



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

OCT 15 2020

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's final response to House Report 116-120, page 164, accompanying H.R. 2500, the National Defense Authorization Action Act for Fiscal Year 2020, is enclosed. The House Report requests a report on the development of a comprehensive strategy addressing the standardization of pre-hospital tactical combat casualty care (TCCC), as well as partnerships with civilian organizations helping to improve the continuum of battlefield care.

Thank you for your continued strong support of our Service members, veterans, and their families. I am sending an identical letter to the Ranking Member of the House Armed Services Committee.

Sincerely,

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Matthew P. Donovan

Enclosure:
As stated



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The Honorable William M. "Mac" Thornberry
Ranking Member
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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**Report to the Committee on Armed Services of the House of
Representatives**



**House Report 116-120, Page 164, Accompanying H.R. 2500, the National Defense
Authorization Action Act for Fiscal Year 2020**

“Report on Pre-Hospital Tactical Combat Trauma Training”

September 2020

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$10,000 in Fiscal Years 2019 - 2020. This includes \$0 in expenses and \$10,000 in DoD labor.

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EXECUTIVE SUMMARY

This final report is in response to House Report 116-120, page 164 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2020, “Pre-Hospital Tactical Combat Trauma Training.” The requirement requests that the Secretary of Defense submit a report to the Committee on Armed Services of the House of Representatives on the development of a comprehensive strategy that addresses the standardization of pre-hospital tactical combat casualty care (TCCC) across the Department of Defense (DoD), to include partnerships with civilian institutions that may provide vital training, standards, and best practices to help improve the continuum of battlefield care.

For several years, the DoD has had an unwavering commitment to ensuring all Service members receive training in basic TCCC concepts. Furthermore, TCCC has played a pivotal role in saving the lives of wounded Service members and is one of the leading reasons for unprecedented injury survival rates during recent contingency operations. Prior to current standardization efforts, however, there was significant variance in the curriculum and delivery of combat casualty care training by the Military Services.

Recognizing this variance as unacceptable, the DoD has worked diligently to standardize pre-hospital combat casualty care training. Over the last 18 months, the DoD has made significant strides in developing and implementing a comprehensive strategy to standardize TCCC curriculum and instruction for all Service members. Development of this comprehensive, multifaceted strategy has been led by subject matter experts representing the Defense Health Agency (DHA) and the Military Services, with the DHA’s Joint Trauma System (JTS) and Committee on Tactical Combat Casualty Care (CoTCCC) having a prominent role consistent with responsibilities directed in section 708 of the NDAA for FY 2017 (Public Law 114-328).

This comprehensive strategy includes not only standardizing four distinct tiers of TCCC curricula, each tailored to a specific training audience, but also standardizing the execution of the training by instructors, developing the standardized platforms upon which the training is delivered, and providing an easily accessible means of delivery that provides all Service members the opportunity to train in TCCC. Upon release of all four TCCC tiers, currently projected for no later than December 31, 2020 the DoD will, for the first time, have a set of jointly developed, standardized pre-hospital TCCC courses that provide all Service members, both medical and non-medical, with the requisite skills to save lives in the pre-hospital environment.

The DoD's comprehensive strategy also addresses pre-hospital and hospital partnerships that provide training, standards, and best practices our medical professionals can use to improve the continuum of battlefield care. This strategy seeks to expand upon existing partnerships and collaboration with organizations such as the American College of Surgeons (ACS), the National Association of Emergency Medical Technicians (NAEMT), and others. Additionally, the DHA, in coordination with the Military Departments (MILDEPs), is actively exploring options to expand partnerships with civilian hospitals and medical centers that contribute to the improved clinical readiness of military medical providers. Efforts such as partnering with civilian trauma systems that provide access to a greater volume of high acuity trauma patients, as well as efforts to further leverage the partnership with NAEMT, are all focused on improving the continuum of battlefield care through enhanced medical readiness.

