



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

Canc: Jun 2019  
IN REPLY REFER TO  
BUMEDNOTE 1500  
BUMED-M7  
19 Jun 2018

BUMED NOTICE 1500

From: Chief, Bureau of Medicine and Surgery

Subj: PHASED MEDICAL READINESS TRAUMA TRAINING REQUIREMENTS

Ref: (a) OPNAVINST 6320.7A/MCO 6320.4  
(b) COMNAVSURFPACINST 5450.6/COMNAVSURFLANTINST 5450.6  
(c) BUMEDINST 1500.15F  
(d) BUMEDINST 1510.25A  
(e) USCENTCOM 301155Z Aug 17, Fiscal Year 17-18 Theater Training Requirements  
(f) BUMED memo 6000 Ser M9/I11UN093000775 of 9 Sep 2011  
(g) MCCDC ltr C134 of 13 Nov 2013  
(h) DoD Instruction 6495.02 of 7 July 2015

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

1. Purpose. To meet the training requirements of the Combatant Commands (CCMD) and deploying medical staff. Enclosure (1) identifies and specifies the trauma training requirements for Navy personnel per references (a) through (h).
2. Cancellation. BUMEDNOTE 1500 of 14 Jan 2016.
3. Scope and Applicability. This notice applies to all Budget Submitting Office (BSO) 18 personnel.
4. Policy. All Navy Medicine commands will assure their deploying personnel are trained to meet CCMD requirements.
5. Navy Medical Readiness Trauma Training. Training will be coordinated and conducted in three phases:
  - a. Phase I. Phase I trauma training requirements have been identified (enclosure (1)) and apply to BSO 18 personnel assigned to or deploying with an operational medical platform or sourced globally for missions across the full range of military operations. Command leadership is responsible for ensuring the member's completion of all Phase I trauma training requirements specific to their corps, i.e., advance trauma life support, trauma nurse core course, or tactical combat casualty care (TCCC). Phase I trauma training requirements include individual medical and trauma skills training.

b. Phase II. Phase II trauma 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. Command leadership is responsible for ensuring member's completion of all Phase II trauma training requirements specific to their assigned platform.

c. Phase III. Phase III training is mission specific training as defined by the CCMD. This training is provided whenever possible and usually just in time to those individuals deploying to an identified area of responsibility (AOR). Phase III training will not always be possible; therefore, it is imperative that emphasis be placed on meeting a substantial readiness posture through the completion of Phase I and II training and designating Phase III training to provide refresher or mission specific training.

6. 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.

7. The commander, commanding officer (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 deploying personnel. The member's commander, CO, or OIC will ensure the most current version of NAVPERS 1300/22 Expeditionary Screening Checklist, is completed.

8. Commanders, COs, and OICs are responsible for funding assigned personnel course attendance to meet identified training requirements. The special information and comments section (enclosure (1)) provides additional guidance for course coordination.

9. Effective immediately, all Navy Medicine commands will implement this policy for all Navy Medical Department personnel in their AOR who are globally sourced or assigned to an operational platform. Additionally, commands will take proactive action to ensure personnel maintain their basic specialty skills training as part of their overall medical readiness whether assigned to a platform or not. Tracking training completion and compliance is required using the Fleet Training Management and Planning System (FLTMPS), SWANK, and Navy Medicine Learning Management System. This information is used to update the Defense Medical Human Resource System internet (DMHRSi) and Expeditionary Medicine Platform, Augmentation, Readiness, and Training Systems (EMPARTS).

10. Phased Medical Readiness Trauma Training is required for Reserve Component medical personnel assigned to operation platforms. Funding sources and documentation of completed phased medical readiness training will be coordinated with Bureau of Medicine and Surgery Reserve Policy and Integration (BUMED-M10); Commander, Navy Reserve Forces Command; and other key stakeholders.

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

12. Forms. 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](http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Documents/NAVPERS_1300-22_Rev02-17.pdf).

