



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO  
BUMEDINST 1500.15E CH-1  
BUMED-M7  
15 Jan 2015

BUMED INSTRUCTION 1500.15E CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: RESUSCITATION EDUCATION AND TRAINING

Ref: (a) BUMEDINST 1500.15E

Encl: (1) Revised pages 1, and 4 through 6 of the basic instruction

1. Purpose. To promulgate procedures for Search and Rescue Medical Technicians (HM-8401) Corpsmen to receive appropriate training as outlined in reference (a). Enclosure (1) is the revised pages 1 and 4 through 6 to reference (a).

2. Scope. Reference (a) prescribes medical readiness training and medical skills training for deployable military medical personnel.

3. Action

a. Remove page 1 of the basic instruction and replace with page 1 of enclosure (1) of this change transmittal. Navy Medicine education and training commands and other eligible participating activities will use enclosure (1) to ensure these training requirements are met as delineated in reference (a).

b. Remove pages 4 through 6 of the basic instruction and replace with pages 4 through 6 of enclosure (1) of this change transmittal.

4. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

A handwritten signature in black ink, appearing to read "M. L. Nathan", is positioned above the printed name.

M. L. NATHAN

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Subj: RESUSCITATION EDUCATION AND TRAINING

Ref: (a) DoDINST 1322.24 of 6 October 2011  
(b) OPNAVINST 3130.6E  
(c) OPNAVINST 6400.1C  
(d) BUMEDINST 6320.80  
(e) BUMEDINST 6440.5C  
(f) BUMEDINST 6710.67B

Encl: (1) Acronyms

1. Purpose. To provide policy and procedures for planning, prioritizing, and documenting resuscitation training to include basic life support (BLS); advanced cardiac life support (ACLS); advanced trauma life support (ATLS); neonatal resuscitation program (NRP); pediatric advanced life support (PALS); Trauma Nurse Core Course (TNCC) or Advanced Trauma Care for Nurses (ATCN); fetal heart rate monitoring (FHM), advanced life support in obstetrics (ALSO), sugar, temperature, airway, blood pressure, lab work and emotional support (S.T.A.B.L.E.), perinatal orientation and education program (POEP), and neonatal orientation and education program (NOEP).

2. Cancellation. BUMEDINST 1500.15D.

3. Scope. All ships and stations having medical department personnel.

4. Background

a. Reference (a) prescribes medical readiness training and medical skills training for deployable military medical personnel. Reference (b) outlines requirements for HM-8401. Reference (c) provides training and certification requirements for Independent Duty Hospital Corpsmen (IDCs). References (d) and (e) discuss the importance of and requirements for BLS, ACLS, ATLS, and PALS training for personnel assigned to emergency departments and Health Services Augmentation Program (HSAP) platforms. Reference (f) outlines requirements for administering sedation by non-anesthesiologist physicians and non-certified registered nurse anesthetists. Enclosure (1) lists acronyms used in this instruction.

b. Standardized training courses serve as the basis for training for safe and effective initial management of emergencies. Training standards and guidelines have been developed per the American Heart Association (AHA) for BLS, ACLS, and PALS; the American College of Surgeons (ACS) for ATLS; the American Academy of Pediatrics (AAP) for NRP; the American

Academy of Family Physicians for ALSO; the Association of Women's Health, Obstetrics and Neonatal Nurses for POEP and NOEP and the Emergency Nurses Association (ENA) for TNCC. These standards are used extensively and adopted worldwide. The Department of Defense (DoD) currently defines BLS, ACLS, and ATLS training per current Military Training Network (MTN) standards and guidelines.

c. S.T.A.B.L.E. is the most widely distributed and implemented neonatal education program to focus exclusively on the post-resuscitation/pre-transport stabilization care of sick infants. Based on a mnemonic to optimize learning, retention and recall of information, S.T.A.B.L.E. stands for the 6 assessments and care modules in the program: sugar, temperature, airway, blood pressure, lab work, and emotional support. The course is supported by the Hospital Corporation of America Perinatal Advisory Board for medical personnel involved in the care of newborns.

d. Because of variance in terminology used by accrediting agencies, the terms train, training, trained, or retrained are defined for this instruction as the successful completion of all course criteria/requirements (including passing any required skills and theory testing) necessary for recognition by the appropriate authority. Resuscitation training is defined as training to restore consciousness, vigor, or any living functions after apparent death or near death situation.

e. Military personnel mobility and worldwide dispersion mandate the most effective and proactive use of training programs. Because training requirements exist for both operational and clinical assignments, AHA, and ACS authorize training within the MTN.