TACTICAL COMBAT CASUALTY CARE STANDARDIZATION STRATEGY

In accordance with the NDAA for FY 2017, section 708 (b)(6), the DoD has developed and begun implementing a comprehensive strategy to provide standardized TCCC instruction for all Service members. The DoD’s TCCC standardization strategy addresses the curriculum, training of instructors, and training platforms, as well as a means of delivery that provides the Military Services with ready access to TCCC instruction.

The Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) provides oversight of the strategy process, with strategy execution driven by collaboration between the DHA, through both its JTS and Education and Training functions, and the Military Services. Key roles and responsibilities of these organizations are depicted in Figure 1.

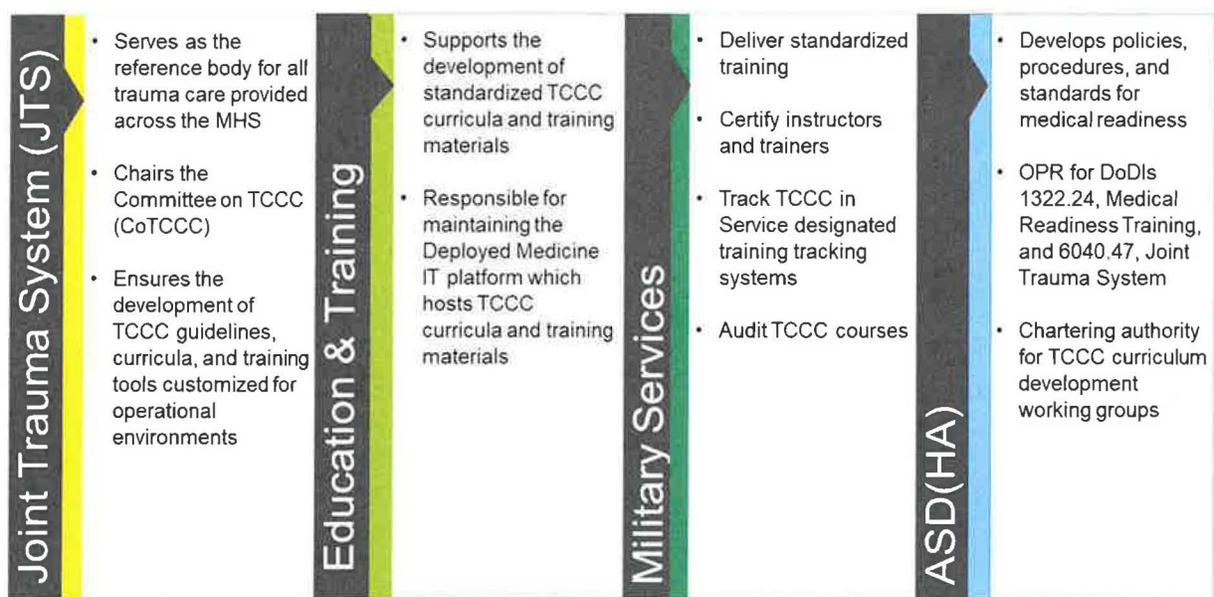


Figure 1: Organizational Roles and Responsibilities for Implementing Standardized TCCC

The collective goal of these organizations is to publish a joint standard for four distinct tiers of TCCC instruction which correspond to the medical skills and expertise required by Service members practicing at that level. Development of the TCCC Tier system, as shown in Figure 2, has been led by the DHA JTS. The baseline TCCC Tier 1 “All Service Member” (ASM) course includes 31 basic trauma management skills that all Service members train on. It provides the foundational curriculum that more advanced TCCC courses build upon. The next TCCC level, Tier 2, is designed for Combat Lifesavers (CLS). This level includes more complex training in combat casualty care procedures such as decompression of collapsed lungs, airway management, suctioning, and more advanced splinting techniques. TCCC Tier 3, developed for Army Combat Medics, Navy Hospital Corpsmen, and Air Force Aerospace Medicine Technicians, builds upon

the curriculum for CLS, adding 43 skills that provide training on more advanced procedures including blood transfusion, medication administration, and management of severe trauma. Finally, TCCC Tier 4, intended for Combat Paramedics and Providers, represents TCCC’s most advanced course, providing training on over 100 skills, to include the most complex clinical tasks delivered in the pre-hospital setting.