  
TERRY J. MOULTON  
Acting

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at: <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	<b>MANDATORY</b>  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 (NAVMEOPTRACTR)	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)/Duty with United States Marine Corps (USMC) or Army.
MC specific designators established by BUMEDINST 1500.15F, Medical Corps officers assigned to NAVMED Augmentation Program (NMAP) billets, as Individual Augmentees, or in other contingency billets	ATLS and Advanced Cardiovascular Life Support (ACLS) Phase I Training	Prior to assignment	<b>MANDATORY</b>  BUMEDINST 1500.15F	ATLS certification is good for 4 years ACLS certification is good for 2 years  Executive Sponsors: American College of Surgeons (ACS) American Heart Association (AHA)	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 (LM) (Forward Surgical Teams (FST)); Role 2 plus and Role 3 Hospitals (i.e., FST)	Navy Trauma Training Center (NTTC)  Phase I for USMC Phase III for all others	Prior to deployment	<b>MANDATORY</b>  for FRSS/STP USMC Billets regardless of theater location - Marine Corps Combat Development Center (MCCDC) ltr C134 of 13 Nov 2013  <b>MANDATORY</b>  One-time experience if going to Role 2 LM units  Highly recommended per United States Central Command (USCENTCOM) FY 17-18 Theater Training Requirements Date Time Group (DTG) 301155Z Aug 17	NTTC holds 11 iterations/year and has 24 seats/class (6 MC seats, 3 Nurse Corps (NC) seats, and 15 Hospital Corpsman (HM) seats)  NAVMEOP quota managed and funded by NAVMEOPTRACTR  Will earn approximately 65 Continuing Medical Education (CME) credits  Highly recommended for other appropriate specialties	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 engages 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.
Physicians, (surgeons and non-surgeons) assigned to patient care delivery positions in a Role 1; Role 2 LM (FST); Role 2 plus and Role 3 Hospitals.	Emergency War Surgery Course (EWSC)  Phase I Training	Within 180 days prior to deployment.	<b>MANDATORY</b>  USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	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 Trauma Management Course (JFCTMC) offered through the Army Medical Department Center and School (AMEDDC&S). 2. NTTC or other service trauma training program (i.e., 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).
All	Concussion/Mild Traumatic Brain Injury (mTBI) in the deployed setting  Phase I Training	Within 3 months of deployment	<b>MANDATORY</b>  BUMED Policy Memo 6000 Ser M9/111UN093000775 of 9 Sep 2011	N/A	<b>Courses offered on Navy Knowledge Online (NKO):</b>  1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of TBI may occur.  2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel.  3. Traumatic Brain Injury 401: "Primary Care, Assessment and Management for Concussion" (NM-12-TBI401-1.0) <u>Target Audience:</u> All primary care managers, all mental health providers and other providers involved with traumatic brain injury (TBI) care.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Physicians	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All deploying physicians	Military Acute Concussion Evaluation (MACE)/CPG/ Department of Defense Instruction (DoDI) Course	Within 3 months of deployment	<p><b>MANDATORY</b></p> <p>USCENTCOM Fragmentary Order (FRAGO) 09-1734 Concussion/mTBI Management and Tracking</p> <p>USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17</p>	<p>Training should be completed at parent command.</p> <p><u>Target Audience:</u> Deploying providers (physician, nurse practitioner (NP), PA, nurse, psychologist, occupational therapist (OT), physical therapist (PT), social worker (SW), speech language pathologist (SLP), and PT technician) and those who train deployers or hold key positions at the school houses.</p> <p>**Commands wanting MACE trainers to be trained should contact Navy Medicine (NAVMED) East/NAVMED West Wounded, Ill, and Injured (WII) representatives:</p> <p>NAVMED East - 757-953-0464</p> <p>NAVMED West - 619-767-6664</p>	<ol style="list-style-type: none"> <li>1. Traumatic brain injury (TBI) for Deploying Providers a 2-day, tri-service, "train-the-trainer" course sponsored by the Army.</li> <li>2. TBI for Deploying Providers course is a "train-the-trainer" course, offered quarterly at the National Intrepid Center of Excellence (NICoE).</li> </ol>
All deploying providers involved in direct patient care deployed to combined joint operations	Tactical Combat Casualty Care (TCCC) Phase I Training	Within 180 days of deployment	<p><b>MANDATORY</b></p> <p>BUMEDINST 1510.25A</p> <p>USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17</p>	<p>Provides standardized training for all trauma care at the point of injury and for tactical evacuation.</p> <p>Training should be completed at parent command or Naval Expeditionary Medical Training Institute (NAVEXMEDTRAINST) by TCCC trainers.</p> <p>Direct TCCC training questions or concerns to Naval Expeditionary Medical Training Institute (NAVEXMEDTRAINST) Training Officer at (760) 725-7121 ext. 217 or <a href="mailto:usn.pendleton.navmedotcnemtica.list.tcccqc@mail.mil">usn.pendleton.navmedotcnemtica.list.tcccqc@mail.mil</a></p>	None
All orthopedic surgeons	Combat Extremity Surgery Course (CESC) Phase I Training	<p>New orthopedic surgeons: within their 1st year</p> <p>All other orthopedic surgeons: every 3 years</p>	Strongly recommended - not required	<p>CESC is offered at:</p> <ol style="list-style-type: none"> <li>1. ATTC.</li> <li>2. Society of Military Orthopedic Surgeons Conference Quota management provided by Orthopedic specialty leader.</li> </ol>	<ol style="list-style-type: none"> <li>1. NTTC.</li> <li>2. EWSC.</li> <li>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).</li> <li>4. Theater Trauma Systems CPGs familiarization training within past 3 months.</li> </ol>

