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**The Role of the Health Service Officer in Civil Air Patrol**

**Table of Contents**

(1) Preface 4

(2) Overview 4

(3) The Role of the Health Service Officer 4

(4) Qualifications for becoming a Health Service Officer 7

(5) Job Descriptions including responsibilities and opportunities 9

(6) The HSO Specialty Track 10

(7) Health Services and the Squadron 11

(8) Developing a Wing Health Services Program 11

(9) The Health Service Officer at the Region Level 12

(10) The Mission Health Service Officer 12

(11) Health Services, Safety and the Chaplancy 13

(12) Health Services and Critical Incident Stress Management 14

(13) National Health Services 14

(14) Health Service Advisory Team 14

(15) Health Service Working Groups 14

(16) COVID-19 Exceptions Team 15

(17) HS Curriculum working group 15

(18) First Aid Training working group 16

(19) Encampment Health Services working group 16

(20) Aeromedicine working group 16

(21) Cadets and Health Services working group 16

(22) Health Services Newsletter working group 16

(23) Pandemic and future disaster health services planning group 17

(24) Library of Health & Wellness Briefings 17

(25) Understanding the CAPR 79-1 for Health Services 17

(26) Summary 18

**In several sections following, reference has been made to the new, DRAFT, CAP Regulation for Health Services. While this has not yet completed the full coordination and approval process, it is expected that the cited sections will be identical to or very nearly the same as the final version.**

# Preface:

The Health Service Specialty Track has been a part of Civil Air Patrol (CAP) for many years. However, until recently, the role of the Health Service Officer (HSO) has been poorly defined and understood. The purpose of this pamphlet is to provide interested CAP members with a clear picture of the role, responsibilities, and opportunities of the Health Service Officer.

Additional information may be available on the National Website Health Services pages.

# Overview

So, what is a CAP HSO? To become a CAP HSO, a member must have accomplished training in at least one branch of health services. The next section outlines all the health services positions that would qualify a member to become an HSO. This is not a comprehensive listing. Members with a health services background that is not included on the list are encouraged to contact their Wing or Regional HSO or apply directly to the National Senior Program Manager for Health Services.

No matter what your health services background, you will find that the role of the HSO in CAP differs significantly from almost any other health services position. The primary responsibilities of the HSO can be summed up here:

1. Provide health & wellness training and education for CAP membership.
2. Provide CAP leadership at all levels with health services expert advisory services.

Unlike the roles that members may hold outside of CAP, the HSO does not prescribe, diagnose, or treat injuries or illnesses beyond the range of First Aid.

# The Role of the Health Service Officer

So, let’s look at the qualifications in the new Proposed DRAFT Regulation:

* 1. **General Considerations.** People are the most valuable asset of any organization. This is especially true of a volunteer organization, such as CAP. 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 major 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 Services Program is to assist our entire membership to be optimally healthy and fit.

### 1.6.1 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 their official CAP duties. Consequently, CAP HSOs will not administer or dispense drugs or medications (aside from the over-the-counter medications found in the CAP 79-1, for an activity like an encampment, when it is permitted by state, local, tribal, or territorial law), diagnose, interpret medical information, or perform non-emergency healthcare provider physical examinations.

### 1.6.2 Medical care within CAP is limited to emergency first-aid, which may only be provided by members with appropriate training and experience in first-aid up to a maximum level of Emergency Medical Responder (EMR), as defined National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Systems (EMS), National Emergency Medical Services Education, or the definition of emergency first-aid care, as defined by the state, local, tribal, or territorial definition. Such care shall only continue until professional medical care can be obtained. If a CAP member diverges from and/or exceeds from this standard, they do so at their own liability. Additional information about this standard can be found on the Civil Air Patrol Health Services web page.