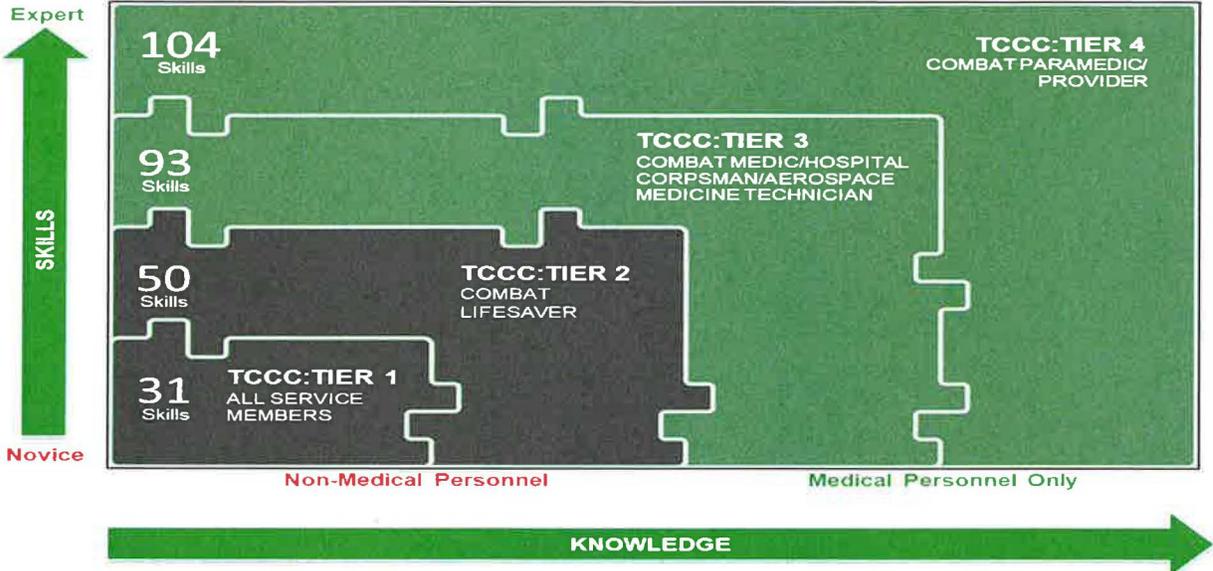


Figure 2: TCCC Four Tier System

The DoD has adopted an aggressive timeline to execute its TCCC standardization strategy. Barring any extended delays due to COVID-19, it is on schedule to complete development of the standardized curricula, resources, and tools required to successfully implement all four TCCC Tiers within a two year timeframe ending December 31, 2020. In recognition of its applicability to all Service members, development of the curriculum for TCCC Tier 1 started first and was completed in August 2019. The final TCCC Tier 1 ASM product delivered to the Military Services, similar to the ones being developed for TCCC Tiers 2-4, contains a comprehensive suite of course materials, training aids, evaluation criteria, and technology products (Figure 3).