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Dentists/ Oral Surgeons	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All Dental Corps officers assigned to outside contiguous United States (OCONUS) duty stations, operational assignments or to NMAP	C4, or ATLS, or Prehospital Trauma Life Support (PTLS)  Phase III Training	Prior to assignment	<b>To the greatest extent possible</b>  BUMEDINST 1500.15F	ATLS is included in C4. 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 Deploying Dental Officers	MACE/CPG/DoDI Course	Within 3 months of deployment	<b>MANDATORY</b>  USCENTCOM FRAGO 09-1734 Concussion/mTBI Management and Tracking  USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	Training should be completed at parent command.  <u>Target Audience:</u> Deploying providers (physician, NP, PA, nurse, psychologist, OT, PT, SW, SLP, and PT tech) and those who train deployers or hold key positions at the school houses.  **Commands wanting MACE trainers to be trained should contact NAVMED East/NAVMED West WII representatives:  NAVMED East – (757) 953-0464 NAVMED West – (619) 767-6664	TBI for Deploying Providers a 2-day, tri-service, "train-the-trainer" course sponsored by the Army.  TBI for Deploying Providers course is a "train-the-trainer" course offered quarterly at the NICoE.
All oral surgeons assigned to OCONUS duty stations, operational assignments or to NMAP	ATLS and ACLS Phase I Training	Prior to assignment	<b>MANDATORY</b>  BUMEDINST 1500.15F	ATLS certification is good for 4 years ACLS certification is good for 2 years  Executive Sponsors: ACS AHA	None
All Deployed oral surgeons	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



