



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
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BUMED NOTICE 1500

From: Chief, Bureau of Medicine and Surgery

Subj: PHASED MEDICAL READINESS TRAINING REQUIREMENTS

Ref: (a) DoD Instruction 6490.11 of 18 September 2012
(b) COMNAVSURFPACINST 5450.6/COMNAVSURFLANTINST 5450.6
(c) BUMEDINST 1500.15F
(d) USCENTCOM FY 20-21 Theater Training Guidance
(e) BUMED memo 6000 Ser M9/I11UN093000775 of 9 Sep 11 (NOTAL)
(f) OPNAVINST 6320.7A/MCO 6320.4
(g) BUMEDINST 1510.25A
(h) DoD Instruction 1322.24 of 16 March 2018
(i) BUMEDINST 6440.5D

Encl: (1) Trauma Training Requirements for Deploying Navy Medical Department Personnel

1. Purpose. To establish policy and training requirements of the combatant commands and deploying medical staff. Enclosure (1) identifies and specifies the trauma training requirements for Navy personnel per references (a) through (f). References (g) through (i) are provided for additional information.

2. Scope and Applicability. This notice applies to all budget submitting office (BSO) 18 assigned personnel.

3. Policy. Commanders or commanding officers (CO), Navy Medicine Readiness and Training Commands will ensure their personnel meet all training requirements as outlined in enclosure (1). Commanders or COs, Navy Medicine Readiness and Training Commands will ensure deployable platform training requirements are met for personnel mapped to platforms.

4. Navy Medical Readiness Training. Training will be coordinated and conducted in three phases:

a. Phase I. Phase I medical readiness training requirements are identified in enclosure (1) and apply to all personnel assigned to the BSO-18 Navy Medicine Augmentation Program, deploying with an operational medical platform, or sourced globally for missions across the full range of military operations. Commanders or COs, Navy Medicine Readiness and Training Commands are responsible for ensuring each member's completion of all training requirements specific to their Corps. Phase I training requirements include individual medical and trauma skills training.

b. Phase II. Phase II medical readiness training requirements are platform specific and include training that occurs in the environment, on the equipment, and with the unit construct similar to what the member is expected to encounter when deployed on that platform. When possible, individuals who will be deploying together as a team should be scheduled to complete the same iteration of a required course. Platform leadership, in coordination with Naval Medical Forces Support Command, is responsible for ensuring member completion of all phase II training requirements specific to their assigned platform.

c. Phase III. Phase III training is mission specific training as defined by the combatant commands. Phase III training will not always be possible, as such phase I and II training will be completed in full.

5. Actions and Requirements

a. The special information and comments section contained within enclosure (1) provides additional guidance for course coordination. Enclosure (1) delineates phased trauma training courses required to be completed prior to the member reporting to the receiving command for pre-deployment training.

b. The commander, CO, or officer in charge (OIC) of the member's command is responsible for ensuring completion of all phase I and phase II requirements for all personnel. The member's commander, CO, or OIC will ensure the most current version of NAVPERS 1300/22 Expeditionary Screening Checklist, is completed.

c. Unless otherwise noted, commanders, COs, and OICs are responsible for funding assigned personnel course attendance to meet identified training requirements. The special information and comments section of enclosure (1) provides additional guidance for course coordination.

d. BSO-18 commands must implement this policy for all Navy Medical Department personnel under their purview who are globally sourced or assigned to an operational platform. Additionally, commands will take proactive measures to ensure personnel maintain their clinical skills and competencies as part of their overall readiness, whether assigned to a platform or not. Phase I and II training completion and compliance must be reported using the Fleet Training Management and Planning System. Per reference (a), this information is used to update Navy Medicine's designated official readiness tracking and reporting system - Expeditionary Medicine Platform, Augmentation, Readiness, and Training Systems, which uploads all personnel data into the personnel pillar (P-pillar) of the Readiness and Cost Reporting System.

e. Phased medical readiness training is required for Reserve component medical personnel assigned to operational platforms. Funding sources and documentation of completed phased medical readiness training will be coordinated with Assistant Deputy Chief, Bureau of Medicine and Surgery (BUMED) Reserve Policy and Integration (BUMED-M10); Commander, Navy Reserve Forces Command; and other key stakeholders.

6. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, 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 notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

7. Forms and Information Management Control

a. Forms. The NAVPERS 1300/22 Expeditionary Screening Checklist is available from the Navy Personnel Command Web site at http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Documents/NAVPERS_1300-22_Rev02-17.pdf.

b. Information Management Control. Reports contained in paragraph 9 of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



G. D. SHAFFER
Acting

Releasability and distribution:

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

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Physicians	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
Physicians	Combat Casualty Care Course (C4) Phase I Training	Once in career, preferably within 2 years of accession	MANDATORY OPNAVINST 6320.7A/MCO 6320.7A	Advanced Trauma Life Support (ATLS) is included in C4 for physicians. Naval Medicine quota managed and funded by Navy Medicine Operational Training Center (NAVMEDOPTRACTR)	1. Bushmaster Course (Bushmaster is conducted at Uniformed Services University of the Health Sciences). 2. Prior deployed combat care" experience with Fleet Hospital/Expeditionary Medical Facility (EMF) or Duty with United States Marine Corps (USMC) or Army.
Medical Corps specific designators established by BUMEDINST 1500.15F, Medical Corps officers assigned to Navy Medicine Augmentation Program (NMAP) billets, as individual augmentees, or in other contingency billets	ATLS and Advanced Life Support (ALS) or Advanced Cardiovascular Life Support (ACLS) Phase I Training	Prior to assignment	MANDATORY BUMEDINST 1500.15F	ATLS certification is good for 4 years ACLS certification is good for 2 years ALS certification is good for 2 years Executive Sponsors: American College of Surgeons (ACS) American Heart Association (AHA) American Red Cross (ARC)	None
Those assigned to: Forward Resuscitative Surgical System (FRSS) and Shock Trauma Platoon (STP) USMC Billets Physicians (surgeons and non-surgeons) assigned to patient care delivery positions in a Role 1; Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	Navy Trauma Training Center (NTTC) Phase I for USMC Phase III for all others	Prior to deployment	MANDATORY for FRSS or STP USMC Billets regardless of theater location – Director, Capabilities Development Directorate letter C134 of 13 Nov 2013 MANDATORY One-time experience if going to Role 2 Light Maneuver units Highly recommended per United States Central Command (USCENTCOM) Fiscal Year (FY) 2020 and FY 2021 Theater Training Requirements Date Time Group (DTG) 091425Z Jan 19	NTTC holds 11 iterations/year and has 24 seats per class Navy Medicine (NAVMED) quota managed and funded by NAVMEDOPTRACTR Will earn approximately 65 continuing medical education (CME) credits Highly recommended for other appropriate specialties Coordinate training opportunities at usarmy.jbsa.medcom-aisr.education@mail.mil or commercial (210) 916-0994	1. Training conducted at any Service-specific trauma training center (e.g., Los Angeles, Miami, Baltimore, Cincinnati, etc.). 2. Completed Trauma Fellowship within last 3 years. 3. Actively engaged in ongoing care of trauma patients (moonlighting as defined by parent command). 4. Theater Trauma Systems Clinical Practice Guidelines (CPG) familiarization training within past 3 months. 5. Emergency War Surgery Course (EWSC). 6. Advanced Surgical Skills for Exposure in Trauma (ASSET) course or ASSET plus (2-day course) plus CPGs familiarization training within past 3 months.
Physicians, (trauma surgeons) assigned to patient care delivery positions in a Role 1; Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	EWSC Phase I Training	Within 180 days prior to deployment.	MANDATORY U.S. CENTCOM FY 2020 and FY 2021 Theater Training Requirements DTG 091425Z Jan 19	EWSC is offered through Defense Medical Readiness Training Institute (DMRTI) and is open to surgeons, physicians, nurses, advanced practice registered nurses (APRN), and physician assistants (PA) Quota management provided by surgery specific specialty leader	1. Joint Forces Combat Trauma Management Course (JFCTMC) offered through the U.S. Army Medical Center of Excellence (MEDCoE). 2. NTTC or other Service trauma training program (e.g., Army Trauma Training Center ((ATTC)/Center for Sustainment and Trauma Readiness Skills (CSTARS)). 3. Completed Trauma Fellowship within last 3 years. 4. Actively engaged in the ongoing practice of Trauma Surgery (moonlighting at Level 1 Trauma Center as defined by parent command). 5. ASSET course or ASSET plus (2-day course) plus CPGs familiarization within past 3 months.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Physicians	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All	Tactical Combat Casualty Care (TCCC) Phase I Training	Within 180 days of deployment	MANDATORY BUMEDINST 1510.25A USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19 United States Africa Command (AFRICOM) Reporting Instruction ACI 1700.14A	Provides standardized training for all trauma care at the point of injury and for tactical evacuation. Training should be completed at parent command or Naval Expeditionary Medical Training Institute (NAVEXMEDTRAINST) by TCCC trainers. Direct TCCC training questions or concerns to NAVEXMEDTRAINST training officer at (760) 725-7121 ext. 217 or usn.pendleton.navmedotcnemtica.list.tcccqc@mail.mil	None
All orthopedic and general surgeons.	Combat Extremity Surgery Course (CESC) Phase I Training	New orthopedic surgeons: within their 1st year All other orthopedic surgeons: every 3 years	Strongly recommended - not required	CESC is offered at: 1. ATTC 2. Society of Military Orthopedic Surgeons Conference Quota management provided by orthopedic specialty leader.	1. NTTC. 2. EWSC. 3. Completed orthopedic trauma fellowship in last 3 years. Actively engaged in the ongoing practice of orthopedic trauma surgery (moonlighting as defined by parent command). 4. Theater Trauma Systems CPGs familiarization training within past 3 months.
All physicians (surgeons and non-surgeons) assigned to patient care delivery positions in a Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals.	Fundamentals of Critical Care Support (FCCS) Course	Within 3 years of deployment	Strongly recommended - not required	Certification is good for 4 years FCCS is offered by the Society of Critical Care Medicine (SCCM).	1. Critical Care additional qualification designator (AQD) or subspecialty code. 2. Actively engaged in ongoing care of trauma and critical care patients (moonlighting as defined by parent command).
All deploying surgeons assigned to patient care delivery positions in Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals.	ASSET Course	Within 180 days of deployment	Strongly recommended – not required	ASSET is offered through the ACS and teaches surgical exposure of anatomic structures that, when injured, may pose a threat to life or limb.	1. NTTC. 2. EWSC. 3. Completed orthopedic trauma fellowship in last 3 years. Actively engaged in the ongoing practice of orthopedic trauma surgery (moonlighting as defined by parent command). 4. Theater Trauma Systems CPGs familiarization training within past 3 months.
All deploying surgeons, emergency medicine physicians, and intensivists assigned to patient care delivery positions in a Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals Role 2 LM (FST); Role 2 Enhanced.	Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) training	Within 180 days of deployment	Strongly recommended – not required	REBOA training is offered through the ACS Basic Endovascular Skills for Trauma course. Training should offer both didactic and hands-on REBOA training; courses that use cadavers are preferred. Training should be approved by specialty leaders.	None.

