



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

IN REPLY REFER TO
BUMEDINST 1500.15F
BUMED-M7
17 Oct 2017

BUMED INSTRUCTION 1500.15F

From: Chief, Bureau of Medicine and Surgery

Subj: RESUSCITATION EDUCATION AND TRAINING POLICY

Ref: (a) DoD Instruction 1322.24 of 6 October 2011
(b) OPNAVINST 3130.6E
(c) OPNAVINST 6400.1C
(d) BUMEDINST 6320.80A
(e) BUMEDINST 6440.5D
(f) BUMEDINST 6710.67C
(g) BUMEDINST 6320.97A

Encl: (1) Resuscitation Training for Perinatal Courses
(2) 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 monitoring (FHM); advanced life support in obstetrics (ALSO); emergencies in clinical obstetrics (ECO); and sugar, temperature, airway, blood pressure, lab work, and emotional support (S.T.A.B.L.E.). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1500.15E.

3. Scope. All ships and stations with 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 Hospital Corpsman (HM) 8401 (search and rescue). Reference (c) provides training and certification requirements for Independent Duty Corpsman (IDC). References (d) and (e) discuss the importance of and requirements for BLS, ACLS, ATLS, and PALS training for personnel assigned to emergency departments and Navy Medicine Augmentation Program (NMAP) platforms. Reference (f) outlines requirements for administering sedation by non-anesthesiologist physicians and non-certified registered nurse (RN) anesthetists. Enclosure (1) lists perinatal training requirements and enclosure (2) lists acronyms used in this instruction.

b. Standardized training courses serve as the training basis for safe and effective initial management of emergencies. Training standards and guidelines have been developed per the American Heart Association for BLS, ACLS, and PALS; the American College of Surgeons (ACS) for ATLS; the American Academy of Pediatrics for NRP; the American Academy of Family Physicians for ALSO; the American Congress of Obstetricians and Gynecologists for ECO; the Association of Women's Health; Obstetric and Neonatal Nurses (AWHONN) for FHM; and the Emergency Nurses Association 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. Because of the variance in terminology used by accrediting agencies, the terms train, training, trained, or re-trained are defined for this instruction as the successful completion of all course criteria and 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.

d. Military personnel mobility and worldwide distribution mandate the most effective and proactive use of training programs. Because training requirements exist for both operational and clinical assignments, the American Heart Association 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) Watch standing.
- (3) Mass casualty incident responses to disasters or armed conflicts.
- (4) Assignment to work in critical care areas within medical treatment facilities (MTF).
- (5) Standardization of resuscitation capabilities across the enterprise and decreasing skills variance in resuscitation capabilities at MTFs.

b. The MTN is a Tri-Service endeavor, established by DoD and located at the Uniformed Services University of the 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 American Heart Association, 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. American Red Cross BLS provider certifications are considered to be equivalent to MTN and American Heart Association BLS provider cards.

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

Uniformed Services University of the Health Sciences
MTN, Resuscitative and Trauma Medicine Program
Main: (210) 808-4484, DSN: 420-4484
Web site: <http://www.usuhs.mil/mtn/>
BLS Web site: <https://www.onlineaha.org>

- (2) Information on NRP is available from:

American Academy of Pediatrics
Division of Life Support Programs
(847) 434-4798
Web site: <http://www.aap.org/nrp>

- (3) Information on TNCC is available from:

Emergency Nurses Association
TNCC and ENPC
(800) 900-9659
Web site: <http://www.ENA.org/education/ENPC-TNCC/tccc/Pages/aboutcourse.aspx>

- (4) Information on ATCN is available from:

Society of Trauma Nurses ATCN
(859) 977-7456
Web site: <http://www.traumanurses.org/>

- (5) Information on ALSO is available from:

American Academy of Family Physician
(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
(435) 655-8171 or (888) 655-8171
Web site: <http://www.stableprogram.org>

(7) Information on FHM is available from:

The Association of Women's Health, Obstetrics and Neonatal Nurses
(202) 673-8499 or (800) 354-2268
Web site: <http://www.awhonn.org>

(8) Information for Society of Critical Care Medicine and the Fundamentals of Critical Care Support (FCCS) course may be found at:
<http://www.sccm.org/Fundamentals/FCCS/Pages/default.aspx>.

