

## Chapter 1

# Training Programs

Aircrews must be trained and ready in peacetime to perform their missions in combat or other contingency operations. Therefore, leaders at all levels must understand, sustain, and enforce high standards of combat readiness. Tough, realistic training should be designed to challenge and develop soldiers, leaders, and units. This chapter outlines the essential aeromedical training requirements needed for all aircrew members.

### TRAINING REQUIREMENTS

1-1. All U.S. Army flight students receive aeromedical training during initial flight training and during designated courses given at the United States Army Aviation Center, Fort Rucker, Alabama. Aeromedical training is also provided for specific aviators during refresher training courses. In addition, unit commanders are responsible for aeromedical training at the unit level.

### AEROMEDICAL TRAINING IN SPECIFIC COURSES

1-2. Initial aeromedical training is conducted for all U.S. Army students in the Initial Entry Rotary Wing Course. Their initial physiological training is performed according to the provisions of STANAG 3114 and TRADOC programs of instruction at USAAVNC. Aeromedical training is conducted for aviators receiving transition or advanced training at USAAVNC in the following courses:

- Fixed-Wing Multiengine Qualification Course.
- Fixed-Wing Multiengine Instructor Pilot Course.
- Aviation Safety Officer Course.

### HYPOBARIC REFRESHER TRAINING

1-3. Fixed or Rotary Wing – Aircrew members, who fly in pressurized aircraft, or aircraft operating above 10,000 feet with supplemental oxygen, must complete aeromedical refresher training to include participation in a hypobaric chamber (Type IV Profile) every five (5) years. Aircrew members who fly in pressurized aircraft must also complete a rapid decompression. This training will be conducted by an approved physiological training unit. Aircrew members with 240 months of Total Operational Flying Duty Credit (TOFDC) and 4 successful altitude chamber iterations must complete classroom training requirements but are exempt from the altitude chamber and rapid decompression practical exercise requirements.

1-4. Refresher training consists of classroom instruction to review the essential materials presented in the initial training. The minimum refresher training for meeting the requirements of paragraph 1-3 are:

- Altitude Physiology Review
- Altitude Chamber Orientation
- Altitude Chamber Practical Exercise
- Rapid Decompression Practical Exercise\*

\* For crews operating in pressurized aircraft only.

## **APPROVED PHYSIOLOGICAL TRAINING UNITS**

1-5. U.S. Air Force or U.S. Navy physiological training units may be used if aviators cannot attend aeromedical training, including hypobaric (low-pressure/high-altitude) chamber qualification, at the U.S. Army School of Aviation Medicine at Fort Rucker. Initial and refresher training conducted by the other services meets U.S. Army requirements for renewing aeromedical training currency for a five-year period.

## **UNIT TRAINING**

1-6. The unit commander must develop an aeromedical training program that meets the unit's specific needs as part of the Aircrew Training Program governed by TC 1-210. This training is crucial because most Army aircrew members are not required to attend the established refresher training courses previously described.

1-7. The unit's mission and its wide range of operations are the important factors for commanders to consider in developing an aeromedical training program. The program includes the various aeromedical factors that affect crew members' performance in different environments, during flight maneuvers, and while wearing protective gear. The unit aeromedical training program will contain, at a minimum, the continuation training described in paragraph 1-9 below.

1-8. Because of the medical and technical nature of the aeromedical training program, commanders will involve their supporting flight surgeon in developing the program. The flight surgeon will provide input into all aspects of unit aviation plans, operations, and training. Commanders can obtain further assistance in developing a unit aeromedical training program from the Dean, US Army School of Aviation Medicine, ATTN: MCCS-HA, Fort Rucker, Alabama 36362-5377. <http://usasam.amedd.army.mil>.

## **CONTINUATION TRAINING**

1-9. The requirement for continuation training applies to all U.S. Army aircrew members in operational flying positions. The Program of Instruction (POI) must be conducted once a year. The following subjects are the minimum training necessary for the unit to obtain adequate safety and efficiency in an aviation environment:

- Altitude Physiology.
- Spatial Disorientation
- Aviation Protective Equipment
- Stress, Fatigue and Exogenous Factors.

## **MISSION CONSIDERATIONS**

1-10. The unit commander must evaluate the missions of the unit to incorporate mission considerations into the aeromedical training POI. This analysis should include the following:

- Combat mission.
- Installation support missions.
- Contingency missions.
- Geographic and climatic considerations.
- Programmed training activities.