## 5. Discussion

a. Navy health care personnel require extensive resuscitation procedure training and knowledge of resuscitation procedures for:

- (1) Operational deployments into areas with limited medical support.
- (2) Watchstanding.
- (3) Mass casualty incident responses to disasters or armed conflicts.
- (4) Assignment to work in critical care areas within medical treatment facilities (MTFs).
- (5) Standardization of clinical practice across the enterprise and elimination of gaps in resuscitation capabilities at MTFs.

b. The MTN is a tri-Service endeavor, established by the DoD and located at the Uniformed Services University of Health Sciences. The mission of the MTN is to develop and implement policy guidance and ensure compliance with curriculum and administrative standards for resuscitative and trauma medicine training programs for uniformed Service members and DoD affiliates worldwide. Professional clinical oversight of the MTN is provided by the tri-Service

BLS, ACLS, and PALS national faculty and the ATLS tri-Service trauma committee. As an affiliate of the AHA, the MTN approves and certifies BLS, ACLS, and PALS courses, and coordinates ATLS programs for the tri-Service trauma committee chairman, and the ACS. MTN resuscitative training coordination is recommended unless other means of obtaining training is more efficient and cost effective.

- (1) Information on BLS, ACLS, ATLS, and PALS is available from:

Military Training Network Resuscitative and Trauma Medicine Program  
Uniformed Services University of the Health Sciences  
4301 Jones Bridge Road  
Bethesda, MD 20814-4799  
(301) 295-0964 or DSN 295-0964  
Web site: <http://www.usuhs.mil/mtn/>

- (2) Information on NRP is available from:

American Academy of Pediatrics  
Division of Life Support Programs  
141 Northwest Point Blvd  
Elk Grove Village, IL 60007  
(847) 434-4798  
Web site: <http://www.aap.org/nrp>

- (3) Information on TNCC and Emergency Nurses Pediatric Course is available from:

Emergency Nurses Association  
TNCC and ENPC  
915 Lee Street  
Des Plaines, IL 60016-6569  
(800) 900-9659  
Web site: <http://www.ENA.org>

- (4) Information on ATCN is available from:

Society of Trauma Nurses  
ATCN  
3493 Landsdowne Drive, Suite #2  
Lexington, KY 40517  
(859) 977-7456  
Web site: <http://www.traumanurses.org/>

(5) Information on ALSO is available from:

American Academy of Family Physicians  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211  
(800) 274-2237 or (913) 906-6000  
Web site: <http://www.aafp.org>

(6) Information on S.T.A.B.L.E. is available from:

The S.T.A.B.L.E. Program  
P.O. Box 980023  
Park City, UT 84098  
(435) 655-8171 or (888) 655-8171  
Web site: <http://www.stableprogram.org>

(7) Information on POEP, NOEP, and FHM is available from:

The Association of Women's Health, Obstetrics and Neonatal Nurses  
2000 L Street, NW, Suite 740  
Washington, DC 20036  
(202) 261-2400 or (800) 354-2268  
Web site: <http://www.awhonn.org>

6. Policy. To provide training guidance regarding BLS, ACLS, ATLS, NRP, PALS, TNCC, FHM, ALSO, S.T.A.B.L.E., POEP, and NOEP for all appropriate Medical Department personnel who are subject to performing resuscitative procedures as well as performing other procedures; for providing care to women in the antepartum, intrapartum, and postpartum settings; and for newborns in all hospital settings. Periodicity, didactic, and practical training experiences must follow the guidelines developed by the appropriate authority.

a. BLS. All Navy Medicine health care personnel (i.e., active duty, reserve, civilian, contract, and foreign hire) assigned to, or subject to being assigned to, duties providing direct patient care, either diagnostic or therapeutic, must maintain current BLS Health Care Provider training certification. All Navy Medicine personnel assigned to deployable HSAP platforms must also maintain current BLS health care provider certification. Additionally, per reference (c), all IDCs will be certified and maintain currency as BLS health care provider instructors and non-anesthesiologist physicians and non-certified registered nurse anesthetists will follow the BLS guidelines outlined in reference (f). Remaining Navy Medicine personnel (e.g., non-clinical) are strongly encouraged, but not required, to maintain BLS training for non-health care providers, or higher level.