6. Policy. Medical department personnel who are subject to performing resuscitative procedures, and providing care to women and newborns in the antepartum, intrapartum, and postpartum settings must follow the policy and guidelines for practical training experiences developed by appropriate authority for BLS, ACLS, ATCN, ATLS, NRP, PALS, TNCC, FHM, ALSO, S.T.A.B.L.E., and ECO as follows:

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 based on American Heart Association or American Red Cross cardiopulmonary resuscitation training guidelines. All Navy Medicine personnel assigned to deployable NMAP platforms must also maintain current American Heart Association or American Red Cross BLS health care provider certification. Additionally, per reference (c), all IDCs will be certified and maintain certification as BLS health care provider instructors; non-anesthesiologist physicians and non-certified RN 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, TNCC, and ACLS

(1) Medical Corps Officers. All Medical Corps officers with the following subspecialty codes (SSC) 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 NMAP platforms: 15A0/15A1 (flight surgery/aerospace medicine); 15B0/15B1 (anesthesia); 15C0/15C1 (general/subspecialty surgery); 15E0/15E1 (obstetrics and gynecology (OBGYN)); 15F0 (general medicine);

15H0/15H1 (orthopedic surgery); (16P0/16P1) emergency medicine; 16Q0/16Q1 (family medicine); 16R0/16R1 (internal medicine); and 16U0/16U1 (undersea medicine). Certification in ACLS and ATLS must be maintained at all times.

(a) Successful completion of ACLS and ATLS must be achieved within 6 months prior to detachment or the earliest feasible training opportunity after notification of reassignment or orders to achieve minimal 18 months of certification onboard the OCONUS or operational setting.

(b) Continental United States (CONUS) commands detaching Medical Corps officers without ACLS and ATLS training must notify the OCONUS commanding officer via the Navy Medicine regions, regarding a lack of training availability or limitations that prohibited training completion within 60 days prior to transfer. An alternative course of action to accomplish readiness training requirements should also be recommended.

(c) Reference (f) requires all other Navy Medicine physicians (active duty, Reserve, civilian, contract, and foreign hire) will successfully complete ACLS and ATLS training, per local policy.

(2) Dental Corps Officers. All Dental Corps officers assigned to Fleet Marine Force (FMF), sea duty, construction battalions, or to NMAP platforms must complete either ATLS, Combat Casualty Care course, or attend the Pre-Hospital Trauma Life Support course. Those assigned to OCONUS duty stations 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. All Nurse Corps officers with the primary SSC of 1945 (emergency/trauma), 1950 (perioperative), 1960 (critical care), and 1972 (nurse anesthesia) must maintain current ACLS certification.

(a) All Nurse Corps officers assigned to NMAP platforms (with primary SSC as listed), as individual augmentees (IA), 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 officers with the above subspecialty codes and highly recommended and encouraged for all other Nurse Corps officers.

(b) All other Navy Medicine nurses (active duty, Reserve, civilian, contract, and foreign hire including licensed practical nurses (LPN) or license vocational nurses (LVN)) will successfully complete ACLS and TNCC per local policy.

(4) Medical Service Corps Officers. Medical Service Corps officers with the SSC of 1893 (physician assistant (PA)) assigned to NMAP platforms, as IAs, or assigned to other contingency augmentation billets, must obtain or maintain current ACLS certification prior to permanent change of station (PCS) OCONUS assignment and deployment. Additionally, ACLS certification is strongly recommended for all PAs stationed OCONUS and in remote locations. Additional familiarization with trauma resuscitation is accomplished by completing an ATLS course and is required of all PAs assigned to NMAP platforms, as IAs or assigned to other contingency augmentation billets. Competency in ATLS must 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 classification (NEC), 8402 (submarine force), 8403 (FMF reconnaissance), 8425 (surface force), and 8494 (deep sea diving), must adhere to and maintain ACLS certification per reference (c). Additional familiarization with trauma resuscitation is accomplished by attending a casualty treatment training course prior to deployment with NMAP platforms, as IAs or when assigned to other contingency augmentation billets. Additionally, there are other enlisted medical NECs (e.g., HM-8401 SAR) which require ACLS certification per the Navy Enlisted Occupational Standards Manual. Those technicians are required to certify and maintain standards per the Navy Enlisted Occupational Standards Manual.

