



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
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BUMEDINST 1510.25B  
BUMED-N7  
9 Apr 2025

BUMED INSTRUCTION 1510.25B

From: Chief, Bureau of Medicine and Surgery

Subj: TACTICAL COMBAT CASUALTY CARE TRAINING PROGRAM

Ref: (a) DoD Instruction 1322.24 of 16 March 2018  
(b) OPNAVINST 1500.86  
(c) OPNAVINST 3500.39D  
(d) BUMEDINST 1500.35  
(e) BUMEDINST 3000.1

1. Purpose. To issue guidance to all Navy Medicine activities on standardized training, program management, and compliance reporting for Tactical Combat Casualty Care (TCCC) training per references (a) through (e).
2. Cancellation. BUMEDINST 1510.25A
3. Scope and Applicability. This instruction applies to Budget Submitting Office (BSO) 18 Active Component (AC) and Reserve Component (RC) personnel.
4. Background. The Defense Health Agency (DHA), in coordination with the Joint Trauma System's (JTS) Committee on TCCC (CoTCCC), developed a standardized training curriculum to provide evidence-based, lifesaving techniques and strategies of trauma care as directed in reference (a). The standard of care for prehospital battlefield medicine has changed from first aid, self-aid, buddy care and field trauma training to the four TCCC tiers as outlined by reference (b). References (c) and (d) describe operational risk management and high-risk training. Reference (e) details the Optimized Fleet Response Plan (OFRP) Training focused on trauma-related lifesaving skills and is tailored to the level of care that an individual is expected to perform in an operational environment.
5. Policy. Per reference (a), TCCC is a pre-deployment medical readiness training requirement. All AC and RC Service Members will receive TCCC training and certification aligned with their skill level, within their scope of practice, or role of care as assigned to an expeditionary medical systems platform (EXMEDS). Training for EXMEDS personnel will occur during the OFRP, per reference (e). Individuals must certify within 12 months of deployment or as defined by job or unit and recertify every 3 years as outlined in reference (a).

a. TCCC Tier descriptions and training requirements for BSO-18 personnel.

(1) Tier 1 All Service Members (ASM) TCCC training is designed to provide basic lifesaving skills to non-medical personnel. All non-medical personnel, including Medical Service Corps Officers, except for physician assistants (1893), will be certified in Tier 1 ASM.

(2) Tier 2 Combat Lifesaver (CLS) TCCC training is designed specifically for non-medical BSO-18 personnel identified by unit commanders to assist medical personnel in providing point of injury care.

(3) Tier 3 Combat Medic and Corpsman TCCC training is intended for all Hospital Corpsmen (HM). Unless designated to certify in a higher tier, all BSO-18 HMs and Dental Corps Officers are required to certify in TCCC Combat Medic and Corpsman.

(4) Tier 4 Combat Paramedic and Provider (CPP) TCCC represents the most advanced Department of Defense pre-hospital trauma care. Tier 4 CPP TCCC has been specifically designed for paramedics and medical providers responsible for providing advanced life-saving medical interventions at the point of injury. HMs with Navy Enlisted Classifications of L00A, L01A, L02A, L10A, and L28A are required to certify in Tier 4. Medical Corps officers, Nurse Corps officers, Dental Corps officers with the specialty of 1750, and Medical Service Corps officers with the specialty of 1893 will also certify in Tier 4.

b. Prioritization of training will be: deploying, non-BSO-18 medical personnel, medical personnel with pending sea duty orders, personnel who are deploying on an EXMEDS mission, and personnel required to sustain readiness without deployment orders.

c. Exemption to training policy waivers can be approved by the first flag officer in a member's chain of command. Medical type commanders will submit a quarterly report of waivers issued to personnel within their area of responsibility to Chief, BUMED via BUMED-N7.

6. TCCC Instructor Training.

a. Instructor candidates must complete and be certified in the tier they intend to teach.

b. TCCC instructor candidates must complete DHA TCCC Train the Trainer course, be certified in the respective tier of TCCC, and be proctored by a certified TCCC instructor of equivalent or higher TCCC tier. Tier 4 instructor candidates must complete BUMED's Tier 4 Instructor course.

c. Local command TCCC program administrators will ensure personnel have course completion documented in Fleet Management and Planning System (FLTMPS) utilizing the corresponding course identifier:

<u>Course Identifier</u>	<u>Course Title</u>
B-300-2070	TCCC Tier 3 – Combat Medic and Corpsman Instructor
B-300-2080	TCCC Tier 4 – CPP Instructor

7. Responsibilities

a. Medical Inspector General (BUMED-N01IG). Inspect BSO-18 TCCC programs for compliance with this instruction.

b. Commander, Naval Medical Forces Development Command

(1) Implement TCCC Tier 3 training and certification for students in HM “A” School per references (b) and (c).

(2) Appoint in writing a TCCC program director responsible for ensuring the delivery of a standardized tier based approved curriculum, and utilization of the appropriate equipment, supplies, and procedures as published on <https://www.deployedmedicine.com/>.