Physicians	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All land based medical units and medical sections & elements organically supporting a non-medical organization, organized with the mission to provide Role 1 (unit level) through Role 3 (hospitalization) medical care, will train a minimum of one (1) chemical, biological casualty management team.	Medical Management of Chemical and Biological Casualties (MMCBC) or Field Management of Chemical and Biological Casualties (FMCBC)	18-months prior to deployment	Strongly recommended - not required	MMCBC Course provides selected Medical Corps, Nurse Corps, Dental Corps, and Medical Service Corps officers familiarization with the principles, management, and treatment of acute chemical or biological warfare injuries in the operational environment. This course is clinically intensive. Satisfies NMAP requirements for medical management of chemical and biological casualties. Candidates assigned to the operating forces or an identified mobilization platform have priority for quotas. https://www.med.navy.mil/sites/nmotc/opmed/Pages/MedicalManagementofChemicalandBiologicalCasualtiesMMCBCCourse.aspx FMCBC Course provides selected allied health science Medical Service Corps officers, physician assistants, and Hospital Corpsmen familiarization with the principles, management, and treatment of acute chemical and biological warfare injuries in the operational environment. This course is similar to MMCBC, but less clinically intensive. Satisfies NMAP requirements for Medical Management of Chemical and Biological Casualties. https://www.med.navy.mil/sites/nmotc/opmed/Pages/FieldManagementofChemicalandBiologicalCasualtiesFMCBCCourse.aspx	None.
All	Joint Theater Clinical Practice Guidelines (CPGs) and USCENCOM Clinical Operating Protocols (CCOP) Familiarization Training	Within 180 days of deployment	MANDATORY USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	CPGs can be accessed on non-internet protocol router (NIPR) Web site at http://jts.amedd.army.mil . CCOPs can be accessed at: https://intelshare.intelink.gov/sites/ccsg/sitepages/ccsg-clnops.aspx . In addition to personnel listed, personnel assigned to patient care roles during evacuation will have a working knowledge of Joint Trauma System (JTS) trauma forms and how to access their location within 180 days prior to deployment. Trauma forms can be accessed on the NIPR Web site at http://jts.amedd.army.mil . For quality care and patient safety Joint Theater CPGs will be used to guide medical personnel in the delivery of evidence-based care in the USCENCOM area of responsibility (AOR).	None.
All	Theater Medical Information Systems Familiarization Training	Within 90 days of deployment	MANDATORY USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	Per CCR 40-5, Medical Information Systems of 19 April 2018, for minimum required systems to be trained on and user account roles for medical and nonmedical personnel refer to policy and the user roles account matrix at NIPR Web site at https://intelshare.intelink.gov/sites/ccsg/HIMFolders/Policies%20and%20Important%20Documents and secure internet protocol router (SIPR) Web site at https://ccj6.rel.centcom.smil.mil/R_DIV/RDP/Shared%20%Documents/CCR%2040-5.pdf Appendix B. The documents are listed under the policies and important documents folder. Personnel will complete familiarization training with the applicable medical information system(s) within 3 months of deployment. Desired proficiency for this task is that personnel will have established their user accounts and have a functional understanding of the systems they will use.	None.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Dentists and Oral Surgeons	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All Dental Corps officers assigned to Fleet Marine Force, sea duty, construction battalions, or to NMAP platforms	C4, or ATLS, or Prehospital Trauma Life Support (PHTLS) Phase I Training	Prior to assignment	MANDATORY BUMEDINST 1500.15F	ATLS and PHTLS are included in C4 ATLS certification is good for 4 years PHTLS certification is good for 4 years NAVMED quota managed and funded by NAVMEDOPTRACTR. Note: Physician training is primary ATLS emphasis and target audience. Non-physician attendance is contingent on quota availability.	None.
All Dental Corps officers assigned to outside continental United States duty stations, operational assignments or to NMAP	C4, or ATLS, or Prehospital Trauma Life Support (PHTLS) Phase I Training	Prior to assignment	MANDATORY BUMEDINST 1500.15F	ATLS and PHTLS is included in C4. ATLS certification is good for 4 years PHTLS certification is good for 4 years NAVMED quota managed and funded by NAVMEDOPTRACTR. Note: Physician training is primary ATLS emphasis and target audience. Non-physician attendance is contingent on quota availability.	None.
All deployed Dental Corps officers	C4 Phase I Training	Once in career	Desirable, but not required OPNAVINST 6320.7A/MCO 6320.7A	NAVMED quota managed and funded by NAVMEDOPTRACTR.	None.
Dental Corps officers with the subspecialty codes of 1750 (oral and maxillofacial surgery) and 1760 (periodontics) who will be providing sedation in their practice	ACLS or ALS	Maintain current at all times with recertification every 2 years	MANDATORY BUMEDINST 6710.67C	Certification is good for 2 years Executive Sponsor: AHA ARC	None.
Per USCENTCOM Memo, Killed In Action Reduction Initiative Update, dated 6 Nov 2017	TCCC for Medical Personnel	180 days prior to deployment	MANDATORY USCENTCOM FY 2020 and FY 2021 Theater Training Requirements DTG 091425Z Jan 19	Information is available at https://deployedmedicine.com	None.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Nurses	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All deployment critical subspecialties (primary, secondary, tertiary) of 1945, 1950, 1960, and 1972	Trauma Nurse Core Course (TNCC) Phase I Training	Maintain current at all times with recertification every 4 years	MANDATORY All 1945, 1950, 1960 and 1972 Specialty Codes BUMEDINST 1500.15F	Executive Sponsor: Emergency Nurses Association (ENA) Certification good for 4 years For Certified Registered Nurse Anesthetists and Nurse Practitioners, ATLS is preferred. Strongly Recommended for all others. Note: TNCC is taught the first 3 days of C4 for NC officers	1. Advanced Trauma Nurse Course sponsored by Society of Trauma Nurses. 2. Actively engaged in the on-going practice of Emergency Trauma Resuscitation Nursing (moonlighting at a Level 1 Trauma Center as defined by parent command).