### 1.6.3 CAP HSOs should proactively produce medical plans to reduce the time from injury or illness to professional first responder care, confidentially review a member’s protected health information when required, provide information on public health, aviation medicine, health, wellness, environmental health, wilderness first-aid, and fitness found on the CAP Health Services webpage, provide first-aid or EMR level care within the confines of the American Red Cross© training, conduct first-aid or EMR and CPR training, and ensure that CAP has qualified members trained in first aid and CPR ready to respond during CAP activities.

**1.7. General Duties of Health Services Personnel**. CAP Health Services 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 aviation, emergency services and disaster relief activities, field exercises, encampments, and special activities.

### 1.7.1 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 otherwise sought.

### 1.7.2 Provide or arrange for 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 proposed draft CAPF 79-4 or an approved wing supplement.

### 1.7.3 Provide or arrange for 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). CAP OSHA compliant blood-borne pathogen/disease prevention training can be found at the National Headquarters, Health Services webpage.

### 1.7.4 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 160-2 for reporting procedures).

### 1.7.5 Advise members to obtain necessary healthcare from non-CAP health care sources when required by the activity director, commander, or incident commander. CAP health services personnel will not perform such examinations as part of their CAP duties at any time.

### 1.7.6 Advise members to routinely complete the proposed draft CAPF 79-1, CAPF 79-2, and CAPF 79-3, or sooner if the information changes, and recommend that members carry the forms on their person in case of emergency while on all CAP activities. Units will not maintain, store, or electronically transmit these forms once personal information has been written on them. Activity Directors, Incident Commanders, or Unit Commanders may require that the forms be carried during an activity, encampment, or incident. Additionally, some Activity Directors or Commanders may require the completion of the forms prior to the activity to determine safe participation. The use and carrying of these forms is encouraged during activities for reference, during illness or emergency. HSOs will advise the Unit Commander, Incident Commander, or Activity Director on the requirements for 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 the needed preparations to make participation as safe as possible for the membership. The ultimate decision for participation in any activity rests with the Commander or Activity Director, with consultation provided by the HSO.

### 1.7.7 Assist in providing necessary health services 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.

### 1.7.8 Promote the policies of CAP, the U.S. Air Force and the Centers for Disease Control and Prevention (CDC) related to health, wellness, and fitness philosophy. Educate members about and encourage behaviors which result in increased safety, health, and wellness.

**The CAP HSO is a role that is unique to CAP** and different from most other health service positions. It is vital that HSOs realize that the CAP HSO is NOT a diagnosing or prescribing officer for anything beyond basic first aid.

# Qualifications for becoming a Health Service Officer

From the draft CAPR 79-1, the following items identify those members who are potentially qualified to become CAP HSOs:

## 1.8. Qualifications of HSOs. Any health professional or technician meeting the criteria below may qualify for a CAP health services appointment, provided that the member furnishes proof of current, unrestricted licensure, registration, certification, or professional school completion where such is required by law or regulation, to their Commander via CAP Operations Qualifications. All will be known as “Health Services Officers,” with additional designation as being in the Physician/Medical Officer category, Nursing Officer category, or Emergency Medical Technician Officer category, as determined appropriate by the Wing HSO.

1.8.1 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 services appointment in CAP but will be limited to a Technician Rating until they provide documentation of the successful completion of their training. If there is a break in schooling, the health services appointment will become void.

1.8.2 The following list is a generalized outline of the professions that meet the eligibility to serve as CAP HSOs. CAP/HS or CAP Regional HSOs will evaluate candidates in other professions not listed below, on a case-by-case basis for eligibility, when requested by the Wing HSO.

**NOTE:** These categories are provided to distinguish between uniform items for different HSOs (i.e., Medical Officer Badge, Nurse Officer Badge, EMT/Paramedic Badge, and Health Services Specialty Track Badge). These categories do not imply scope of practice, level of care, specialty outside of CAP, or academic distinctions between HSOs.