c. PALS. All Medical, Dental, and Nurse Corps officers, PAs, and their civilian equivalents (civil service, contract, and foreign hire, including LPNs and 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. Residents in military pediatric Graduate Medical Education Programs must obtain PALs instructor status by program completion. Training is also recommended, but not required, for enlisted medical personnel assigned to areas where pediatric patients will be their primary clinical responsibility and where the length of the assignment extends beyond a simple orientation. Within 6 months of reassignment, PALS training is highly recommended for all personnel detaching to MTFs OCONUS, with a primary clinical assignment involving caring for pediatric patients.

d. Perinatal Interval Training. For each perinatal resuscitation training course, designated Navy Medicine health care personnel, to include active duty, Reserve, civilian, contract, and foreign hire assigned to, or subject to being assigned to inpatient perinatal clinical areas, will complete perinatal interval training as delineated in the course requirements. Obstetric providers include: OBGYN physicians, family medicine physicians, and advanced practice nurses (APN)

who deliver direct obstetric and maternal care. Pediatric providers include: pediatricians, family medicine physicians, PAs, and APNs who deliver direct neonatal care. Licensed independent providers include: APNs and PAs. Nurses include: RNs, LPNs, and LVNs. Ancillary or unlicensed clinical personnel include: enlisted medical personnel and civilian medical assistants or certified nursing assistants. Residents in training programs (OBGYN, family medicine, and pediatrics) should meet the same requirements as their respective staff physicians no later than the completion of their Graduate Medical Education (GME) Program. If a particular program or sponsoring organization waives course recertification requirements for individuals who maintain active instructor status per program/course specifications, those individuals are considered current in their respective program for purposes of compliance with the perinatal training requirements. Personnel detaching from medical centers and mid-sized CONUS MTFs bound for OCONUS or remote or small CONUS facilities, whose primary clinical assignment will involve caring for maternal patients or neonatal patients, should complete required training within 6 months of PCS transfer particularly if the training is due to expire within 6 months of arriving at the new command. It is the responsibility of the detaching command to ensure that personnel have met training and certification requirements prior to detachment.

(1) NRP. All physicians, licensed independent practitioners, nurses, unlicensed care providers, and respiratory therapists with clinical responsibilities associated with care of neonatal patients must be trained and certified in NRP. Residents in military pediatric GME Programs must obtain NRP instructor status by program completion.

(2) FHM. All unlicensed clinical staff (enlisted medical personnel, civilian medical assistants, and certified nursing assistants providing direct patient care in antepartum or labor and delivery settings must complete training in AWHONN's Basic FHM program by no later than the end of clinical orientation and subsequently every 2 years. Nurses who provide direct care in antepartum or labor and delivery settings (to include multi-service units that provide obstetric services) must complete basic FHM training by no later than the end of clinical orientation, and complete training in AWHONN's Intermediate FHM program by no later than the end of the first year of clinical assignment, and subsequently every 2 years. All obstetric providers who provide direct care in antepartum or labor and delivery settings (to include multi-service units that provide obstetric services) must complete training in AWHONN's intermediate or advanced FHM program every 2 years. Additional training and knowledge verification for obstetric nurses and obstetric providers in FHM is recommended, utilizing programs such as Fetal Monitoring Credentialing from the Perinatal Quality Foundation or National Certification Corporation's electronic fetal monitoring certification. These programs may serve as an adjunct (but not as a replacement) to the AWHONN course to assess clinician judgement and verify clinical reasoning.