(3) Ensure Tier 4 TCCC training and certification is incorporated into all Independent Duty Corpsman training programs per references (b) and (c).

(4) Establish and maintain TCCC Tier 4 instructor course.

(5) Program, budget, and provide itemized accounting for the costs of implementing and sustaining TCCC training requirements conducted at subordinate commands.

(6) Publish final exercise (FINEX) guidelines to ensure student and instructor safety. TCCC FINEX risk assessment code will not rise to a level to be considered a high-risk training per references (c) and (d).

c. TCCC Program Director

(1) Develop and publish a Navy Medicine TCCC Program Administrator’s Guide detailing execution of the TCCC Program within the parameters of this instruction and include operational risk mitigation in compliance with reference (c). This document will be reviewed annually and comply with current JTS standards.

(2) Serve as the affiliation authority for all TCCC Tier 3 and Tier 4 training sites.

(3) Serve as the primary liaison for TCCC instructor trainer courses and training site visits to assist program implementation and program sustainment as needed at the request of Naval Medical Forces Atlantic and Naval Medical Forces Pacific, the medical type commands (TYCOMS).

(4) Coordinate with Naval Medical Forces Atlantic and Naval Medical Forces Pacific for training site affiliation of their respective echelon 4 or 5 commands.

d. Commander Naval Medical Forces Atlantic and Commander, Naval Medical Forces Pacific

(1) Determine which Navy Medicine Readiness Training Commands and Navy Medicine Readiness Training Units are required to seek TCCC affiliation status as a training site to meet operational training requirements. When not feasible to implement and sustain a TCCC training program due to command size or location, identify a supporting training site to deliver TCCC training.

(2) Plan, program, and budget for the costs of implementing and sustaining TCCC training requirements conducted at subordinate commands.

(3) Appoint in writing a TCCC Program Manager responsible for liaising between TCCC program director and respective echelon 4 and echelon 5 training sites. The TCCC program manager will oversee compliance of all TCCC programs within their area of responsibility.

(4) Identify and coordinate support of fleet TCCC training requirements per reference (b).

e. Commanding Officer (CO), Navy Medicine Readiness Training Commands

(1) Implement a standardized tier based TCCC Program as designated by medical TYCOMS.

(2) Ensure TCCC training complies with this instruction and as outlined by the TCCC program director in the program administrator's guide.

(3) Program, budget, and provide itemized accounting for the costs of implementing and sustaining TCCC training requirements conducted at the Navy Medicine Readiness Training Command and subordinate commands. Cross Organizational funding for visits for program establishment and affiliation is the responsibility of the requesting command.

(4) Appoint a local TCCC Program Administrator in writing to oversee and execute the standardized tier based TCCC training program.

(5) Coordinate with EXMEDS CO, or platform lead, to ensure TCCC program supports EXMEDS training requirements.

(6) Support fleet TCCC training requirements and assist, as needed, with fleet medical personnel obtaining Tier 3 and Tier 4 instructor status to expand Fleet capability within their training sites.

(7) Ensure course completion is documented within FLTMPs using the Learning Event Completion Form (LECF) feature. The LECF process will be completed by designated personnel with FLTMPs access trained to enter course completions.

<u>Course Identifier</u>	<u>Course Title</u>
B-300-2010	Tier 1 ASM
B-300-2020	Tier 2 CLS
B-300-2030	Tier 3 Combat Medic and Corpsman
B-300-2040	Tier 4 CPP

(8) TCCC FINEX risk assessment code must not rise to a level to be considered a high-risk training per references (c) and (d). Each CO, Navy Medicine Readiness and Training Command will ensure thorough course planning is conducted prior to each course and incorporate and document an operational risk management plan, per reference (c). Ensure adequate training program oversight to reduce any risk of injury to instructors and students.

f. Navy Medicine Readiness and Training Command TCCC Program Administrator

(1) Ensure administration, documentation, and execution of Navy Medicine Readiness and Training Command's TCCC Program is aligned with the TCCC Program Administrator's Guide and this instruction.

(2) Provide a quarterly student and instructor course report to Navy Medicine TCCC program director, via respective medical TYCOM TCCC program manager no later than 15 January; 15 April; 15 July; and 15 October of each year.

(3) Ensure TCCC Instructors complete appropriate instructor course(s). Document completion using the appropriate course identifier as outlined in subparagraph 6c of this instruction. Ensure all instructors maintain qualification per JTS, this instruction, and the TCCC program administrator's guide.

(4) Provide respective TCCC program manager with training site course availability as requested.

(5) Ensure prioritization of training will be: deploying non-BSO-18 medical personnel, medical personnel with pending sea duty orders, personnel who are deploying on an EXMEDS mission, and personnel required to sustain readiness without deployment orders.

8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant

for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N7 will review this instruction annually around the anniversary of its issuance 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. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

10. Information Management Control. Reports required in subparagraph 7f(2) of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



D. K. VIA

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>