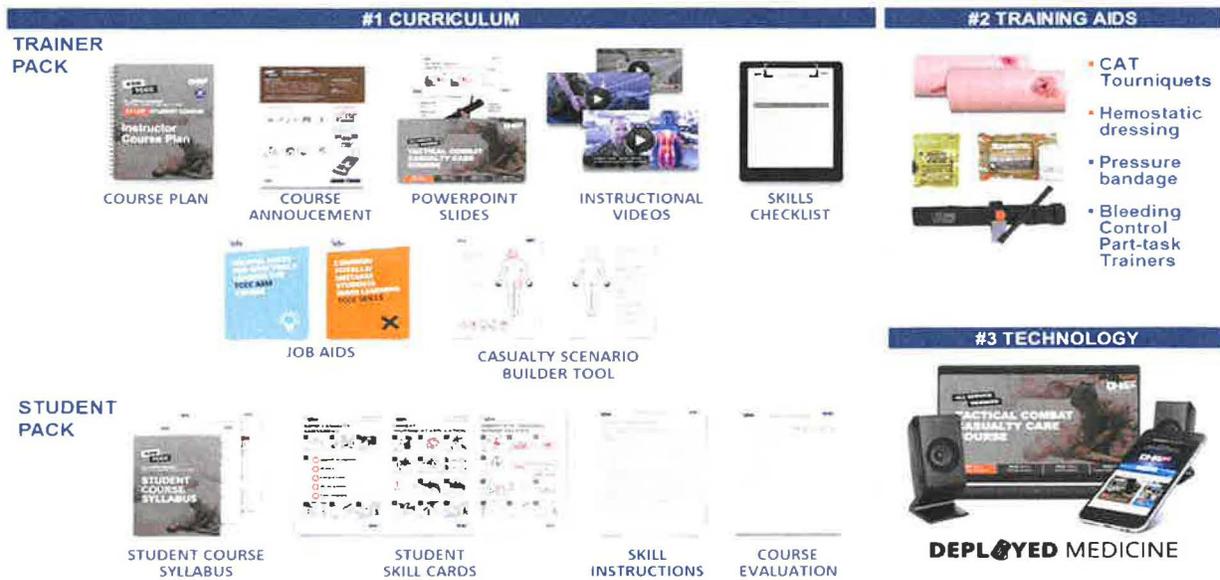


Figure 3: Comprehensive Suite of Product Deliverables for TCCC Tier 1: All Service Members

Following release of the TCCC Tier 1 curriculum, focus shifted to the development of the curriculum for TCCC Tier 2 which was completed and delivered to the Military Services in July 2020. The more expansive and in-depth curricula and associated training materials for TCCC Tiers 3 and 4 are scheduled for delivery to the Military Services no later than December, 2020. Project milestones for the DoD’s comprehensive strategy for all four TCCC Tiers are depicted in Figure 4.