All deployment critical subspecialties (primary, secondary, tertiary) of 1945, 1950, 1960, and 1972	ACLS or ALS Phase I Training	Maintain current at all times with recertification every 2 years	MANDATORY All 1945, 1950, 1960 and 1972 Specialty Codes BUMEDINST 1500.15F	Certification is good for 2 years Executive Sponsor: AHA, ARC	None.
All	C4 Phase I Training	Once in career	Strongly recommended-not required	TNCC is included for nurses. NAVMED quota managed and funded by NAVMEDOPTRACTR	Prior deployed "combat care" experience with Fleet Hospital, EMF, duty with USMC or Army.
Those assigned to EnRoute Care roles and billets	Joint EnRoute Care Course (JECC) Phase I or III Training	Within 3 years of deployment	MANDATORY for Registered Nurses (RN) assigned to USMC enroute care (ERC) billets and the critical care nurse for each of the nine Fleet Surgical Teams USMC ERC: MARADMIN; ERC Team Training Requirements; DTG 251454Z May 10	JECC is offered through the U.S. Army School of Aviation Medicine, Fort Rucker, Alabama. Navy registration: (334) 255-9425 JECC Prerequisites: 1. NAVMED 6410/15 Clearance for Non-Aircrew Personnel to Perform Mission Essential Non-Flight Safety Related Duties in USN or USMC Aircraft required prior to attending FMC or JECC. 2. Must successfully complete Non-Aircrew NASTP class III or V-22 survival training. ERC nurses MUST be Critical Care (1960) or Emergency/Trauma (1945) Specialties. Do not substitute medical-surgery nurses or other nurse specialties. Strongly recommended for other 1960s and 1945s assigned to Fleet and USMC platforms	Waived for nurses assigned to flight nurse billets. Non-waiverable if assigned to USMC ERC billets. Currently, only USMC billets associated with FRSSs or STPs have coded ERC billets.
Those assigned to: FRSS or STP USMC billets and those assigned to patient care delivery positions in a Role 1; Role 2 Light Maneuver (LM) or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	NTTC Phase I for USMC Phase III for all others	Prior to deployment	MANDATORY for FRSS and STP USMC Billets regardless of theater location Director, Capabilities Development Directorate ltr C134 of 13 Nov 2013 MANDATORY One-time experience if going to Role 2 LM units Highly recommended per USCENCOM FY 2020 and FY 2021 Theater Training Requirements DTG 091425Z Jan19	This training carries additional qualification designator (AQD) which is good for 2 years NTTC holds 11 iterations per year and has 24 seats per class (6 MC seats, 3 NC seats, and 15 HM seats) NAVMED quota managed and funded by NAVMEDOPTRACTR Highly recommended for other applicable specialty areas	1. Training conducted at any Service-specific trauma training center (e.g., Los Angeles, Miami, Baltimore, Cincinnati, etc.). 2. Actively engaged in ongoing care of trauma patients (moonlighting at Level 1 Trauma Center as defined by Parent Command). 3. Theater Trauma Systems CPGs familiarization training within past 3 months.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Nurses	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All	TCCC Phase I Training	Within 180 days of deployment	MANDATORY BUMEDINST 1510.25A USCENTCOM FY 20-21 Theater Training Requirements DTG 091425Z Jan19 AFRICOM Reporting Instruction ACI 1700.14A	Provides standardized training for all trauma care at the point of injury and for tactical evacuation. Training should be completed at parent command or NAVEXMEDTRAINST by TCCC trainers Direct TCCC training questions or concerns to NAVEXMEDTRAINST training officer at (760) 725-7121 ext. 217 or usn.pendleton.navmedotcnemtica.list.tcccqc@mail.mil	None
All deployment critical subspecialties (1945s, 1950s, 1960s)	Emergency Nursing Pediatrics Course Phase I Training	Within 2 years prior to deployment	Strongly recommended-not required	Certification is good for 4 years Executive Sponsor: ENA, see ENA Web site (http://www.ena.org) to find a list of courses offered by State	None
All deployment critical subspecialties (1945s, 1950s, 1960s)	Advanced Burn Life Support (ABLS) Phase I Training	Within 2 years prior to deployment	Strongly recommended-not required	ABLS is offered through DMRTI exportable training. For list of courses contact DMRTI ABLS Section, (210) 295-0358 E-mail address: dha.jbsa.education-trng.list.dmrti-abls@mail.mil Registration good for 4 years	None
All assigned to patient care delivery positions in a Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	FCCS Course	Within 3 years of deployment	Strongly recommended - not required	Certification is good for 4 years FCCS is offered by the SCCM.	1. Critical Care AQD or subspecialty code. 2. Actively engaged in ongoing care of trauma and critical care patients (moonlighting as defined by parent command).
All deploying nurses with critical subspecialty (1950s)	Sterilization Training Phase III Training	Initially and within 90 days of deployment	Strongly recommended - not required BUMEDINST 1500.33A	Sterilization skill set is included in a 1950's core competency.	1. 3-week intensive on the job sterile processing department training at parent command. 2. Pre-deployment sterilization equipment familiarization based on assigned platform authorized medical allowance list.
Those assigned to patient care delivery positions in a Role 1; Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	EWSC Phase I Training	Within 180 days prior to deployment.	Strongly recommended - not required	EWSC is offered through DMRTI and is open to surgeons, physicians, nurses, advanced practice registered nurses (APRN), and physician assistants (PA) Quota management provided by surgery specific specialty leader	1. JFCTMC offered through MEDCoE. 2. NTTC or other Service trauma training program (e.g., ATTC or CSTARS). 3. Completed Trauma Fellowship within last 3 years. 4. Moonlighting at Level 1 Trauma Center, as defined by parent command. 5. ASSET course or ASSET+ (2-day course) plus CPGs familiarization within past 3 months.