1.8.2.1 Physician/Medical Officer Category of Health Services: The professionals in the Physician/Medical Officer Category may be awarded the CAP Medical Officer Badge IAW CAPM 39-1, in addition to earning the Health Services Specialty Track 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-C)
        + Podiatrist
        + Veterinarian

1.8.2.2 Nurse Category of Health Services: 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 Services Specialty Track Badge. This category includes:

* Licensed Practical Nurse
* Registered Nurse
* Nurse Midwife
* Nurse Practitioner
* Certified Registered Nurse Anesthetist

1.8.2.3 Emergency Medical Technician Category of Health Services: 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 Services Specialty Track Badge.

1.8.2.4 Allied Professions Category of Health Services: The professionals in the Allied Professions Category may earn the Health Services Specialty Track Badge. This category includes the professions:

* + - * + Certified Nurse Assistant
        + Certified Medical Assistant
        + Athletic Trainer
        + Clinical Mental Health Professional (Master’s or non-PhD or PsyD)
        + Medical Physiologist
        + Physical Therapist
        + Public Health, Master or Doctoral Level
        + Respiratory Therapist
        + Social Worker
        + Medical Laboratory science
        + Registered Environmental Health Specialist

It should be noted that for those members who believe that they have health care training applicable to the role of the HSO, but whose particular professional category is not included on the list above, there is a mechanism for potential approval. Such members and/or their commanding officers should submit the relevant credentials and a letter of justification to the Senior Program Manager of CAP Health Services (CAP/HS). The CAP/HS will review the submitted material and make a determination of eligibility.

It is also important to **clearly recognize** that the “label” of Physician/Medical Officer, Nurse Officer, or EMT Officer does not carry explicit or implicit standing in relationship to all other HSOs. The HSO’s specialty track rating is of much greater importance than the particular category above.

# Job Descriptions including responsibilities and opportunities

**Job description:** Squadron/Flight HSO

**Qualifications:**

1. Must be a member in good standing of the subunit to which the member is assigned.
2. Must meet the criteria for Health Services Program Officer as defined in the preceding section.
3. Enrollment in the HSO Specialty track (once established) is strongly encouraged.

**Role and responsibility:**

1. Primary role is force protection and health education. The CAP HSO does not engage in operational medicine (clinical care).
2. Serve as direct advisor to subunit command on issues related to health and wellness.
3. Coordinate with subunit safety officer on issues related to safety and health.
4. Provide - or arrange for - training of subunit members in health and wellness topics including injury prevention, blood-borne and other infection prevention, and basic first aid.
5. Serve as Mishap Review officer when assigned to mishaps involving bodily injury or illness.

**Job description:** Wing HSO

**Qualifications:**

1. Must be a member in good standing of the Wing to which the member is assigned.
2. Must meet the criteria for Health Services Program Officer as defined in the earlier section.
3. Those HSOs who are students, but not yet professionals, are not eligible for appointment at the Wing level.
4. Leadership experience in their professional field is preferred.
5. Formal education or professional experience in public health/population health is preferred.
6. Must be enrolled in the HSO Specialty track (once established)
7. If available, the outgoing Wing HSO may submit a nomination for the position of Wing HSO to the Wing Commander for his/her consideration. In addition, the Region HSO and CAP/HS are available as a resource to the Wing Commander to help identify well-qualified candidates.

**Role and responsibility:**

1. Primary role is force protection, including public health. The CAP HSO does not engage in operational medicine (clinical care).
2. Serve as direct advisor to Wing Commander on issues related to health in general, and public health in particular.
3. Coordinate with Wing safety officer on issues related to safety and health.
4. Coordinate with Wing CISO on issues related to mental health
5. Advise and mentor subunit HSOs.
6. Serve as Mishap Review officer when assigned to mishaps involving bodily injury or illness.

