



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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CH-1 of 21 Dec 2018
IN REPLY REFER TO
BUMEDINST 1500.35
BUMED-M7
7 May 2018

BUMED INSTRUCTION 1500.35

From: Chief, Bureau of Medicine and Surgery

Subj: HIGH-RISK TRAINING POLICY

Ref: (a) OPNAVINST 1500.75D
(b) OPNAVINST 3500.39D
(c) OPNAVINST 6110.1J
(d) BUMEDINST 5100.13F
(e) OPNAVINST 5100.23G
(f) OPNAVINST 5100.19E
(g) OPNAVINST 5102.1D

Encl: (1) Nutritional Supplement and Over-the-Counter Medication Screening Guidance

1. Purpose. To provide policy and governance for Navy Medicine high-risk training by adopting and supplementing the policy requirements of reference (a): to incorporate references (b) through (g) and the Catalog of Navy Training Courses (CANTRAC), as appropriate, in establishing Navy Medicine mission-essential training objectives; to provide amplifying policy; to assign responsibilities; and to publish a procedural directive for training safety in high-risk training assignments. The enclosures in reference (a) are adopted for use in the implementation of this instruction. This is a new instruction and must be read in its entirety in conjunction with reference (a).

2. Background. High-risk training is operationally defined as training activities, courses, and evolutions that expose students, instructors, and support staff to a heightened level of risk that may result in death, serious bodily injury, or loss of asset should a mishap occur. Navy Medicine conducts high-risk training (i.e., aviation physiology training and survival swimming). As such, risk mitigation is critical to safely and effectively achieve desired training outcomes. Thorough course planning incorporating operational risk management (ORM) per reference (b), precise training execution, and meticulous course oversight provide the greatest opportunity for instructors and students to safely and effectively complete Navy Medicine high-risk training.

3. Scope and Applicability. This instruction applies to all Navy Medicine commands responsible for management, administration, execution, and oversight of high-risk training

4. Policy

a. Evaluate for Operational Risk. Navy Medicine formal training courses and unit-level training courses designed to meet formal training requirements will be evaluated for operational risk per reference (b) prior to implementation and during each subsequent curriculum review.

b. Assign Risk Assessment Code (RAC). Navy Medicine formal training courses and unit-level training, where an ORM assessment results in the assignment of any of the following RAC, are considered high-risk training and will be managed, administered, executed, and overseen as stated in this instruction:

(1) RAC 1 (Critical)

(2) RAC 2 (Serious)

(3) RAC 3 with severity level I (loss of mission capability, unit readiness, or asset; death)

(4) RAC 3 with severity level II (significantly degraded mission capability or unit readiness; severe injury or damage)

c. Unit Level High-Risk Training. Unit level high-risk training requires a deliberate risk assessment using reference (b) and, at a minimum, will include the emergency action plan (EAP) and training time-out procedures within the ORM brief.

d. Physical Training. All student and instructor participation in physical training must follow guidelines in reference (c). Physical training must not be part of a formal course of instruction unless the requirement exists within the course for instructor-led physical training and approved by the curriculum control authority. Staff-led physical training is normally a function of the Navy Military Training program; however, some high-risk training courses include physical training in the curriculum that must be successfully completed to meet training objectives. For these instances, physical training will be treated as a high-risk training event and is subject to high-risk training safety protocols. If physical conditioning or training beyond reference (c) is required, then a specific physical enhancement curriculum will be designed to meet training requirements. Commanding officers and officers in charge must evaluate the physical demands required for high-risk training task and skill completion and assess the risk against staff and student physical conditioning. Any increased fitness requirement must be reviewed by the requesting command's safety and educational staff as well as the command's immediate superior in charge. Risk will be assessed via procedures outlined in reference (b), and the endorsed assessment will be maintained as part of the course curricula. Enhanced fitness training will only include those abilities and skills needed to proceed to the next stage of the student's training pipeline. Training to skills beyond the aforementioned is contraindicated. Environmental confidence training (i.e., in water) must not be authorized without a documented needs statement and justification from the requirements sponsor.