All	Joint Theater CPGs and USCENTCOM Clinical Operating Protocols (CCOPs) Familiarization Training	Within 180 days of deployment	MANDATORY USCENTCOM FY 20-21 Theater Training Requirements DTG 091425Z Jan 19	CPGs can be accessed on NIPR Web site at, http://jts.amedd.army.mil . CCOPs can be accessed at: https://intelshare.intelink.gov/sites/ccsg/sitepages/ccsg-clnops.aspx . In addition to personnel listed, personnel assigned to patient care roles during evacuation will have a working knowledge of JTS trauma forms and how to access their location within 180 days prior to deployment. Trauma forms can be accessed on the NIPR Web site at http://jts.amedd.army.mil . For quality care and patient safety, Joint Theater CPGs will be used to guide medical personnel in the delivery of evidence-based care in the	None.
All	Theater Medical Information Systems Familiarization Training	Within 90 days of deployment	MANDATORY USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	Per CCR 40-5, Medical Information Systems of 19 April 2018, for minimum required systems to be trained on and user account roles for medical and nonmedical personnel refer to policy and the user roles account matrix NIPR Web site at https://intelshare.intelink.gov/sites/ccsg/HIMF/Policies%20and%20Important%20Documents and SIPR Web site at https://ccj6.rel.centcom.smil.mil/R_DIV/RDP/Shared%20Documents/CCR%2040-5.pdf Appendix B. The documents are listed under the policies and important documents folder. Personnel will complete familiarization training with the applicable medical information system(s) within 3 months of deployment. Desired proficiency for this task is that personnel will have established their user accounts and have a functional understanding of the systems they will use.	None.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Physician Assistants	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All	C4 Phase I Training	Once in career	Strongly recommended-not required	PHTLS or ATLS is included in C4 for PAs. NAVEMD quota managed and funded by NAVMEDOPTRACTR	Prior deployed combat care experience with Fleet Hospital, EMF, or duty with USMC or Army.
All	ATLS and ACLS or ALS Phase I Training	Maintain current through deployment	MANDATORY BUMEDINST 1500.15F	ATLS certification is good for 4 years ACLS certification is good for 2 years ALS certification is good for 2 years Executive Sponsor: ACS, AHA, ARC	None
PAs assigned to patient care delivery positions in a Role 1; Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	EWSC Phase I Training	Within 180 days prior to deployment One-time requirement	Strongly recommended - not required	EWSC is offered through DMRTI and is open to surgeons, physicians, nurses, APRNs, and PAs. Quota management provided by surgery specific specialty leader.	1. JFCTMC offered through MEDCoE. 2. NTTC or other service trauma training program (e.g., ATTC or CSTARS). 3. Actively engaged in the ongoing practice of Trauma Care (moonlighting at Level 1 Trauma Center). 4. Theater Trauma Systems CPGs familiarization training within past 3 months. 5. ASSET course or ASSET+ (2-day course) plus CPGs familiarization within past 3 months.
Those assigned to: FRSS or STP USMC billets and those assigned to patient care delivery positions in a Role 1; Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	NTTC Phase I for USMC Phase III for all others	Prior to deployment	MANDATORY for FRSS or STP USMC Billets regardless of theater location - Director, Capabilities Development Directorate ltr C134 of 13 Nov 2013 MANDATORY One-time experience if going to Role 2 LM units	Carries AQD which is good for 2 years NTTC holds 11 iterations per year and has 24 seats per class (6 Medical Corps (MC) seats, 3 Nurse Corps (NC) seats, and 15 Hospital Corpsmen (HM) seats) PAs may fill any of the empty class seats Navy Medicine quota managed and funded by NAVMEDOPTRACTR Will earn approximately 65 CME credits Highly recommended for other applicable specialty areas	1. Training conducted at any Service-specific trauma training center (e.g., Los Angeles, Miami, Baltimore, Cincinnati, etc.). 2. Theater Trauma Systems CPGs familiarization training within past 3 months.
All assigned to patient care delivery positions in a Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	FCCS Course	Within 3 years of deployment	Strongly recommended - not required	Certification good for 4 years FCCS is offered by the SCCM	1. Critical Care AQD or subspecialty code 2. Actively engaged in ongoing care of trauma and critical care patients (moonlighting as defined by parent command).
All	TCCC Phase I Training	Within 180 days of deployment	MANDATORY BUMEDINST 1510.25A USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19 AFRICOM Reporting Instruction ACI 1700.14A	Provides standardized training for all trauma care at the point of injury and for tactical evacuation. Training should be completed at parent command or NAVEXMEDTRAINST by TCCC trainers. Direct TCCC training questions or concerns to NAVEXMEDTRAINST training officer at (760) 725-7121 ext.217 or usn.pendleton.navmedotcnemtica.list.tcccqc@mail.mil	None
All	ABLS Phase I Training	Within 1 year prior to deployment	Strongly recommended-not required	Certification is good for 4 years Course is offered through DMRTI exportable training.	None
All orthopedic PAs	CESC Phase I Training	Within 1 year prior to deployment	Strongly recommended-not required	Applies ONLY to physician assistants holding the 6HL AQD.	None
All deploying PAs	Sterilization Training Phase III Training	Within 180 days of deployment	Strongly recommended – not required		None
All	Joint Theater CPGs and USCENTCOM Clinical Operating Protocols Familiarization Training	Within 180 days of deployment	MANDATORY USCENTCOM FY 2020 and FY 2021 Theater Training Requirements DTG 091425Z Jan 19	CPGs can be accessed on NIPR Web site: http://jts.amedd.army.mil . CCOPs can be accessed at: https://intelshare.intelink.gov/sites/ccsg/sitepages/ccsg-clnops.aspx . In addition to personnel listed, personnel assigned to patient care roles during evacuation will have a working knowledge of JTS trauma forms and how to access their location within 180 days prior to deployment. Trauma forms can be accessed on the NIPR Web site at: http://jts.amedd.army.mil . For quality care and patient safety, Joint Theater CPGs will be used to guide medical personnel in the delivery of evidence-based care in the USCENTCOM AOR.	None.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Physician Assistants	Course	Timing	Requirement*	Special Information and Comments	Acceptable Alternatives