**Job description:** Region HSO

**Qualifications:**

1. Must be a member in good standing of the Region to which the member is assigned.
2. Must meet the criteria for Health Services Program Officer as defined in the previous section.
3. Formal education and/or significant professional experience in public health/population health is essential.
4. Leadership experience in their professional field is essential.
5. Those HSOs who are students, but not yet professionals, are not eligible for appointment at the Region level.
6. Should have achieved a Master level in the health services specialty track.
7. If available, the outgoing Region HSO may submit a nomination for the position of Region HSO to the Region Commander for his/her consideration. In addition, the CAP/HS is available as a resource to the Region Commander to help identify well-qualified candidates.

**Role and responsibilities:**

1. Primary role is force protection, including public health. The CAP HSO does not engage in operational medicine (clinical care).
2. Serve as direct advisor to Regional Commander on issues related to health in general, and public health in particular, as a subject matter expert.
3. Coordinate with Region safety officer on issues related to safety and health.
4. Coordinate with Region CISO and/or Chaplain on issues related to mental health
5. Advise and mentor Wing HSOs; serve as a resource to HSOs at all levels.
6. Serve as Mishap Review officer when assigned to mishaps involving bodily injury or illness.
7. Coordinate with the CI team on reviewing the HSO CI criteria.

# The HSO Specialty Track and Training

For detailed information about the Health Services Specialty Track and training requirements, please see the appropriate HS Specialty Track Guidelines (XXX). With the passing of the new CAPR 79-1 for the Health Services Program, the first Specialty Track Guidelines were made available for HSOs, E&T Officers, and Commanders. The training program follows the same general outline as other specialty tracks with progression to and through the Technician Level, Senior Level and Master Level in Health Services. Much of the knowledge and training material is or will soon be available in the AXIS Learning Management System. Access to that material will require the member to be entered into the HS Specialty Track. This assignment can be made by the Wing HSO, the member’s Commander, or the E&T Officer.

As with all specialty tracks, the training program involves an initial orientation to the role of the Health Service Officer. For many new HSOs, this role will involve some very different tasks and responsibilities from those encountered outside of CAP. With each level there are also participation requirements where the HS training is put into practice under the guidance of a mentor with HSO experience. In the Senior and Master levels, the HSO will also be expected to work with other, new HSOs, mentoring them into and through the processes involved with progression through the Specialty Track.

# Health Services and the Squadron

At the most basic level, the HSO is responsible for education in health, wellness and safety, together with the Squadron Safety Officer, for the members of his/her squadron. As noted earlier, the responsibilities of the Squadron HSO include:

1. Primary role is force protection and health education. The CAP HSO does not engage in operational medicine (clinical care).
2. Serve as direct advisor to the squadron commander on issues related to health and wellness.
3. Coordinate with subunit safety officer on issues related to safety and health.
4. Provide - or arrange for - training of squadron members in:
5. Health and wellness topics including injury prevention,
6. Training in blood-borne and other infection prevention,
7. And basic first aid with CPR and AED instruction.

The Health Services program has developed and maintains a library of health and wellness briefings that include a PPT slide program, a handout for members, and a more in-depth briefing for the HSO.

# Developing a Wing Health Services Program

Each Wing will develop its own health services program to address the unique and common health services needs of the Wing. While there is no clearly defined model upon which a Wing Health Service program should be built, the following are some items that need to be considered:

* **Command Support**: Without clear command support, a Wing HS program is unlikely to be successful.
* **Safety**: It is strongly recommended that the Wing HSO develop a strong, cooperative relationship with the Wing Safety Officer.
* **Chaplaincy**:Since HS, Safety and the Chaplaincy are the three aspects of CAP that specifically focus on the health and well-being of the membership, it is important that the Wing HSO develop a solid relationship with the Wing Chaplain.
* **Cadet Programs**: Similar to the above, developing a productive and supportive relationship with Wing Cadet Program Officer will be quite beneficial.