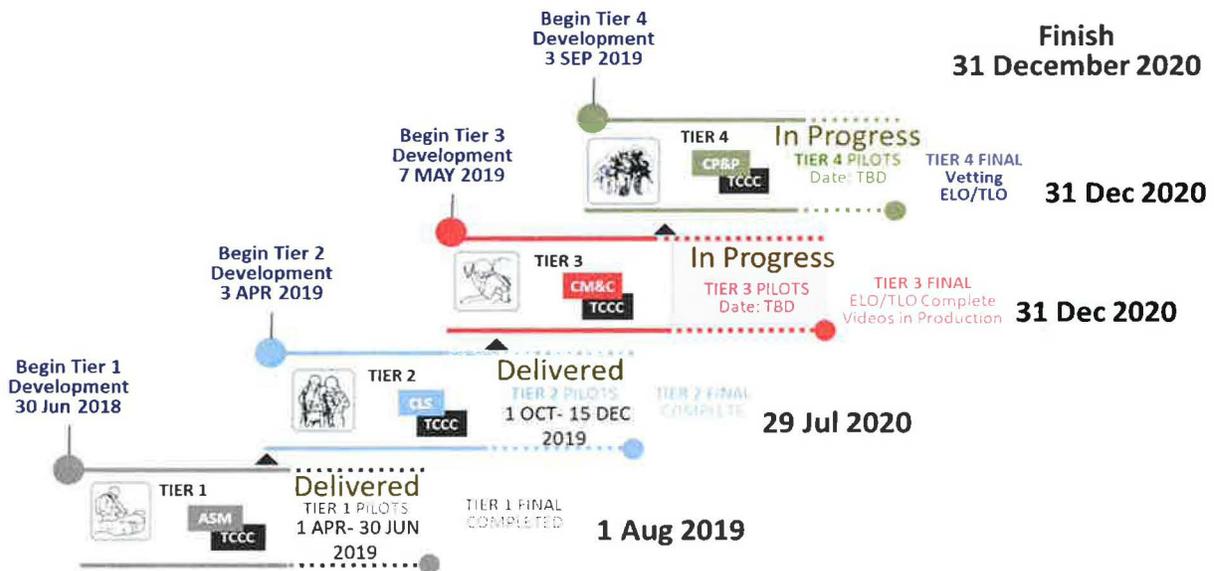


Figure 4: Comprehensive Strategy and Milestones for Standardizing TCCC

In order to meet these ambitious timelines and develop a standardized TCCC instruction that meets the needs of all Service members across the Joint Force, a TCCC curricula development working group (CD WG) was formed. The CD WG includes subject matter experts from across the Military Services, DHA, and OASD(HA). Members of the CD WG are responsible for designated parts of the curriculum development process. Through its collaborative efforts, the CD WG establishes Enabling Learning Objectives (ELO) and Terminal Learning Objectives (TLO) which guide the actual curricula development. Upon completion of final ELO and TLO lists, the CD WG then develops the corresponding instruction slides and instructor notes. The DHA J7 and JTS initiate development of skill instructions, assessment checklists, and examinations (online and written), as well as the production of instructional videos with corresponding syllabi. These processes culminate in the production of task-specific training modules specifically designed for each TCCC tier. The TCCC tier curriculum is then evaluated and validated through pilot program courses taught at military installations. Using lessons learned from the pilot courses, the curriculum is subsequently updated. Finally, certification is awarded to the TCCC tier and it is formally distributed for implementation. A summary of the pilot program used to certify TCCC Tier 1 (ASM course) is depicted in Figure 5.

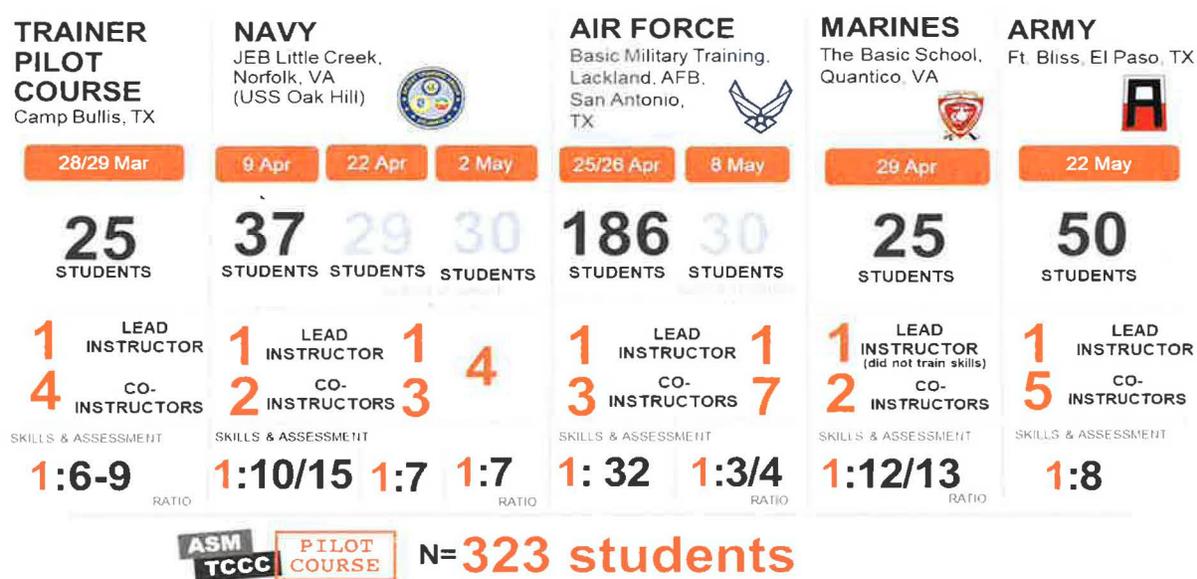


Figure 5: ASM TCCC Tier 1 Pilot Summary 2019

Although efforts to date have primarily focused on development of the initial, standardized TCCC instruction for all four TCCC tiers, the DoD's comprehensive strategy also addresses the need to sustain TCCC's currency by continually reviewing and updating the curriculum to ensure it incorporates the most up-to-date and effective trauma management practices. The DHA JTS is ideally situated to continually evaluate and update TCCC's four tiers of curricula on a regular