5. Responsibilities

a. Deputy Chief, Total Force. Must direct Navy Medicine's education and training strategy, policy, resourcing, and oversight.

b. Assistant Deputy Chief, Education and Training (BUMED-M7) must:

(1) Prepare and maintain amplifying policy and procedural directives for Navy Medicine high-risk training safety implementation including, but not limited to, responsibilities for:

(a) Commands sending students to high-risk training.

(b) Commands transferring personnel to high-risk training instructor duty.

(c) Gaining commands receiving personnel for high-risk training instructor duty.

(d) Commanding officers and officers in charge of high-risk training activities, instructors, training safety officers, and high-risk training safety officers.

(2) Provide, upon request, an updated list of all Navy Medicine high-risk training courses to Commander, Navy Safety Center.

c. Assistant Deputy Chief, Healthcare Operations (BUMED-M3) must:

(1) As needed, update guidance outline in enclosure (1) on usage of over-the-counter medications and nutritional supplements by students or instructor participants during high-risk training.

(2) Annually review OPNAV 1500/53 Medical Questionnaire, for relevance and forward amendment recommendations to Navy Safety Center or forward an endorsement triennially.

d. Assistant Deputy Chief, Fleet Support and Logistics (BUMED-M4) must:

(1) Produce and maintain amplifying policy and procedural directives for Navy Medicine's Safety and Occupational Health Programs.

(2) Via Navy Medicine East, Navy Medicine West, and Navy Medicine Education, Training and Logistics Command, ensure all training-related mishaps and near misses are reported per references (d) and (g) requirements using the Naval Safety Center's Web-Enabled Safety System and Enterprise Safety Applications Management System.

(3) Perform triennial Safety and Occupational Health Management Evaluation of Navy Medicine echelon 3 commands.

(4) Provide consulting services for ORM.

e. Commander, Navy Medicine Education, Training and Logistics Command must:

(1) Designate high-risk training courses under their cognizance and maintain a list of these courses by title and course identification number, and ensure course information is accurate, current and listed, as in the CANTRAC, as voluntary and high risk.

(2) Include applicable safety requirements of references (e) and (f) personnel qualification standards, technical manual, Naval Air Training and Operating Procedures Standardization manual, job qualification requirements, and other curricula source documentation in course content for all high-risk courses conducted by subordinate commands.

(3) Standardize curricula, including safety precautions, when the same course of instruction is taught at more than one site.

(4) Require command high-risk training safety officers or assistant high-risk training safety officers to oversee and monitor all high-risk training events and prepare and implement a high-risk training self-assessment program which quantitatively and qualitatively evaluates oversight program effectiveness. Navy Medicine Education, Training and Logistics Command determines the self-assessment frequency.

(5) Establish qualification requirements for military, civilian, and contracted training safety officers; high-risk training safety officers; and assistant training safety officers at subordinate training activities as applicable.

(6) Ensure the commanding officer, officer in charge, or director of training activities conduct safety reviews at least annually of all formal high-risk training. Additionally, a safety review is required after any major curriculum changes, course revisions, and technical training equipment upgrades or replacements.

(7) Provide an annual high-risk training safety evaluation schedule to NAVSAFECEN no later than 30 September for the forthcoming fiscal year.

(8) Ensure subordinate training commands:

(a) Incorporate ORM and safety awareness training into instructor and student training.

(b) Conduct training and high-risk evolutions following approved course curricula.

(c) Establish an instructor certification process for all high-risk training instructors (military or civilian). See reference (a) for certification content.

(d) Establish an evaluation program that assesses high-risk training instructors in classroom, laboratory, or field settings on a recurring basis, in percentages commensurate with the amount of time spent instructing in those environments. Commands will maintain documentation of subsequent evaluations for 3 years.

(e) Prepare high-risk training EAPs, review EAPs monthly, conduct procedural walk-throughs quarterly, and fully exercise EAPs annually.

(f) Include training safety officer procedures in all high-risk course curricula. Include drop on request procedures in all voluntary high-risk curricula. Ensure training time out procedures are briefed to students prior to commencing training daily and prior to continuing training, until course completion, regardless of length.