It is recommended that HSOs seeking to develop their Wing’s Health Services Program carefully develop the program to be consistent with the CAP Health Services Regulation. While at this moment, the new CAPR 79-1 for Health Services is still in “coordination” prior to final approval, the final regulation will be very close to the current proposed DRAFT version of CAPR 79-1. Copies of the DRAFT regulation can be obtained by contacting the CAP/HS Senior Program Manager, or your Region HS Officer. With the final approval of CAPR 79-1, a new set of CI requirements will be added.

# The Health Service Officer at the Region Level

Let’s look more closely at the role of the HSO at the Region level.

As noted in a previous section, the primary role of the Region HSO is “force protection”, which is based on the principles of public health as they apply to CAP. The Region HSO serves the Region Commander as a subject matter expert advisor on all issues with health, public health and safety considerations. Together with the Region Safety Officer and the Region Chaplain, the Region HSO helps the Region and Wings in the Region to address the 5 pillars of Wellness through regular Wingman Days, targeted instruction and other related activities.

The Region HSO is responsible for assisting Wing HSOs in developing Wing level health services programs, recruiting members with appropriate training to become HSOs, and for mentoring new HSOs at all levels in the Region.

In addition, the Region HSO’s role includes developing close relationships with Region and Wing Safety Officers, Chaplains and CISOs. The Region HSO may be called on to assist the CI team in the area of Health Services as they evaluate the performance of Wings within the Region.

# The Mission Health Service Officer

The Mission Health Service Officer is a new role and position within CAP. This position has been developed in response to the need for well-trained Health Service Officers who are familiar with the Incident Command Team and are prepared to serve the IC as subject matter expert advisors. While all HSOs can potentially achieve this certification, prior training for some HSOs may more effectively prepare them to serve in this position. For more comprehensive information concerning both the position and the training requirements, please review the MHSO pamphlet [to be developed]. Those HSOs seeking this certification will need to develop a training relationship with an MHSO and will be mentored through the process of training and certification.

* 1. **Mission Health Services 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 protected 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. MHSOs should be capable of providing care equivalent to the Emergency Medical Responder (EMR) level defined by the National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Systems (EMS), National Emergency Medical Services Education Standards, Emergency Medical Responder Instructional Guidelines found at [www.ems.gov](http://www.ems.gov), unless that care is restricted by the state, local, tribal, or territorial governing body. An example of a course which meets the intent includes the NHTSA EMS: First Responder Training Course.
     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.

# Health Services, Safety and the Chaplaincy

Three departments in CAP are directly involved with the health and wellness of the members of Civil Air Patrol: Health Services, Safety and the Chaplaincy. This involves the safety and wellbeing of CAP members in physical, emotional and spiritual areas. Ideally, these three departments work closely together, cooperating and complementing each other for the overall benefit of the membership.

HSOs need to obtain basic training in the role of the Safety Officer through participation in the Technician on-line training for Safety Officers. Additionally, it is important for the HSO to become familiar with the 5 Pillars of Wellness that has been developed by the Chaplaincy.

# Health Services and Critical Incident Stress Management

A new regulation still in DRAFT form, CAPR 79-5 covers the Critical Incident Stress Management program that has been developed in Civil Air Patrol. The CISM program is currently under the Health Services Program and is a key component of the work underway to protect and enhance the well-being of CAP members. Basic training in psychological first aid is being incorporated into the HSO training program, enhancing the ability of the HSO to work with and support CIST members (Critical Incident Stress Team).

# National Health Services

At this time, the CAP Health Services program is under the Operations Department. The OPR for Health Services is the Director of Operations.

The following sections will describe in more detail a number of the current activities of CAP’s National Health Services program:

# Health Service Advisory Team

The Health Service Advisory Team consists of the National Senior Program Manager for Health Services CAP/HS, the Deputy Senior Program Manager, the Region HSOs, and additional members as selected by the Senior Program Manager. The coordinators for each of the current Health Service Working Groups will usually be an ad hoc member of the HSAT.

The role of the HSAT is to advise the CAP/HS on policies, needs and the status of the Health Services program in their respective regions. The members of the HSAT will assist the CAP/HS to advise National Command regarding issues of health, wellness and public health.

