbs., and walking even terrain for up to 10-minutes at a time.
	4. **Health Risk, Mitigation and Accommodation Strategy Brief.** When an activity requires submission of a CAPF 79-3 in advance for health screening purposes, a health service officer should provide a risk assessment, a mitigation strategy, and an accommodation strategy to a commander or activity director for their determination about what may be needed to make participation of a member safely possible. The commander, incident commander, or activity director are the sole authority to deny or limit participation of a member in some or all activities if the safety of the member or other participants cannot be reasonably assured.
	5. **Mission Health Service Officer.** At the request of an Incident Commander (IC), a Mission Health Services Office (MHSO) may be assigned to the Command Staff within the Incident Command Post's (ICP) Incident Management Team (IMT). Under such circumstances the MHSO reports to the Logistics Section Chief, with direct coordination with the Planning Section for completion of planning documents (e.g., ICS Form 206), and direct coordination with the Incident Commander when discussing private health information.
		1. **MHSO Responsibilities.** The MHSO is responsible for advising the IC on mission related health safety issues and assisting the IMT's Mission Safety Officer (MSO) in the incident response planning; to include development of the Incident Action Plan (IAP) Medical and Safety ICS forms 206 and 208. The functions of the MHSO include supporting the IC and IMT through expertise in health safety planning, education about pertinent topics such as environmental (e.g. heat and cold) emergencies, health, and high-altitude work; as well as field hygiene, aviation crew rest, and fitness for duty issues.
		2. **MHSO Certification:** Individuals meeting the certification requirements of HSO Technician may be certified as MHSO upon completion of the MHSO appropriate Specialty Qualification Training Record (SQTR) and endorsement of their commander.
	6. **Public Health Emergency.** During a declared National Public Health Emergency, the Secretary of the Department of Health and Human Services (HHS) under section 319 of the Public Health Service (PHS) Act, will determine that: a) a disease or disorder presents a public health emergency; or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, exists. At that time, the Senior Program Manager for Health Service, in consultation with CAP General Counsel, will provide recommendations to the CAP Commander for variances to this regulation for the health protection of the force.

MARK E. SMITH

Major General, CAP

Commander

**Attachment 1 - Compliance Elements**

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| --- | --- | --- | --- | --- | --- |
| **Checklist and Tab** | **#** | **Compliance Question** | **How to Verify Compliance** | **Discrepancy Write-up** | **How to Clear Discrepancy** |
|  | 01 | Does the Wing have an assigned Health Service Officer (HSO)? | Screenshot of the eServices Duty Assignment or a copy of the CAPF 2A. | (Discrepancy):[xx] (TAB# Question 1) Wing does not have an assigned Health Service Officer IAW CAPR 79-1 para 1.4.1. | Provide screen shot of updated duty assignments showing assignment of Health Service Officer to the Discrepancy Tracking System (DTS). |
|  | 02 | Did Health Service Officers produce medical plans for Encampment, SAREXs, and other activities? | Review medical plans filed with activity documentation (WMIRS, admin records, etc) | (Discrepancy):[xx] (TAB# Question 2) Health service officers did not proactively produce medical plans IAW 79-1 para 1.6.2. | Upload a Plan of Action indicating how the Wing HSO will ensure such plans are prepared in advance of such activities whenever possible to the Discrepancy Tracking System (DTS). |
|  | 03 | Are all Health Service Officers trained in CPR/First Aid? | Review the copies of applicable certifications/ qualifications in personnel folders. | (Discrepancy):[xx] (TAB# Question 3) Health service officers do not have current certifications/ qualifications in their personnel records IAW CAPR 79-1 para 1.10. | Upload a copy of current certifications/ qualifications to the Discrepancy Tracking System (DTS).  |
|  | 04 | Were commanders and affected members properly notified of improper disclosure of Private Health Information (PHI)? | Review correspondence related to improper disclosures of PHI (if applicable). | (Discrepancy):[xx] (TAB# Question 4) Notification procedures after improper disclosure of PHI were not followed IAW CAPR 79-1 para 2.6. | Upload a Plan of Action indicating how the Wing HSO will ensure future actions are conducted to the Discrepancy Tracking System (DTS). |

**Attachment 2 - Transition Instructions for HSO Specialty Track**

There are two major impacts the 2020 introduction of the Health Service Specialty Track will have on individual personnel. This attachment is intended to provide clarifying guidance on how to handle (1) previously awarded specialty track levels in individual personnel records, and (2) the changing promotion requirements for personnel appointed as Health Service Officers.

**Specialty Track Levels Awarded Prior to 1 January 2020:**

Personnel who have been awarded Health Service Officer Specialty Track Ratings (i.e., Technician, Senior, or Master), these ratings will be honored moving forward. Advancing past these previously awarded ratings will require personnel to complete the published requirements for the next-higher rating. Personnel are encouraged to, but not required to document, familiarize themselves with the requirements listed for ratings they have been previously credited with.

**Specialty Track Levels Awarded Between 1 January 2020 and 1 January 2022:**

Personnel who have not been awarded Health Service Officer Specialty Track Ratings (i.e., Technician, Senior, or Master), but have served as a Health Service Officer may elect to have a one-time “Jump Start” rating awarded based on their time as a Health Service Officer.

This is a single-use provision, and details of this option can be found in CAPP 40-79. Advancing past the ratings awarded under this provision will require personnel to complete the published requirements for the next-higher rating. Personnel are encouraged to, but not required to document, familiarize themselves with the requirements listed for ratings they are awarded under this “Jump-Start” provision.

**Promoting Under new HSO Requirements:**

Prior to the introduction of the Health Service Specialty Track Study Guide, Health Service personnel were exempt from Professional Development training requirements beyond Level 1.

Health Service Officers may continue to promote beyond the grade of their initial appointment without advancing in the Health Service Specialty Track until 1 October 2022. Any promotions beyond the grade of initial appointment on or after 1 October 2022 will be required to meet the same professional development requirements for Duty Performance Promotions, IAW CAPR 35-5.

Questions about these transition instructions may be directed to the CAP Senior Program Manager for Health Service.