b. ATLS and ACLS

(1) Medical Corps Officers. All Medical Corps officers with the following subspecialty codes must successfully complete ACLS and ATLS training before they are permitted to detach from their current command to any outside the continental United States (OCONUS) assignments, operational assignments, or to HSAP platforms: 15A0/15A1 (Flight Surgery/Aerospace Medicine); 15B0/15B1 (Anesthesia); 15C0/15C1 (General/Subspecialty Surgery); 15E0/15E1 (Obstetrics and Gynecology); 15F0 (General Medicine); 15H0/15H1 (Orthopedic Surgery); (16P0/16P1) Emergency Medicine; 16Q0/16Q1 (Family Medicine); 16R0/16R1 (Internal Medicine); and 16U0/16U1 (Undersea Medicine). It is preferable that these specialties maintain certification in ACLS and ATLS at all times. However, successful completion of ACLS and ATLS must be achieved within 6 months prior to detachment or by the earliest feasible training opportunity after notification of reassignment/ orders. Additionally, currency must be maintained throughout their OCONUS tour or deployment. Continental United States (CONUS) commands releasing detaching Medical Corps officers without ACLS and ATLS training will be subject to paying all costs related to having the officer returned to CONUS for training, including temporary additional duty coverage of the billet during training, if indicated by the OCONUS commanding officer. All other Navy Medicine physicians (active duty, reserve, civilian, contract, and foreign hire) will successfully complete ACLS and ATLS training, per local policy. Additionally non-anesthesiologists must follow ACLS guidelines outlined in reference (f).

(2) Dental Corps Officers. All Dental Corps officers assigned to OCONUS duty stations, operational assignments or to HSAP platforms should to the greatest extent possible complete either ATLS, the Combat Casualty Care course, or attend the Pre-Hospital Trauma Life Support course. Dental Corps officers with the subspecialty codes of 1750 (Oral and Maxillofacial Surgery) and 1760 (Periodontics) who will be providing sedation in their practice must additionally have current ACLS certification, per reference (f). All other Navy Medicine dentists (active duty, Reserve, civilian, contract) will achieve ACLS and ATLS training per local policy.

(3) Nurse Corps Officers. Nurse Corps officers with the subspecialty codes (primary, secondary, or tertiary) of 1945 (Emergency/Trauma), 1950 (Perioperative), 1960 (Critical Care), and 1972 (Nurse Anesthesia) must maintain current ACLS certification. Nurse Corps officers assigned to HSAP platforms, as Individual Augmentees (IAs), or to other contingency augmentation billets, must maintain current ACLS certification prior to and throughout deployments. Additionally, competency in trauma resuscitation, as demonstrated by completion of TNCC, or equivalent ATCN is mandatory for Nurse Corps officer with the above subspecialty codes and highly recommended and encouraged for all other Nurse Corps officers. All other Navy Medicine nurses (active duty, reserve, civilian, contract, and foreign hire including licensed practical nurses (LPNs)/license vocational nurses (LVNs)) will successfully complete ACLS and TNCC training per local policy.

(4) Medical Service Corps Officers. Medical Service Corps officers with the subspecialty code of 1893 (Physician Assistant (PA)) assigned to HSAP platforms, as IAs, or assigned to other contingency augmentation billets must maintain current ACLS certification prior to and throughout deployment. Additionally, ACLS certification is strongly recommended

for all PAs stationed OCONUS and in remote locations. Additional familiarization with trauma resuscitation is accomplished by attending an ATLS course and is required of all PAs assigned to HSAP platforms, as IAs or assigned to other contingency augmentation billets. Currency in ATLS shall be maintained throughout deployment. All other Navy Medicine PAs (civilian, contract, and foreign hire) will successfully complete ACLS training per local policy.

(5) IDC. IDC Navy Enlisted Classifications (NECs), 8402 (Submarine Force), NEC 8425 (Surface Force), NEC 8401 (Special Operations), and NEC 8494 (Deep Sea Diving) must maintain current ACLS certification per reference (c). Additional familiarization with trauma resuscitation is accomplished by attending a Casualty Treatment Training Course prior to deployment with HSAP platforms, as IAs or when assigned to other contingency augmentation billets.

c. NRP. All Medical Corps officers, Nurse Corps officers, Physician Assistants, and their civilian equivalents (civil service, contract, and foreign hire including LPNs/LVNs) whose primary clinical responsibilities involve caring for newborn infants (i.e., in critical care specialty areas such as neonatal intensive care, labor and delivery, and pediatric intensive care) must be additionally trained and certified in NRP, adhering to local policy. NRP certification is also recommended, but not required, for Hospital Corpsmen assigned to areas where newborn infants will be their primary clinical responsibility, and where the length of the assignment extends beyond initial orientation. It is highly recommended that all personnel detaching to MTFs OCONUS or to Hawaii, whose primary clinical assignment will involve caring for neonatal patients successfully complete NRP before detachment. Recertification for those, whose NRP training will expire while serving OCONUS, is highly recommended before detachment.