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	<b>MANDATORY</b>  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 NPs, 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 Phase I Training	Maintain current at all times with recertification every 2 years	<b>MANDATORY</b>  All 1945, 1950, 1960 and 1972 Specialty Codes BUMEDINST 1500.15F	Certification good for 2 years  Executive Sponsor: AHA	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 patient care delivery positions in a Role 1; Role 2 LM (FST); Role 2 plus and Role 3 Hospitals.	EWSC Phase I Training	USCENTCOM area of responsibility (AOR): Within 180 days prior to deployment One-time requirement	<b>MANDATORY</b>  for USCENTCOM AOR USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	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 AMEDDC&S Army. 2. NTTC or other Service trauma training program (ATTC/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.
Those assigned to EnRoute Care (ERC) roles/billets	Joint EnRoute Care Course (JECC) Phase I or III Training	Within 3 years of deployment	<b>MANDATORY</b>  for Registered Nurses (RN) assigned to USMC ERC billets and the critical care nurse for each of the nine FSTs  USMC ERC: MARADMIN; ERC Team Training Requirements; DTG 251454Z May 10 and COMNAVSURFPACINST 5450.6/ COMNAVSURFLANTINST 5450.6	ACLS is a prerequisite for JECC  JECC is offered through the U.S. Army School of Aviation Medicine, Fort Rucker, Alabama. Navy point of contact (334) 255-9425  Class II Flight Physical required prior to attending JECC. Must successfully complete Naval Aviation Survival Training Program (NASTP) class III/V-22 survival training ERC nurses MUST be Critical Care (1960) or Emergency/Trauma (1945) Specialties. Do not substitute Med-Surg nurses or other nurse specialties  Strongly recommended for other 1960s and 1945s assigned to Fleet and USMC platforms	Not Waiverable if assigned to USMC ERC billets  Currently, only USMC billets associated with FRSSs/STPs have coded ERC billets
Those assigned to: FRSS/STP USMC billets and those assigned to patient care delivery positions in a Role 1; Role 2 LM (FST); Role 2 plus and Role 3 Hospitals (i.e., FST)	NTTC Phase I for USMC Phase III for all others	Prior to deployment	<b>MANDATORY</b>  for FRSS/STP USMC Billets regardless of theater location MCCDC ltr C134 of 13 Nov 2013  <b>MANDATORY</b>  One-time experience if going to Role 2 LM units  Highly recommended per USCENTCOM FY 17-18 Theater Training Requirements DTG 30115Z Aug 17	This training meets the EWSC requirement carries additional qualification designator (AQD) which is good for 2 years  NTTC holds 11 iterations/year and has 24 seats/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 engages 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	Concussion/mTBI in the deployed setting Phase I Training	Within 3 months of deployment	<b>MANDATORY</b> BUMED Policy Memo 6000 Ser M9/I11UN093000775 of 9 Sep 2011	N/A	Courses offered on NKO: 1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of TBI may occur. 2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel. 3. Traumatic Brain Injury 401: "Primary Care, Assessment and
All assigned to theater hospitals/Role 2E/ Role 3 units	MACE/CPG/DoDI Course	3 months of deployment	<b>MANDATORY</b> USCENTCOM FRAGO 09-1734 Concussion/mTBI Management and Tracking USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	Training should be completed at parent command Target Audience: Deploying providers (physicians, NP, PA, nurse, psychologist, OT, PT, SW, SLP, OT, and PT tech) and those who train deployers or hold key positions at the school houses <b>**Commands wanting MACE trainers to be trained should contact NAVMED East/NAVMED West WII representatives:</b> NAVMED West – (619) 767-6664 NAVMED East – (757) 953-0464	1. TBI for Deploying Providers a 2-day, tri-service, "train-the-trainer" course sponsored by the Army. 2. TBI for Deploying Providers course is a "train-the-trainer" course, offered quarterly at the NICoE.
All deploying NC Officers	TCCC Phase I Training	Within 180 days of deployment	<b>MANDATORY</b> BUMEDINST 1510.25A USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	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 good for 4 years Executive Sponsor: ENA, see ENA Web site ( <a href="http://www.ena.org">http://www.ena.org</a> ) 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: ABLS@amedd.army.mil Registration good for 4 years	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. NAVMED quota managed and funded by NAVMEDOPTRACTR	Prior deployed "combat care" experience with Fleet Hospital/EMF/ duty with USMC or Army
All	ATLS and ACLS Phase I Training	Maintain current through deployment	<b>MANDATORY</b> BUMEDINST 1500.15F	ATLS certification is good for 4 years ACLS certification is good for 2 years Executive Sponsor: ACS and AHA	None
PAs assigned to patient care delivery positions in a Role 1; Role 2 LM (FST); Role 2 plus and Role 3 Hospitals	EWSC Phase I Training	USCENTCOM AOR: Within 180 days prior to deployment  One-time requirement	<b>MANDATORY</b> for USCENTCOM AOR USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	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 AMEDDC&S Army. 2. NTTC or other service trauma training program (ATTC/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.
Those assigned to: FRSS/STP USMC billets and those assigned to patient care deliver positions in a Role 1; Role 2 LM (FST); Role 2 plus and Role 3 Hospitals (i.e., FST)	NTTC Phase I for USMC Phase III for all others	Prior to deployment	<b>MANDATORY</b> for FRSS/STP USMC Billets regardless of theater location - MCCDC ltr C134 of 13 Nov 2013  <b>MANDATORY</b> One-time experience if going to Role 2 LM units  Highly recommended per USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	Carries AQD which is good for 2 years  NTTC holds 11 iterations/year and has 24 seats/class (6 MC seats, 3 NC seats, and 15 HM seats) PAs may fill any of the empty class seats  NAVMED 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	Concussion/mTBI in the deployed setting  Phase I Training	Within 3 months of deployment	<b>MANDATORY</b> BUMEDINST 6310.12	N/A	<b>Courses offered on NKO:</b>  1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of traumatic brain injury may occur.  2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel.  3. Traumatic Brain Injury 401: "Primary Care, Assessment and Management for Concussion" (NM-12-TBI401-1.0) <u>Target Audience:</u> All primary care managers, all mental health providers, and other providers involved with TBI care.
All	MACE/CPG/DoDI Course	Within 3 months of deployment	<b>MANDATORY</b> USCENTCOM FRAGO 09-1734 Concussion/mTBI Management and Tracking USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	Training should be completed at parent command  Target Audience: Deploying providers (physician, NP, PA, nurse, psychologist, OT, PT, SW, SLP, OT, and PT tech) and those who train deployers or hold key positions at the school houses  **Commands wanting MACE trainers to be trained should contact NAVMED East/NAVMED West WII representatives:  NAVMED West - 619-767-6664  NAVMED East - 757-953-0464	1. TBI for Deploying Providers a 2-day, Tri-Service, "train-the- trainer" course sponsored by the Army. 2. TBI for Deploying Providers course is a "train-the-trainer" course, offered quarterly at the NICOE.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Physician Assistants	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
All deploying PAs	TCCC Phase I Training	Within 180 days of deployment	<b>MANDATORY</b> BUMEDINST 1510.25A USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	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.navmedotenemtica.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 PAs holding the 6HL AQD.	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	<b>MANDATORY</b> BUMEDINST 1510.25A USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	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	Field Medical Service Technician (FMST) School Phase I or III Training	Once in career, preferably within 2 years of accession	<b>MANDATORY</b> For assignment with USMC	FMST is currently 8 weeks of training and is held at the Field Medical Training Battalions at Camp Pendleton and at Camp Lejeune.	NOT waiverable
Those assigned to: FRSS/STP USMC Billets and those assigned to patient care deliver positions in a Role 1; Role 2 LM (FST); Role 2 plus and Role 3 Hospitals i.e., FST)	NTTC Phase I for USMC Phase III for all others	Prior to deployment	<b>MANDATORY</b> for FRSS/STP USMC Billets regardless of theater location MCCDC ltr C134 of 13 Nov 2013  <b>MANDATORY</b> One-time experience if going to Role 2 LM units  Highly recommended per USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	NTTC holds 11 iterations/year and has 24 seats/class (6 MC seats, 3 NC seats, and 15 HM seats)  NAVEMD 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.)
All deploying HMs	Concussion/mTBI in the deployed setting Phase I Training	Within 3 months of deployment	<b>MANDATORY</b> BUMEDINST 6310.12	N/A	<b>Courses offered on NKO:</b>  1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of TBI may occur.  2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel.  3. Traumatic Brain Injury 401: "Primary Care, Assessment and Management for Concussion" (NM-12-TBI401-1.0) <u>Target Audience:</u> All primary care managers, all mental health providers, and other providers involved with TBI care.
All deploying HMs	MACE/CPG/DoDI Course	Within 3 months of deployment	<b>MANDATORY</b> USCENTCOM FRAGO 09-1734 Concussion/mTBI Management and Tracking  USCENTCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	Training should be completed at parent command.  <u>Target Audience:</u> Deploying providers (physician, NP, PA, nurse, psychologist, OT, PT, SW, SLP, OT, and PT tech) and those who train deployers or hold key positions at the school houses.  **Commands wanting MACE trainers to be trained should contact NAVMED East/NAVMED West WII representatives:  NAVMED West – (619) 767-6664  NAVMED East – (757) 953-0464	1. TBI for Deploying Providers: A 2-day, tri-service, "train-the-trainer" course sponsored by the Army.  2. TBI for Deploying Providers course is a "train-the-trainer" course, offered quarterly at the NICoE.

