



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 1500.15A  
BUMED-09T  
23 Nov 94

BUMED INSTRUCTION 1500.15A

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Department Personnel

Subj: RESUSCITATION TRAINING

Ref: (a) BUMEDINST 6320.80  
(b) BUMEDINST 6440.5A (NOTAL)  
(c) SECNAVINST 1500.10  
(d) OPNAVINST 5351.1

1. Purpose. To provide policy and procedures for planning, prioritizing, and documenting basic life support (BLS), advanced cardiac life support (ACLS), advanced trauma life support (ATLS), pediatric advanced life support (PALS), and neonatal resuscitation program (NRP) training.

2. Cancellation. BUMEDINST 1500.15.

3. Background

a. References (a) and (b) discuss the importance of and requirements for BLS, ACLS, and ATLS training for personnel assigned to emergency medical departments and medical augmentation program (MAP) platforms. Reference (c) establishes standards for BLS certification of Department of Defense (DoD) health care personnel. Reference (d) requires cardiopulmonary resuscitation (CPR) training be given to newly reporting Navy members within 90 days of reporting to a command.

b. Standardized training courses serve as the basis for effective initial management of emergencies. The American Heart Association (AHA) for BLS, ACLS, PALS, and NRP; the American Red Cross (ARC) for BLS; and the American College of Surgeons (ACS) for ATLS have developed standards and guidelines for the administration of this training. These standards are used extensively and adopted worldwide. DoD defines BLS as the training specified by AHA or ARC.

c. Because of such a variance in terminology, used by accrediting agencies, the terms train, training, trained, or retrained are defined for this instruction as "the successful completion of all course criteria/requirements (including passing any required skills and theory testing) necessary for recognition by the appropriate accrediting body."



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d. The mobility and worldwide dispersion of military personnel mandate the most effective use of training programs. Because training requirements exist for both operational and clinical assignments, the AHA and ACS authorized training within a Military Training Network (MTN).

4. Discussion. Navy health care providers require extensive training and knowledge of resuscitation procedures for:

a. Deploying with operational units into areas with limited medical support.

b. Watchstanding and sustained clinical activities.

c. Response to mass casualty incidents resulting from disaster or armed conflict.

5. Policy

a. To provide BLS, ACLS, ATLS, PALS and NRP training to all appropriate Medical Department personnel who are subject to performing resuscitative procedures. The training and periodicity of training must follow the guidelines developed by the appropriate authority (paragraph 3b).

b. Specific policies are as follows:

(1) BLS. All Navy Medical Department health care personnel (active duty, Reserve, civilian, contract, and foreign hire) who are assigned to, or subject to being assigned to, duties providing direct patient care, either diagnostic or therapeutic, must maintain current training in BLS level for health care providers, AHA, or ARC CPR. All Medical Department personnel assigned to deployable MAP platforms must also maintain BLS and CPR training. Remaining Navy Medical Department personnel (including cadre staff and civilian non-clinical) are strongly encouraged, but not required, to maintain training in BLS, for non-health care providers or higher.

(2) ATLS and ACLS

(a) Medical Corps Officers. All medical corps officers detaching to overseas or operational billets must achieve ACLS and ATLS training before they are permitted to detach from their current command, preferably within 6 months before detachment, but by the earliest feasible training opportunity after notification of upcoming assignment. Continental United States (CONUS) commands releasing detaching medical corps officers without ACLS and ATLS training will be subject to paying all costs related to having the officer returned to CONUS for training, including temporary additional

duty (TAD) coverage of the billet during training, if indicated by the outside the continental United States (OCONUS) commanding officer. Before detaching, ATLS training should be updated to cover the entire projected OCONUS period listed in the orders because ATLS and ACLS training must be maintained throughout the duration of the overseas or operational assignment.

(b) Dental Corps Officers. All dental corps officers detaching to operational billets must be provided ATLS training preferably within 6 months before detachment, but by the earliest feasible training opportunity after notification of assignment. Navy dental corps officers will normally accomplish ATLS training through attendance at the combat casualty care course (C4), and will generally attend only once. For subsequent operational tours, they shall attend the casualty treatment training course (CTTC) for refresher training unless they have previously attended C4, ATLS, or CTTC within the last 4 years. Oral and maxillofacial surgeons must additionally complete ACLS training preferably within 6 months before detachment to an operational billet, but at the earliest feasible training opportunity after notification of assignment. Medical and dental corps officers assigned to contingency augmentation billets must complete ATLS and ACLS training, preferably before assignment. These requirements are waived if the detaching officer holds current ATLS or ACLS training that expires after the new projected rotation date (PRD).