d. PALS. All Medical Corps officers, Dental Corps officers, Nurse Corps officers, PAs, and their civilian equivalents (civil service, contract, and foreign hire, including LPNs/LVNs) whose primary clinical responsibilities involve caring for pediatric patients in clinics, inpatient units and critical care and specialty areas such as emergency department, neonatal intensive care unit (ICU), and pediatric ICU must additionally be trained and certified in PALS adhering to local policy. Training is also recommended, but not required, for Hospital Corpsmen assigned to areas where pediatric patients will be their primary clinical responsibility, and where the length of the assignment extends beyond a simple orientation. Training for all personnel detaching to MTFs OCONUS, or to Hawaii, whose primary clinical assignment will involve caring for pediatric patients and whose PALS training will expire while serving OCONUS, is highly recommended before detachment.

e. FHM. All Medical Corps and Nurse Corps officers, and their civilian equivalents (civil service, contract, and foreign hire including LPNs/LVNs) assigned to, or subject to being assigned to duties providing direct patient care in obstetrics, either diagnostic or therapeutic, must maintain current training in FHM.

f. ALSO. All Medical Corps and Nurse Corps officers whose primary clinical responsibilities involve caring for obstetric patients must complete the ALSO course. Medical

and nursing obstetrical personnel detaching CONUS commands must successfully complete ALSO training within 6 months prior to their assignment OCONUS. These requirements are waived if the detaching officer holds current ALSO training that expires after the new projected rotation date. All other Navy Medicine physicians (active duty, reserve, civilian, contract, and foreign hire) will successfully complete ALSO training per local policy.

g. S.T.A.B.L.E. All Medical Corps officers, Nurse Corps officers, PAs, and their civilian equivalents (civil service, contract, and foreign hire, including LPNs/LVNs) whose primary clinical responsibilities involve caring for newborn infants (to include critical care and specialty areas such as neonatal intensive care, labor and delivery, and pediatric intensive care) must be additionally trained and certified in S.T.A.B.L.E. Training is highly recommended for all personnel detaching to MTFs OCONUS or to Hawaii whose primary clinical assignment will involve caring for neonatal patients. Training is also recommended, but not required, for Hospital Corpsmen assigned to areas where newborn infants will be their primary clinical responsibility, and where the length of the assignment extends beyond initial orientation. This course is additionally recommended, but not required, for nurses and Hospital Corpsmen responsible for providing direct care to newborn infants within overflow clinical areas such as medical surgical inpatient units and emergency departments.

h. POEP and NOEP. All Nurse Corps officers and their civilian equivalents (civil service, contract, and foreign hire including LPNs/LVNs) whose primary clinical responsibilities involve: perinatal and neonatal; specialty areas such as labor and delivery, antepartum, postpartum; neonatal intensive care; and special care nurseries must be additionally trained and certified in POEP and/or NOEP. Training is also recommended, but not required, for Hospital Corpsmen assigned to areas where antepartum, postpartum and/or neonatal patients will be their primary clinical responsibility, and where the length of the assignment extends beyond initial orientation. Additionally, all Nurse Corps officers, and their civilian equivalents (civil service, contract, and foreign hire including LPNs/LVNs) detaching to MTFs OCONUS or to Hawaii whose primary clinical assignment will involve caring for patients as identified above, must successfully complete POEP and NOEP training within 6 months prior to their assignment OCONUS.

7. Supplemental education and training for MTFs with ICUs. (Not required but recommended).

a. The majority of Navy Medicine ICUs do not have trained Critical Care Intensivists to oversee the management of critical care patients. To date, there has been reliance on family physicians, internists, and pediatricians to manage this complex patient population even if only for a short period of time.

b. The Society of Critical Care Medicine sponsors the course “Fundamentals of Critical Care Support (FFCS).” The FFCS course is a 2 day comprehensive course addressing the fundamental management principles for the first 24 hours of critical care. The target audience for this course includes providers, nurses, and PAs involved in managing critical care patients on a limited basis.

c. Medical Corps officers, Nurse Corps officers, PAs, and their civilian equivalents (civil service, contract, and foreign hire) whose primary clinical responsibilities involve caring for complex, critical care patients on a limited basis or in OCONUS ICUs are encouraged to attend FCCS prior to detachment or assignment to these ICUs.

d. Additional information regarding the Society of Critical Care Medicine and the FCCS Course may be found at: <http://www.sccm.org/Fundamentals/FCCS/Pages/default.aspx>.