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Hospital Corpsmen	Course	Timing	Requirement*	Special Information/Comments	Acceptable Alternatives
Those assigned to ERC roles/billets	JECC and Flight Medic Course (FMC)  Phase I or III Training	Within 3 years of deployment	<p style="text-align: center;"><b>MANDATORY</b></p> <p>For HMs assigned to one of the 33 HM USMC ERC Billets</p> <p>USMC ERC: MARADMIN; ERC Team Training Requirements; DTG 251454Z May 10</p>	<p>JECC is offered through the U.S. Army School of Aviation Medicine, Fort Rucker, Alabama. Navy registration: (334) 255-9425</p> <p style="text-align: center;">JECC Prerequisites:</p> <ol style="list-style-type: none"> <li>1. FMC, a 5-week course conducted at Naval Aerospace Medical Institute, NAS Pensacola.</li> <li>2. ACLS.</li> <li>3. Class II Flight Physical required prior to attending FMC/JECC.</li> <li>4. Must successfully complete NASTP class III/V-22 survival training.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not waiverable if assigned to one of the 33 HM USMC ERC billets. Currently, only USMC billets associated with STPs/FRSSs have coded ERC billets.</li> <li>2. Must repeat JECC after 3 years unless actively engaged in the practice of critical care transport nursing (moonlighting as directed by Parent Command).</li> </ol>