(g) Provide policy for qualification and designation of the training safety officer or high-risk training safety officer as desired.

(h) Establish a mishap analysis program to examine near miss or hit, mishap data, student critiques, and any unsafe conditions or practices identified in high-risk training courses.

(i) Ensure students meet Navy standards and complete medical screening and other prerequisites as prescribed in the CANTRAC before beginning training.

(j) Ensure high-risk course instructor candidates (military and civilian) complete all training and certification requirements prior to beginning high-risk training instructor duties.

(k) Ensure all equipment utilized in high-risk training is maintained per applicable Navy monitoring and preventive maintenance programs, to include manufacturer's maintenance and repair guidelines.

(l) Publish amplifying procedural directives for execution of physical training programs, including specific physical enhancement curricula.

(m) Ensure all requirements of reference (a) are adopted during the curricula development phase and that no course is taught to students during the piloting phase until instructors are certified, a risk assessment is conducted and assessed, and an EAP is developed and approved.

(n) Complete deliberate risk assessment as per references (a) and (b).

f. Commander, Navy Medicine East. Must ensure implementation of all applicable responsibilities listed in paragraphs 5e (1)-(8), for Navy and Marine Corps Public Health Center courses.

g. Commanding Officers and Officers in Charge of Navy Medicine Commands and Activities Providing Prospective High-Risk Training Instructors and Students or Delivering High-Risk Training. Must ensure compliance with instructor and student screening requirements specified in paragraph 5h and 5i of this instruction.

h. Prospective High-Risk Training Instructors. All prospective high-risk training instructors (military or civilian) must comply with the following requirements:

(1) Screen for Suitability. Be screened for professional, physical, and psychological suitability per reference (a) prior to assuming duties as a high-risk training instructor. For civilians, physical requirements must be clearly defined through position description, memorandum of agreement, memorandum of understanding, or statement of work, as appropriate.

(2) Complete Instructor Training. Complete Navy-recognized, formal instructor training and core unique instructor training prior to beginning high-risk training instructor duty. The member's command staff education and training department will assure scheduling and completion of these training requirements. Onboard training will include the following ORM courses available at Navy eLearning via My Navy Portal:

(a) CPPD-ORM-MYR-1.0 Individual – Managing Your Risk

(b) CPPD-GMT-ORMTC-1.0 ORM – Time-Critical Risk Management

(c) CPPD-ORM-LRMI-1.0 Assistant – Leading Risk Management Integration

(d) CPPD-ORM-DYCRM-1.0 Manager – Directing Your Command's Risk Management

i. Prospective High-Risk Training Students. All prospective high-risk training students must be screened to assure they meet administrative and physical prerequisites as prescribed in reference (c) and the CANTRAC.

6. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M7 will be reviewed this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

7. Records Management. Records created as a result of this instruction, regardless of media and format must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

8. Forms. The OPNAV 1500/53 Medical Questionnaire, is available at <https://navalforms.documentservices.dla.mil/formsDir>.


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Acting

Releasability and distribution:

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

BUMEDINST 1500.35
7 May 2018

NUTRITIONAL SUPPLEMENT AND OVER-THE-COUNTER
MEDICATION SCREENING GUIDANCE

All students participating in high-risk training (military or civilian) must be screened for physical and psychological fitness as appropriate for the type and level of training conducted. Screening for over-the-counter medications and nutritional supplement use must occur prior to participation in high-risk training. The CANTRAC identifies all Navy high-risk training courses, medical screening clearance requirements associated with each high-risk training course, and screening documentation that the prospective participant must complete and deliver upon reporting for training.

Medical screeners should follow the guidance of authorized nutritional supplements as published by Navy Medicine Operational Training Center's Aeromedical Reference and Waiver Guide at <http://www.med.navy.mil/sites/nmotc/nami/arwg>. Supplements identified as Class A and B are generally allowed, while Class C supplements are generally prohibited from use by all personnel (student, instructor, and staff member) participating in high-risk training.

Enclosure (1)