# Health Service Working Groups

In 2020, a series of Teams and Working Groups was developed in Health Services to develop, promote and advance the CAP Health Services Programs. The TEAMS included:

* The Covid-19 Plans Team, along with representatives of National Command, Operations, and Safety.
* The Covid-19 Exceptions Team: This smaller Team of HSOs was charged with reviewing all of the Wing and Activity Plans submitted to the COVID-19 Plans Team for review. Altogether, the Team reviewed more than 40 sets of plans from Wings across the country. The Team also worked together to draft health guidelines for National Command to utilize as they guided the Wings in safely negotiating the challenges of the COVID-19 Pandemic.
* Health Services Advisory Team: This team, which consists of the CAP/HS, the CAP/Deputy HS, all of the Region HSOs and a number of ad hoc members began meeting in 2020 and continue to meet weekly to review the health issues facing CAP and the Nation.
* Working Groups:
  + Aerospace Medicine
  + Cadets and Health Services
  + Encampment Health Services
  + First Aid Training
  + Health & Wellness Briefings
  + The CAP HS Newsletter
  + HSO training curriculum
  + MHSO development
  + Pandemic and future disaster health services planning and preparations

Health Service Officers who are interested in joining in the activities of one or more of the Working Groups are welcome to contact the CAP/HS directly and request to become a participant in the Working Group(s) they are interested in.

# COVID-19 Exceptions Team

The COVID-19 Exceptions Team provides an excellent example of how Health Services adds significant value to the service work of CAP. Throughout the Pandemic, the COVID-19 Exceptions Team reviewed the Plans developed by Wings that were intended to safely guide the Force through the various phases of the Pandemic. This include plans for encampments and other in-person training activities, as well as guidelines for Wings and Commanders to help mitigate risks and keep members as safe as possible. The Exceptions Team worked directly with Wing Teams, Commanders and Activity Directors, as well as with National Command to guide the response to the risks.

# HS Curriculum working group

With the development of the first Specialty Track Guidelines for Health Services, this working group is preparing for the inclusion of HSO training in the AXIS system. Previously, training in CAP health services has been largely missing from CAP. Progression through the specialty track ratings has been inconsistent and often frustrating. This working group is addressing the challenge of developing an effective HSO training system that will better prepare the HSO to contribute needed and valuable services to CAP.

The position of Health Service Officer is a unique health service role that requires orientation and training for new HSOs to understand and effectively put into practice. New training programs are being developed along with mentoring to ensure that new HSOs receive the type of training and orientation that will best serve them in that Duty position.

# First Aid Training working group

First Aid training is a requirement for several Emergency Services training programs. The working group’s goal is to help serve as Subject Mater Experts (SME) and to encourage use of nationally recognized programs and standards in First Aid training programs utilized, facilitated or taught by CAP. The group also tries to learn of and share opportunities from across CAP that have been utilized to lower costs and increase training opportunities. CAP is not a certifying body but encourages and supports national programs such as American Red Cross, the American Heart Association, ECSI, ASHI, and others.

# Encampment Health Services working group

There has been a wide range of health services provided at Encampments held by Wings across the country. These range from comprehensive, first aid based health care involving cadet “medics” and HSOs to Encampments with little or no formal health services. This Working Group is gathering information about all of the encampment health services being offered and developing a set of recommendations to assist Wings in developing and providing health services at their Encampments.

# Aeromedicine working group

Starting with an updating of the Fit for Flying (FFF) program that was originally developed under the DDR (Drug Demand Reduction) program and is now moved into the Health Services Program. This training is aimed both at HSOs and at Air Crew members. Providing aeromedical briefings to Air Crew members will be a responsibility for HSOs in the future.