basis. Through its role in monitoring casualty care in support of contingency operations and publishing and updating Clinical Practice Guidelines across the Military Health System, the JTS has the best up-to-the-minute pulse of trauma care within DoD. Additionally, the JTS is ideally situated to leverage its close relationship with the U.S. Army Institute of Surgical Research (ISR). Together with the ISR, the JTS is able to evaluate emerging equipment and conduct new combat casualty care research to improve TCCC principles. Working through the CoTCCC, the MILDEPs, and other partners such as the ACS and NAEMT, the DHA JTS will continually evaluate and update the four tiers of TCCC, ensuring standardization is sustained across the entire DoD as new, life-saving technologies and medical procedures are developed. Moreover, the DHA also possesses the ability to rapidly distribute updates to TCCC through the Deployed Medicine portal (www.deployedmedicine.com).

STANDARDIZED INSTRUCTOR TRAINING

As part of its overarching TCCC strategy, the DoD has a comprehensive plan to standardize all tiers of TCCC instructor training to mitigate variance in teaching methodology and improve the quality of TCCC training across the Department. As the four tiers of TCCC curricula are developed, piloted, evaluated, and deployed, the DHA is also developing a corresponding instructor course for each TCCC tier. These instructor courses include course materials, training aids, evaluation criteria, and technology products and will be used by the MILDEPs to help certify their instructor cadre. The basic process for standardizing instructor training is depicted in Figure 6, which outlines the pathway for certifying instructors for TCCC Tier 1.

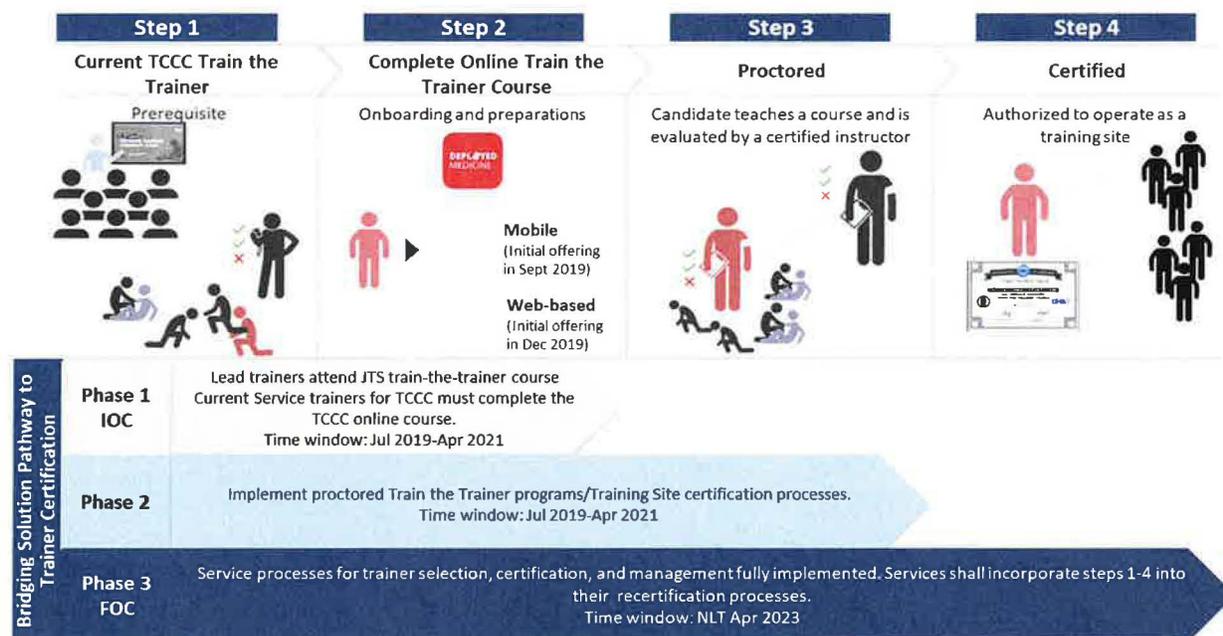


Figure 6: Pathway to Trainer Certification for TCCC Tier 1, “ASM (Non Medical Personnel)”