All	Theater Medical Information Systems Familiarization Training	Within 90 days of deployment	MANDATORY USCENTCOM FY 2020 and FY 2021 Theater Training Requirements DTG 091425Z Jan 19	Per CCR 40-5, Medical Information Systems of 19 April 2018, for minimum required systems to be trained on and user account roles for medical and nonmedical personnel refer to policy and the user roles account matrix at NIPR Web site https://intelshare.intelink.gov/sites/ccsg/HIMFolders/Policies%20and%20Important%20Documents and SIPR: https://ccj6.rel.centcom.smil.mil/R_DIV/RDP/Shared%20%Documents/CCR%2040-5.pdf Appendix B. The documents are listed under the policies and important documents folder. Personnel will complete familiarization training with the applicable medical information system(s) within 3 months of deployment. Desired proficiency for this task is that personnel will have established their user accounts and have a functional understanding of the systems they will use.	None.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Hospital Corpsmen	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All	TCCC Phase I Training	Within 180 days of deployment	MANDATORY BUMEDINST 1510.25A USCENTCOM FY 2020 and FY 2021 Theater Training Requirements DTG 091425Z Jan 19 AFRICOM Reporting Instruction ACI 1700.14A	Provides standardized training for all trauma care at the point of injury and for tactical evacuation. Training should be completed at parent command or NAVEXMEDTRAINST by TCCC trainers Direct TCCC training questions or concerns to NAVEXMEDTRAINST training officer at (760) 725-7121 ext. 217 or usn.pendleton.navmedotcnemtica.list.tcccqc@mail.mil	None
Those assigned to: FRSS or STP USMC billets and those assigned to patient care deliver positions in a Role 1; Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	NTTC Phase I for USMC Phase III for all others	Prior to deployment	MANDATORY for FRSS or STP USMC Billets regardless of theater location Director, Capabilities Development Directorate letter C134 of 13 Nov 2013 One-time experience if going to Role 2 Light Maneuver units Highly recommended per USCENTCOM FY 2020 and FY 2021 Theater Training Requirements DTG 091425Z Jan 19	NTTC holds 11 iterations/year and has 24 seats per class NAVEMED quota managed and funded by NAVMEDOPTRACTR Highly recommended for other applicable specialty areas	Training conducted at any Service-specific trauma training center (e.g., Los Angeles, Miami, Baltimore, Cincinnati, etc.).
Those assigned to ERC roles or billets	JECC and Flight Medic Course Phase I or III Training	Within 3 years of deployment	MANDATORY For Hospital Corpsmen assigned to one of the 33 HM USMC ERC Billets USMC ERC: MARADMIN; ERC Team Training Requirements; DTG 251454Z May 10	JECC is offered through the Army School of Aviation Medicine, Fort Rucker, Alabama. Navy registration: (334) 255-9425 JECC Prerequisites: 1. FMC, a 7-week course conducted at Naval Aerospace Medical Institute, NAS Pensacola. 2. NAVMED 6410/15 Clearance for Non-Aircrew Personnel to Perform Mission Essential Non-Flight Safety Related Duties in USN or USMC Aircraft required prior to attending FMC or JECC. 3. Must successfully complete Non-Aircrew NASTP class III/V-22 survival training.	1. Not waiverable if assigned to one of the 33 HM USMC ERC billets. Currently, only USMC billets associated with STPs or FRSSs have coded ERC billets. 2. Must repeat JECC after 3 years unless actively engaged in the practice of critical care transport (moonlighting as directed by parent command).
All independent duty corpsmen assigned to outside continental United States duty stations, operational assignments or to NMAP	ACLS or ALS Phase I Training	Maintain current at all times with recertification every 2 years	MANDATORY BUMEDINST 1500.15F	ACLS certification is good for 2 years ALS certification is good for 2 years Executive Sponsors: AHA ARC	None.
All assigned to patient care delivery positions in a Role 2 Light Maneuver or Forward Surgical Teams Elements; Role 2 Enhanced and Role 3 Hospitals	FCCS Course	Within 3 years of deployment	Strongly recommended – not required	Certification good for 4 years FCCS is offered by the SCCM	Actively engaged in ongoing care of trauma and critical care patients (moonlighting as defined by parent command).
All deploying HMs with the following navy enlisted classification (NEC) codes (L23A, L33A)	Sterilization Training Phase III Training	Initially and within 90 days of deployment	Strongly recommended – not required	Sterilization skill set is included in a NEC L23A & L33A core competencies	1. 3-week intensive on the job sterile processing department training at parent command. 2. Pre-deployment sterilization equipment familiarization based on assigned platform authorized medical allowance list and authorized dental allowance list (ADAL).
All	Joint Theater CPGs and USCENTCOM Clinical Operating Protocols Familiarization Training	Within 180 days of deployment	MANDATORY USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	CPGs can be accessed on NIPR Web site at http://jts.amedd.army.mil . CCOPs can be accessed at: https://intelshare.intelink.gov/sites/ccsg/sitepages/ccsg-clnops.aspx . In addition to personnel listed, personnel assigned to patient care roles during evacuation will have a working knowledge of JTS trauma forms and how to access their location within 180 days prior to deployment. Trauma forms can be accessed on the NIPR Web site at http://jts.amedd.army.mil . For quality care and patient safety, Joint Theater CPGs will be used to guide medical personnel in the delivery of evidence-based care in the USCENTCOM AOR.	None
All	Theater Medical Information Systems Familiarization Training	Within 90 days of deployment	MANDATORY U.S. CENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	Per CCR 40-5, Medical Information Systems of 19 April 2018, for minimum required systems to be trained on and user account roles for medical and nonmedical personnel refer to policy and the user roles account matrix at NIPR Web site: https://intelshare.intelink.gov/sites/ccsg/HIMFolders/Policies%20and%20Important%20Documents and SIPR Web site: https://cej6.rel.centcom.smil.mil/R_DIV/RDP/Shared%20Documents/CCR%2040-5.pdf Appendix B. The documents are listed under the policies and important documents folder. Personnel will complete familiarization training with the applicable medical information system(s) within 3 months of deployment. Desired proficiency for this task is that personnel will have established their user accounts and have a functional understanding of the systems they will use.	None