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, PA, APRN, RN) per each Role 2 plus, Role 3 Medical Treatment Facility	Infection Control Officer Training	12 months prior to deployment	<p style="text-align: center;"><b>MANDATORY</b></p> USCENCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	U.S. Army Medical Department (AMEDD) offers a 5-day course open to all services titled "Infection Control in a Deployed Environment" (6A-F22). Course information available at: <a href="https://www.atrrs.army.mil/atrrsc/">https://www.atrrs.army.mil/atrrsc/</a> 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	<p style="text-align: center;"><b>MANDATORY</b></p> DoDI 6495.02 USCENCOM FY 17-18 Theater Training Requirements DTG 301155Z Aug 17	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: <a href="https://www.justice.gov/ovw/sexual-assault">https://www.justice.gov/ovw/sexual-assault</a> For course quota management, contact the Regional Sexual Assault Program Manager.  NAVMED West – (619) 767-6669  NAVMED East – (757) 953-7637.	None

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

These requirements were developed by BUMED per CENTCOM guidance regarding both standard and non-standard forces deploying to the CENTCOM AOR 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 at: <http://www.usaisr.amedd.army.mil/cpgs.html>.

Fresh Whole Blood Training (FWB): FWB pre-screening, collections, and transfusion training for corpsmen, medical technicians, nurses, PAs, APRNs, physicians, and any other personnel as identified by CENTCOM components. All CENTCOM components are responsible for ensuring training is completed prior to performance of whole blood collection activities within the AOR.

Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) Training: One primary and one alternate for each Role 2 and Role 3 facility.

Preservation of Human Remains Training: Per reference (i), all deploying military health care professionals must complete "Preservation of Human Remains" training prior to deployment. Training is offered at the Naval Expeditionary Medical Training Institute (NEMTI) and/or via Navy Knowledge Online (NKO); course CFHP NM-09-POR-1.2-Preservation of Remains.

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

- \* Chief, BUMED has designated specialty leaders (SLs) 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.
- \*\* SL must still grant a waiver. These alternatives simply provide guidance on other courses that may serve as the basis for requesting a waiver. The SL has the final decision regarding the adequacy of medical training of the individual for an assignment. An e-mail from the SL is sufficient evidence for command to document in DMHRSi that a waiver has been granted.

**Joint Taxonomy of Care (previously "echelons of care")**

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

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

Role (2E) 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.