A key component of the process is the on-line “train-the-trainer” course specifically designed for the Military Services’ TCCC instructors and readily accessible on the DHA’s Deployed Medicine website. In addition to offering an on-line “train the trainer” course, the DHA JTS is conducting final validation testing of in-resident “train the trainer” courses for TCCC Tiers 1 and 2. Once validated, these “in-resident” courses will be administered by the DHA’s Defense Medical Readiness Training Institute. The in-resident courses for TCCC Tiers 1 and 2 are intended to assist the Military Services develop core instructor cadre for use during the initial phases of TCCC implementation.

PARTNERSHIPS FOR TACTICAL COMBAT CASUALTY CARE

The DoD realizes the immense value of partnerships in driving improvements to battlefield care and is currently exploring relationships with nationally recognized specialty board organizations in order to share best practices and standards of care. Through the DHA JTS CoTCCC, efforts to expand partnerships and collaboration with organizations such as the ACS and NAEMT have proven critical in helping to develop the standardized tier system of TCCC. Together with the ACS and the NAEMT, the CoTCCC is able to ensure all available best practices and standards are included during the development of TCCC curricula.

As a national organization focused on emergency medical services education, research, and advocacy, the NAEMT relationship with the DoD has historically centered on the continuing education and certification of DoD EMTs. Under the current DoD TCCC curriculum development effort, this relationship has expanded. In response to the NDAA for FY 2017, the DHA JTS is partnering with NAEMT under the military-civilian partnership program construct. Together, the DHA JTS and NAEMT are working towards a new arrangement regarding instruction for TCCC Tier 3 and Tier 4 courses that supports the DoD’s comprehensive standardization strategy. If attained, the partnership is intended to augment DoD capabilities and further promote standardized TCCC instruction across the Joint Force.

In addition to its relationship with NAEMT, the DoD’s formal partnership with the ACS has proven instrumental to the development of trauma management skills essential to TCCC and the advancement of trauma care on the battlefield. Among other achievements, collaboration on the Medical Knowledge, Skills, and Abilities (Med-KSAs) project has produced a first-ever quantitative baseline by which to objectively measure the clinical readiness of DoD providers, as well as a new Advanced Surgical Skills Exposure for Trauma course to improve the surgical skillset of DoD surgeons. Partnership efforts have also resulted in publication of the “Blue Book: Military-Civilian Partnership for Training, Sustainment, and Readiness.” Commonly referred to by its short title, the “Blue Book” provides joint standardized criteria for the MILDEPs and DHA to use in selecting civilian partnership sites that permit DoD medical staff to practice in civilian trauma settings. This partnership has been beneficial to the civilian community as well, with DoD TCCC experts helping ACS develop the highly successful “Stop the Bleed” program implemented across America.

To increase the exposure of military medical personnel to a greater volume of high acuity cases, the MILDEPs and DHA are also pursuing a rapid expansion of military and civilian partnerships. As part of this effort, the MILDEPs are coordinating with civilian trauma centers to expand training opportunities for multiple critical wartime specialties, thereby increasing the clinical readiness of military providers to treat trauma patients. A summary of the MILDEPs' partnership efforts is included in Appendix C.

PLAN OF ACTION AND MILESTONES FOR MILITARY DEPARTMENT TRANSITION TO STANDARDIZED TCCC

Consistent with their Title 10 authorities to organize, train, and equip, the Military Services have developed plans for implementing TCCC Tier 1 using the standardized curricula and train-the-trainer course released by the DHA in August 2019. These plans take into account policy outlined in Department of Defense Instruction 1322.31, "Common Military Training (CMT)," which authorizes the Military Services to determine the frequency of TCCC Tier 1 training for their personnel, with the exception that all Service members must complete TCCC training prior to deployment. The Military Services' detailed plans for transitioning to standardized TCCC instruction for their Service members are outlined in Appendix D.