## 8. Responsibility

### a. Commanding Officers and Officers in Charge must:

(1) Ensure BLS, ACLS, ATLS, TNCC, NRP, PALS, ALSO, S.T.A.B.L.E., POEP and/or NOEP training, when necessary, is available and efforts are coordinated to make the best use of resources. Ensure staff detaching to remote CONUS facilities, OCONUS MTFs, or to operational/contingency assignments or platforms have the required training prior to detachment.

(2) Assign highest priority to ensure deploying personnel and personnel detaching to OCONUS billets complete required training before detachment.

(3) Provide or arrange for high quality and cost-effective training.

(4) Ensure completed training is documented in individual training records, and in the Defense Medical Human Resources System internet training management system.

(5) Designate at least 1 Navy Medicine officer for the MTF, with the full-time or collateral duty as the Training for Resuscitation Medicine Liaison Officer (TRMLO). The TRMLO may be head of staff education and training (SEAT), or a designee if appropriate. Each TRMLO will interface with the MTN for resuscitative medicine programs (as discussed in paragraph 4b), or other local resuscitation training resources, as appropriate.

### b. TRMLO responsibilities include, but are not limited to:

(1) Providing sufficient opportunities for Navy health care personnel to be trained and maintain training, per this instruction.

(2) Validating lists of personnel trained in BLS, ACLS, ATLS, TNCC, NRP, PALS, ALSO, S.T.A.B.L.E., POEP and/or NOEP in conjunction with the SEAT department.

(3) Maintaining, in coordination with the SEAT, personnel lists for training and retraining requirements, as well as the necessary/required data on trained instructors.

(4) Coordinating, in conjunction with the SEAT, all resuscitation training within their area of responsibility.

c. SEAT Departments must:

(1) Identify training requirements and institute a training cycle.

(2) Ensure BLS, ACLS, ATLS, TNCC, NRP, PALS, FHM, ALSO, S.T.A.B.L.E, POEP, and NOEP training meets the appropriate authority standards through any combination of the following:

(a) Self-sufficient training programs with the MTN; or association with an MTN program in the local geographic area.

(b) Association with local civilian affiliates (per MTN and ACS standards) for training and course criteria/requirements.

(c) Association with local ACS state faculty for ATLS training.

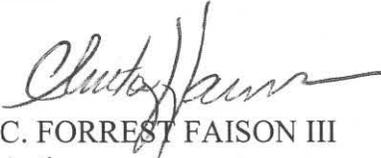
(d) Association with local ENA state faculty for TNCC training.

(e) Association with AAP for NRP training.

(f) Association with the Society of Critical Care Medicine for FCCS training.

(3) Provide training information to the medical staff services professional department for all health care providers.

9. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

  
C. FORREST FAISON III  
Acting

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## ACRONYMS

AAP	American Academy of Pediatrics
ACLS	Advanced Cardiac Life Support
ACS	American College of Surgeons
AHA	American Heart Association
ALSO	Advanced Life Support in Obstetrics
ATCN	Advanced Trauma Care for Nurses
ATLS	Advanced Trauma Life Support
BLS	Basic Life Support
CONUS	Continental United States
DoD	Department of Defense
ENA	Emergency Nurses Association
FCCS	Fundamentals of Critical Care Support
FHM	Fetal Heartrate Monitoring
HSAP	Health Services Augmentation Program
IA	Individual Augmentee
ICU	Intensive Care Unit
IDC	Independent Duty Hospital Corpsman
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MTF	Military Treatment Facility
MTN	Military Training Network
NEC	Navy Enlisted Classification
NOEP	Neonatal Orientation and Education Program
NRP	Neonatal Resuscitation Program
OCONUS	Outside the Continental United States
PA	Physician Assistant
PALS	Pediatric Advanced Life Support
POEP	Perinatal Orientation and Education Program
SEAT	Staff Education and Training
S.T.A.B.L.E	Sugar, Temperature, Airway, Blood Pressure, Lab Work and Emotional Support
TNCC	Trauma Nursing Core Course
TRMLO	Training for Resuscitation Medicine Liaison Officer