e. ALSO and ECO. All obstetric providers and nurses who deliver direct maternal patient care in the antepartum, intrapartum, or postpartum setting must maintain certification in ALSO or ECO per American Academy of Family Physicians or American Congress of Obstetricians

and Gynecologists Program requirements. ALSO is strongly recommended for baseline preparation, particularly for family medicine residents in training. ECO is intended for refresher and interval training; however, ALSO and ECO are interchangeable and current training and certification is only required from one of the courses. Residents in military obstetrics and family medicine GME Programs as well as advanced practice and clinical nurse specialists are recommended to attain ALSO or ECO instructor status by completion of training.

f. S.T.A.B.L.E. All pediatric providers, nurses, and unlicensed clinical personnel whose primary clinical responsibilities involve caring for newborn infants beyond the initial resuscitation period (to include areas such as neonatal intensive care, newborn nursery, labor and delivery, postpartum, and pediatric intensive care) must be trained and certified in (instructor-led) S.T.A.B.L.E., per program requirements.

g. Simulation and Drills. Each MTF must conduct at minimum, monthly obstetric or neonatal simulation training at a unit or department level. At a minimum of twice annually, each MTF must conduct a large-scale, multi-disciplinary perinatal simulation training with the required participation of all direct perinatal care personnel to include residents in training, anesthesia providers, blood bank staff, and applicable ancillary staff.

7. Supplemental Education and Training for MTFs with ICUs

a. Navy Medicine level I and level II MTFs with ICUs require trained critical care intensivists to oversee the management of critical care patients. Critical care intensivists support is not a requirement, but a recommendation for level III MTFs. When critical care intensivists are not available, family physicians, internists, and pediatricians have been relied upon to manage this complex patient population, even if only for short periods of time. Reference (g) describes the distinctions of level I, level II, and level III facilities.

b. The Society of Critical Care Medicine sponsors the course “FCCS.” The FCCS 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 and Nurse Corps officers, PAs, and their civilian equivalents (civil service, contract, or foreign hire) whose primary clinical responsibilities involve caring for complex, critical care patients on a limited basis or in OCONUS ICUs are encourage to attend FCCS prior to detachment or assignment to these ICUs.

8. Responsibilities

a. Navy Medicine East, Navy Medicine West, and Navy Medicine Education, Training, and Logistics Command. Echelon 3 commanders must ensure commands follow all aspects of this instruction.

b. Commanding Officers and Officers in Charge must:

(1) Exercise accountability and develop local policies to ensure high quality, cost effective training. Ensure BLS, ACLS, ATLS, TNCC, NRP, PALS, ALSO, ECO, and S.T.A.B.L.E. 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 or contingency assignments or platforms have required training prior to detachment. Commands who PCS staff without completion of required courses as indicated in paragraphs 6 and 7 must notify the OCONUS commanding officer via Navy Medicine regions, regarding a lack of training availability or limitations that prohibited training completion a minimum of 60 days prior to transfer. An alternative course of action to accomplish readiness training requirements should also be recommended.

(2) Appoint training for resuscitation medicine liaison officer in writing and establish responsibilities per local policy. The training for resuscitation medicine liaison officer may be the staff education and training (SEAT) department head.

b. Training for resuscitation medicine liaison officer duties include, but are not limited to:

(1) Ensuring compliance with policy guidance and training standards of the appropriate resuscitation medicine accrediting organization.

(2) Coordinating with the SEAT department and program directors to determine priority of course enrollment if potential enrollees exceed course capabilities.

(3) Consulting with accrediting organization for questions related to program execution.

c. SEAT Department Head must:

(1) Identify training requirements and ensure appropriate numbers of courses are scheduled to meet the identified demand.

(2) Provide logistical support to include ordering appropriate supplies, maintaining gear in a serviceable condition, and providing classroom spaces conducive to learning.

(3) Ensure completed training and drills are documented in individual training records and in the Navy Medicine approved learning management system, utilizing standard course nomenclature for specific delineation and tracking (BLS-Heart saver, BLS-Healthcare Provider, etc.).