1-11. The supporting flight surgeon will help identify the aeromedical factors present during the various flight conditions and their effect on aircrews' performance. The flight surgeon and the unit commander will then develop a POI that meets the specific needs of the unit. For example, a unit stationed in the Northwest may have a war-trace mission in Southeast Asia. The unit commander and the flight surgeon would evaluate the environmental concerns of that region and incorporate those factors into the aeromedical training program.

1-12. Commanders will include all crew members in the unit aeromedical training program. Individual aircrew members will be evaluated on their aeromedical knowledge during the Annual Proficiency and Readiness Test (APART) period in accordance with (IAW) the appropriate ATM. Lesson materials may be obtained at <http://usasam.amedd.army.mil>.

## **RESPONSIBILITIES**

### **THE U.S. ARMY SCHOOL OF AVIATION MEDICINE**

1-13. USASAM, at Fort Rucker, Alabama, is responsible for planning, supervising, and conducting all formal aeromedical U.S. Army aviation training programs. USASAM also advises and assists unit commanders and flight surgeons in developing local unit aeromedical training programs.

### **THE UNIT COMMANDER**

1-14. The unit commander, assisted by the flight surgeon, will develop a local unit aeromedical training program. The program should be designed to meet the unit's mission requirements.

### **THE FLIGHT SURGEON**

1-15. The flight surgeon provides medical support. He also assists the unit commander in developing, presenting, and monitoring a unit aeromedical training program.

## **REVALIDATION AND WAIVER**

### **REVALIDATION**

1-16. Aircrew members are required to stay current in aeromedical training and hypobaric (low-pressure/high-altitude) chamber training, according to AR 95-1, TC 1-210, and the appropriate ATM. If an aircrew member's aeromedical training currency lapses, that individual must meet the requirements of paragraph 1-3 or 1-9 as appropriate.

### **WAIVERS AND EXTENSIONS**

1-17. AR 95-1 contains waiver procedures. An extension to hypobaric training may be granted, prior to the expiration period, on a case-by-case basis, for those individuals who will exceed the five year currency requirement. The waiver request will be forwarded, with the recommendation of the local flight surgeon, to the commander having ATP authority. The commander has approval authority for the DA FORM 4186 to grant the extension. The extension period will not exceed 30 days. Individuals who do not have a current altitude chamber exposure or a valid extension will be administratively restricted from flying duties and processed IAW AR 600-105 & 106.

## **TRAINING RECORD**

### **DOCUMENTATION**

1-18. When an aircrew member completes the prescribed qualification, the training will be documented in the following manner.

- Standard Form 600 (Chronological Record of Medical Care)—to be filed in the individual's health record (DA Form 3444) IAW AR 40-66.
- USAAMC FL Form 33 (Low Pressure Chamber Indoctrination Memorandum)—to be filed in the individual's Individual Flight Records Folder (IFRF) IAW FM 3.04-300.
- USAAMC AA Form 484 (Physiological Training Card)—to be retained by the individual as proof of altitude chamber training.

### **INITIAL AEROMEDICAL TRAINING**

1-19. After the aircrew member has completed training, the following entry is to be made in the REMARKS section of the DA Form 759 (Individual Flight Record and Flight Certificate—Army): "Individual has completed initial physiological training prescribed in FM 3-04.301 including hypobaric (low-pressure/ high-altitude) chamber qualification and/or Rapid Decompression on (date)." The USAAMC FL 33 will be filed in the *Supplemental Documentation* section of the IFRF IAW FM 3.04-300.

### **REFRESHER TRAINING**

1-20. In accordance with FM 3.04-300, the REMARKS section of DA Form 759 should contain the following entry: "Individual has completed refresher physiological training including hypobaric (low-pressure/high-altitude) chamber and/or Rapid Decompression qualification on (date)." The USAAMC FL 33 will be filed in the *Supplemental Documentation* section of the IFRF IAW FM 3.04-300.

### **SPECIAL TRAINING BY OTHER SERVICES**

1-21. When aeromedical training is conducted by the U.S. Air Force or U.S. Navy, the forms listed may be used to document the training qualification if the forms listed in paragraph 1-18 are not available. The appropriate entry will be made in the REMARKS section of the applicable form when the aircrew member completes training. The forms that other services may use are—

- AF1274 (Physiological Training).
- AF702 (Individual Physiological Training Record).
- NAVMED 6150/2 (Special Duty Medical Abstract).
- NAVMED 6410/7 (Completion of Physiological Training).

1-22. Appropriate entries will be made on an SF 600 (Health Record—Chronological Record of Medical Care), which is filed in the DA Form 3444- series (Terminal Digit File for Treatment Record). This information will document any medical difficulties that the individual may have encountered during altitude-chamber qualification.