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Collateral Duty	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
Infection control officer, as a collateral duty, for one licensed medical provider (physician, PAs, APRN, RNs) per each Role 2 plus, Role 3 medical treatment facility.	Infection Control Officer Training	12 months prior to deployment	MANDATORY USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	U.S. Army MEDCoE offers a 5-day course open to all Services titled Infection Control in a Deployed Environment (6A-F22). Course information available Web site at https://www.atrrs.army.mil/atrrscc/ Select new search and search for 6A-F22 in the course number.	None
Sexual Assault Medical Forensic Examiner (SAMFE) as a collateral duty. A minimum of one per each Role 2 plus and Role 3 medical treatment facility.	SAMFE Course	Within 12 months of deployment	MANDATORY DoDI 6495.02 USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	SAMFE includes: Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE), Sexual Assault Examiner (SAE), and Forensic Examiner (FE). Must hold a current, active, valid and unrestricted license as a Physician, PA, APRN or RN. Documentation of 40 continuing education hours (comprehensive health education, CME, or CEU) of SAMFE didactic course instruction meeting DoDI 6495.02 and U.S. Department of Justice National Training Standards found at: https://www.justice.gov/ovw/sexual-assault . For course quota management, contact the Regional Sexual Assault Program Manager at Naval Medical Forces Atlantic (757) 953-7637 or Naval Medical Forces Pacific (619) 767-6669.	None.
Joint Trauma System Training	Joint Trauma System Training	Within 12 months of deployment	MANDATORY USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	A minimum of one trauma coordinator per Role 2 enhanced and Role 3 medical treatment facilities. Trauma coordinators will have a working knowledge of the essential information systems and processes used to support the DoD Trauma Registry (DoDTR) database to analyze and evaluate clinical decision-making and to measure subsequent outcomes for improving treatment modalities.	None
Trauma Medical Director, sometimes called the Trauma Czar or Deputy Commander for Clinical Services, and the trauma program manager, previously called the Trauma Nurse Coordinator, who is dual hatted role of Patient Safety Manager	The Joint Trauma System Performance Improvement Course	Within 3 to 6 months of deployment	MANDATORY USCENTCOM FY 2020 and 2021 Theater Training Requirements DTG 091425Z Jan 19	The Trauma Medical Department (TMD) and Trauma Program Manager (TPM) will attend the JTS PIC at the Joint Trauma System, BHT1, USAISR Bldg., BAMC, Joint Base San Antonio, TX in conjunction with the JTS briefings from the JTS Director, Trauma Surgeons, and data team at JTS. Contact information for the JTS PIC is: usarmy.jbsa.mecom-aisr.list.jts-pi-education@mail.mil, commercial (210) 539-8278 or DSN (312) 389-8278.	None