# Cadets and Health Services working group

There has been considerable interest among a subset of Cadets in potential careers in health services. This working group will be developing programs and approaches that Wings can use to respond to Cadets with those interests. As an example of a current program that already has a good track record, the VAWG has developed a FAST (First Aid Support Team) program that prepares interested cadets to serve at Encampment as an adjunct to the Health Service Officers at Encampment. Each Wing may develop their own opportunities and experiences that will similarly respond to cadet interests.

# 22 Health Services Newsletter working group

The Health Services Advisory Team has determined that a newsletter, available to all CAP HSOs, would be beneficial in communicating the discussions affecting HSOs and how they render advice to their respective commands. In addition, it could serve as a single-source compendium of articles the contributors find relevant about new and emerging diseases, research updates and recommended changes in clinical and field practice (e.g., changes in first aid protocols, although other clinical changes may be of interest to the group). The newsletter would initially be sent to all personnel assigned as HSOs as an introduction but would evolve to an opt-in service over the course of time. In addition, newsletters will be posted and archived on the Health Services webpage, available to anyone.

# Pandemic and future disaster health services planning group

The Pandemic and Future Disaster Health Services Planning Group is comprised of members who have more in-depth experience in areas of infectious disease and public health, and who engage, sometimes directly, with external organizations including World Health and the Centers for Disease Control and Prevention, as well as developing an interface with the public health elements of the Defense Health Agency and Air Force medicine. This group is looking forward to Force Protection measures that may be employed in the event of the next epidemic or pandemic event, or in the case of planning for health safety and force protection concerns in the face of man-made and natural disasters. This could include planning for wastewater contamination of areas where CAP is operating, and mitigation of adverse effects (equipment, decontamination, assessment, avoidance), or planning for a chemical, biological radiological and/or nuclear environment (CBRN).

This Group has a wide scope with and is tasked with thinking “outside the box”, preparing, updating and maintaining plans that may never be required by CAP, and both anticipating, and predicting future trends in Public Health that could affect CAP and its personnel.

# Library of Health & Wellness Briefings

A library of Health & Wellness Briefings is being built and will reside on the Health Services Page of the National Website, which is located under Operations. These briefings will consist of a PPT slide show, a handout for members, and a more in-depth briefing document for the HSO / SE presenting the briefing.

HSOs who would like to participate in preparing Health & Wellness briefings are welcome to join the working group responsible for this area. If interested, HSOs are encouraged to contact National HS and the HS/CAP.

# Understanding the CAPR 79-1 for Health Services.

As noted at the end of the Table of Contents on page 3, the Proposed CAP Regulation for Health Services, CAPR 79-1, remains in DRAFT form awaiting final coordination and approval. While it is possible that some adjustments will be made during that process, the revised regulation, as written, is likely to be very close to the finished version. Every HSO is encouraged to read the new regulation when it is finally published. Any HSO who would like to review a DRAFT version of the newly written regulation is welcome to request a copy by e-mailing the Senior Program Manager for Health Services, which is Lt Col Stephen Leighton, MD, at this time: sleighton @capnhq.gov

The Regulation is a broad overview of the CAP Health Services program and constitutes the basic structure for the program. While intended to be comprehensive in scope, it is likely that Health Services will continue to evolve in the coming years and adjustments will be needed in the Regulation.

# Summary

The Duty Position of the Health Services Officer has evolved significantly during the course of the COVID-19 Pandemic. Although noted and required in regulation, the role of the HSO had previously been largely overlooked and underutilized. Today, building on the work done by Health Service Officers over the 2 years of the Pandemic, Health Services is becoming more focused on the principles of Public Health, including the teaching aspects of improved self-care, and the scientific basis behind the planning and execution of the techniques for Force Protection. In addition, Health Services has stepped up to coordinate the vital basic first aid training all CAP Members need to execute our many mission. Health Services Officers may come from a wide range of backgrounds, but share the common ground of a basis in preventive health care that can enhance how CAP can continue to safely and effectively support our missions without sacrificing the health and safety of our personnel.