(c) Nurse Corps Officers. Nurse corps officers assigned to 0904 or 0952 NOBC-coded augmentation billets must complete ACLS training. This policy of ATLS or ACLS training excludes officers reporting to solely administrative billets and who are not actively practicing clinicians.

(3) PALS. All medical corps officers, nurse corps officers, physician assistants, and their civilian equivalents whose primary clinical responsibilities involve caring for pediatric patients, i.e., in critical care, specialty areas such as neonatal intensive care, labor and delivery, and pediatric intensive care must be additionally trained in PALS. Training is also recommended, but not required, for hospital corpsmen assigned to areas where pediatric patients will be their primary clinical responsibility and where the length of assignment extends beyond simple orientation. All personnel detaching to medical treatment facilities (MTFs) OCONUS or Hawaii whose primary clinical assignment will involve caring for pediatric patients and whose PALS training will expire while serving OCONUS must be retrained within a reasonable time before detachment.

(4) NRP. All medical corps officers, nurse corps officers, physician assistants, and their civilian equivalents whose primary clinical responsibilities involve caring for

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newborn infants, i.e., in critical care, specialty areas such as neonatal intensive care, labor and delivery, and pediatric intensive care must be additionally trained in NRP. Training is also recommended, but not required, for hospital corpsmen assigned to areas where newborn infants will be their primary clinical responsibility and where the length of the assignment extends beyond initial orientation. All personnel detaching to MTFs OCONUS or Hawaii whose primary clinical assignment will involve caring for pediatric patients and whose NRP training will expire while serving OCONUS must be retrained within a reasonable time before detachment.

## 6. Responsibility

a. Commanding officers and officers in charge of MTFs and dental treatment facilities (DTFs) must:

(1) Ensure BLS, ACLS, ATLS, PALS, and NRP training, when necessary, is available and efforts are coordinated to make best use of resources.

(2) Provide for high quality and cost-effective training.

(3) Identify training requirements and institute a training cycle.

(4) Assign highest priority to ensure personnel detaching to operational or OCONUS billets complete required training before detachment.

(5) Ensure completed training is documented in individual training records and the standardized personnel management system (SPMS), as appropriate.

(6) Designate at least one Medical Department officer, (may be head of staff education and training division or designee) with assistants (if appropriate), with a full-time or collateral duty as training for resuscitation medicine liaison officer (TRMLO).

b. Each TRMLO must interface with the MTN for resuscitative medicine programs (as discussed in paragraph 7b) or other resources as appropriate. Specific responsibilities of the TRMLO include, but are not limited to:

(1) Validating, in conjunction with the staff education and training department (SETD), lists of personnel trained in ATLS, ACLS, BLS, PALS, and NRP.

(2) Maintaining, in coordination with the SETD, tickler lists for training and retraining requirements, and necessary data on trained instructors.

(3) Providing this information to the credentials coordinator for all health care providers.

(4) Coordinating (with SETD) all resuscitation training within their sphere of influence.

(5) Providing sufficient opportunities for Navy health care personnel to be trained and maintain training per this instruction.

7. Training Programs

a. All Navy BLS, ATLS, ACLS, PALS, and NRP training must meet the standards established by the appropriate authority through any combination of the following:

(1) Association with local civilian affiliates (AHA, ARC, or ACS) for training and course criteria/requirements.

(2) Association with local ACS state faculty for ATLS training.

(3) Self-sufficient training programs with the MTN (as discussed in paragraph 7b); or association with an MTN program in the geographic area.

b. The MTN is a triservice endeavor, established by the DoD to aid military commands with their resuscitative medicine programs. Located at the Uniformed Services University of the Health Sciences as an affiliate of the AHA, the MTN approves and certifies PALS, NRP, ACLS, and BLS courses. The MTN coordinates ATLS programs for the service trauma committee chairman and the ACS. Professional oversight for the MTN is provided by the triservice national faculty of BLS, ACLS, PALS, and NRP, and the triservice trauma committee for ATLS. The use of the MTN is recommended unless other means of obtaining training are more efficient and cost effective.

c. Information on BLS, ACLS, ATLS, PALS, and NRP training is available from:

Military Training Network for Resuscitative Medicine  
Uniformed Services University for the Health Sciences  
F. Edward Hebert School of Medicine  
4301 Jones Bridge Road  
Bethesda, MD 20889-4799  
(301) 295-2282 or DSN 295-2282

  
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