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

All Deploying Military Healthcare Professionals	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All	Detainee Healthcare Training	Prior to deployment	<p>MANDATORY</p> <p>USCENTCOM FY 2018 and FY 2019 Theater Training Requirements</p> <p>DTG 231630Z Feb 18</p>	<p>Course offered on Joint Knowledge Online:</p> <p>Advanced Medical Ethics and Detainee Operations Training (JP40 P-US176)</p> <p><u>Target Audience:</u> All deploying medical personnel</p>	None
All	Fresh Whole Blood Training	Prior to deployment	<p>MANDATORY</p> <p>USCENTCOM FY 2020 and FY 2021 Theater Training Requirements</p> <p>DTG 231630Z Feb 18</p>	<p>Training can be found on the Armed Service Blood Program Web site: http://www.militaryblood.dod.mil.</p> <p>Training will be conducted in accordance with the Joint Trauma System CPG for FWB.</p>	Training will be conducted per the Joint Trauma System CPG for FWB
All	<p>Concussion and Mild Traumatic Brain Injury in the deployed setting</p> <p>Phase I Training</p>	Within 3 months of deployment	<p>MANDATORY</p> <p>DoDI 6490.11, Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion of 18 Sep 2012</p>	<p>Training is located at Navy E-learning https://learning.nel.navy.mil/ELIAASv2p/</p> <p>POC for training is the Director, Mental Health (M333) Chief, TBI Programs, BUMED</p>	None
All	<p>Military Acute Concussion Evaluation Version 2 (MACE 2)</p> <p>Phase I Training</p>	Within 3 months of deployment	<p>MANDATORY</p> <p>DODI 6490.11, Policy Guidance for Management of Mild Traumatic Brain Injury and Concussion of 18 Sep 2012</p>	<p>Training is located at Navy E-learning https://learning.nel.navy.mil/ELIAASv2p/</p> <p>POC for training is the Director, Mental Health (M333) Chief, TBI Programs BUMED</p>	None
All	Concussion Training for Medical Personnel Phase I Training	Within 3 months of deployment	<p>MANDATORY</p> <p>DODI 6490.11, Policy Guidance for Management of Mild Traumatic Brain Injury and Concussion of 18 Sep 2012</p>	<p>Training is located at Navy E-learning https://learning.nel.navy.mil/ELIAASv2p/</p> <p>POC for training is the Director, Mental Health (M333) Chief, TBI Programs BUMED</p>	None

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

These requirements were developed by BUMED per CENTCOM and AFRICOM guidance regarding both standard and non-standard forces deploying to the CENTCOM and AFRICOM area of responsibility and supported by BUMEDINST 1500.15F. The purpose of this document is to annotate trauma training requirements needed for deployment and, as such, consist of medical readiness requirements that should be proactively maintained.

Additional medical requirements:

Clinical practice guidelines (CPGs): All medics, Corpsmen, medical technicians, physicians, PAs, APRNs, and nurses will have a working knowledge of current approved CPGs and how to access their location within 180 days prior to deployment. CPGs can be accessed on the NIPR Web site at https://jts.amedd.army.mil/index.cfm/PI_CPGs/cpgs.

Medical personnel assigned to administer vaccine or immunizations within the area of responsibility (afloat or ashore), must be appropriately trained and meet continuing education requirements per DoD policy and Service specific guidelines. At a minimum, training should include vaccine storage and handling, vaccine characteristics, contraindications, injection techniques, documentation, managing and reporting adverse events, and anaphylaxis. All medical personnel filling the role of an immunization technician have a onetime requirement to complete the Standards for Quality Immunization Practice Course found on the Joint Knowledge Online Web site at <https://jkodirect.jten.mil/>. Medical personnel who provide clinical oversight and management of immunization activities should complete the Immunization Program Leaders Course found on the health.mil Web site at <https://www.health.mil/vaccines>.

Special Handling and Administration of Blood and Blood Products during Medical Evacuation Training. All flight medics, enroute care critical care nurses, aeromedical physician assistants, and flight surgeons onboard medical evacuation platform (air and ground) will complete special handling and administration of blood and blood products training within 3 months prior to deployment.

Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner Training. One primary and one alternate for each Role 2 and Role 3 facility.

Tele-behavioral Health Familiarization Training. All healthcare personnel involved in behavioral healthcare services will complete the Tele-behavioral health familiarization training. Tele-behavioral health training will include: use of telecommunications equipment (operation and troubleshooting), user environment, patients selection criteria, protection of confidentiality, unique patient-to-provider communication, standards of care, medical record documentation requirements, peer review, medication and diagnostic prescribing, management of crisis, performance metrics, and patient safety precautions. Completion of tele-behavioral health training will be documented in the behavioral healthcare provider file and provider privileging per Service policies. A sample tele-behavioral health training guide is available at <https://www.us.army.mil/suite/files/30275545>.

Policy Guidance for Medical Personnel Attending Commercial Combat Trauma Training: Per reference (e), Department of the Navy sponsored combat trauma training, including commercially contracted courses, require BUMED-coordinated evaluation and approval before personnel attend training.

* Chief, BUMED has designated specialty leaders as his agents to adjudicate whether prior training or experience meets requirement. Waivers are intended to allow flexibility in meeting a requirement, since it is the skills we are interested in, rather than the specific course taken to acquire the skill. Waivers are NOT to be used to allow deployment of untrained individuals! CENTCOM requirements cannot be waived by BUMED.

** Specialty leaders must still grant a waiver. These alternatives simply provide guidance on other courses that may serve as the basis for requesting a waiver. The specialty leader has the final decision regarding the adequacy of medical training of the individual for an assignment. An e-mail from the specialty leader is sufficient evidence for command to document in Defense Medical Human Resources System - internet that a waiver has been granted.

Joint Taxonomy of Care (previously echelons of care):

Emergency Forward Care - First Responder = Role 1, Basic Emergency or Trauma Care

Forward Resuscitative Care = Role 2 Light Maneuver, resuscitation to damage control surgery. No bed or hold capacity.

Role 2 (Enhanced) is a medical treatment facility capability to stabilize post-surgical cases for evacuation.

Casualty Receiving and Treatment Ships, Carriers, and USMC Surgical Companies Theater Hospitalization = Role 3 ERC.