(4) Ensure personnel requiring training in resuscitative medicine programs are identified, prioritized, and scheduled to complete training that meets the appropriate authority standards through any combination of the following:

17 Oct 2017

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

(b) Association with local ACS state faculty and ATLS training.

(c) Association with local Emergency Nurses Association state faculty for TNCC training.

(d) Association with AAP for NRP training.

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

(f) Ensure documentation of training and certification compliance and drill completion in the learning management system.

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

9. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV Manual 5210.1 of January 2012.

10. Review and Effective Date. Per OPNAVINST 5215.17A, Bureau of Medicine and Surgery will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

11. Information Control Management. The reports required in paragraphs 6b1(b), and 8a(1), are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 71.


TERRY J. MOULTON
Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.

RESUSCITATION TRAINING FOR PERINATAL COURSES

Department	Personnel Type	Required Trainings
Obstetrics	Physician Resident (in training) APN Certified Nurse-Midwife	NRP ALSO or ECO Intermediate or Advanced FHM Simulation & Drills
Pediatrics	Physician Resident (in training) APN	NRP S.T.A.B.L.E. Simulation & Drills
Family Medicine	Physician Resident (in training) APN	NRP ALSO or ECO Intermediate or Advanced FHM S.T.A.B.L.E. Simulation & Drills
Inpatient Unit Antepartum Labor and Delivery	RN LPN LVN	ALSO or ECO Intermediate or Advanced FHM S.T.A.B.L.E. Simulation & Drills
Inpatient Unit Antepartum Labor and Delivery	Unlicensed clinical personnel	NRP Basic FHM Simulation & Drills
Inpatient Unit Postpartum Unit (mother/baby)	RN LPN LVN	NRP ALSO or ECO S.T.A.B.L.E. Simulation & Drills
Inpatient Unit Postpartum Unit (mother/baby)	Unlicensed clinical personnel	NRP S.T.A.B.L.E. Simulation & Drills
Inpatient Unit Multiservice Ward (maternal and neonatal patients)	RN LPN LVN	NRP ALSO or ECO Intermediate or Advanced FHM S.T.A.B.L.E. Simulation & Drills
Inpatient Unit Multiservice Ward (maternal and neonatal patients)	Unlicensed clinical personnel	NRP S.T.A.B.L.E. Simulation & Drills
Inpatient Unit Newborn Nursery Neonatal ICU	RN LPN LVN Unlicensed clinical personnel	NRP S.T.A.B.L.E. Simulation & Drills

ACRONYMS

ACLS	Advanced Cardiac Life Support
ACS	American College of Surgeons
ALSO	Advanced Life Support in Obstetrics
APN	Advanced Practice Nurses
ATCN	Advanced Trauma Care for Nurses
ATLS	Advanced Trauma Life Support
AWHONN	Association of Women's Health Obstetrics and Neonatal Nurses
BLS	Basic Life Support
CONUS	Continental United States
DoD	Department of Defense
ECO	Emergencies in Clinical Obstetrics
FCCS	Fundamentals of Critical Care Support
FHM	Fetal Heartrate Monitoring
FMF	Fleet Marine Force
GME	Graduate Medical Education
HM	Hospital Corpsman
IA	Individual Augmentee
ICU	Intensive Care Unit
IDC	Independent Duty Corpsman
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MTF	Military Treatment Facility
MTN	Military Training Network
NEC	Navy Enlisted Classification
NMAP	Navy Medicine Augmentation Program
NRP	Neonatal Resuscitation Program
OBGYN	Obstetrics and Gynecology
OCONUS	Outside the Continental United States
PA	Physician Assistant
PALS	Pediatric Advanced Life Support
PCS	Permanent Change of Station
RN	Registered Nurse
SA	Search and Rescue
SEAT	Staff Education and Training
SSC	Subspecialty Code
S.T.A.B.L.E	Sugar, Temperature, Airway, Blood Pressure, Lab Work and Emotional Support
TNCC	Trauma Nursing Core Course