SUMMARY

This final report provides the requested information in response to House Armed Services Committee Report 116-120 of the NDAA for FY 2020, “Pre-Hospital Tactical Combat Trauma Training.” It outlines a comprehensive DoD strategy for standardization of pre-hospital TCCC across the Department, including partnerships with civilian institutions that offer vital training, standards, best practice, and clinical experiences that help improve the continuum of battlefield care.

Leveraging its TCCC standardization strategy, the Department has made significant progress towards standardizing pre-hospital TCCC across the Joint Force. This comprehensive strategy not only addresses TCCC curricula, but also instructor training, training platforms, and a delivery system that provides all Service members with the opportunity to train in TCCC. As an adjunct to this process, the DoD is using its military-civilian partnership program to further enhance standardized TCCC curriculum, through the CoTCCC, the ACS, and the NAEMT. This is but one example of the actions being taken to achieve TCCC standardization across the DoD and improve the quality of pre-hospital trauma care training for all Service members.

In August 2019, the Department completed development of the TCCC Tier 1, ASM course and in July 2020 released the TCCC Tier 2, CLS course. These two TCCC courses serve the vast majority of Service members and hold the greatest promise for reducing preventable death on the battlefield. Barring any additional delays related to the Department’s response to COVID-19, the DHA, with the continued support of the Military Services, remains on a solid trajectory to complete the remaining two TCCC tiers by the end of calendar year 2020.

APPENDIX A: REFERENCES

House Report 116-120, page 164, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116120) Report on “Pre-Hospital Tactical Combat Trauma Training”

Department of Defense Instruction 1322.31, Common Military Training (CMT), February 20, 2020

National Defense Authorization Act for Fiscal Year 2017, (Public Law 114-328), Section 707 and 708

The Blue Book: Military-Civilian Partnerships for Trauma Training, Sustainment, and Readiness <https://www.facs.org/member-services/mhsspacs/blue-book>

APPENDIX B: ACRONYMS

ACS	American College of Surgeons
ADLS	Advanced Distribution Learning Service
AFI	Air Force Instruction
ARCNet	Air Reserve Component Network
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASM	All Service Member
BST	Basic Skills Test
BUMED	Navy Bureau of Medicine and Surgery
CD WG	Curriculum Development Working Group
CIN	Course Identification Numbers
CLS	Combat Life Saver
CMRP	Comprehensive Medical readiness Program
CMT	Common Military Training
CoTCCC	Committee on Combat Casualty Care
C-STARS	Centers for Sustainment of Trauma and Readiness Skills
DHA	Defense Health Agency
DoD	Department of Defense
DTMS	Digital Training Management System
ELO	Enabling Learning Objectives
FLTMS	Fleet Management and Planning System
FY	Fiscal Year
GHE	Global Health Engagement
HMTT	Hospital Corpsman Trauma Training program
IET	Initial Entry Training
IMT	Initial Military Training
ISR	Institute of Surgical Research
JTS	Joint Trauma System
MCTIMS	Marine Corps Training Information Management System
Med-KSAs	Medical Knowledge, Skills, and Abilities
MILDEPs	Military Departments
MRDSS	Medical Readiness Decision Support System
MTF	Military Medical Treatment Facility
NAEMT	National Association of Emergency Medical Technicians
NDAA	National Defense Authorization Act
NMC	Naval Medical Center
NTTC	Navy Trauma Training Center POI Program of Instruction
POM	Program Objective Memorandum

SABC	Self-Aid and Buddy Care
SMART	Sustained Medics and Readiness Trained
TCCC	Tactical Combat Casualty Care
TLO	Terminal Learning Objectives
T&R	Training and Readiness
TSMO	Trauma Strategy Management Office
USAFSAM	Air Force School of Aerospace Medicine

APPENDIX C: SERVICE PARTNERSHIP PLANS

In addition to the efforts of the DHA, the MILDEPs are pursuing rapid expansion of military and civilian partnerships with the intent of increasing exposure of military medical personnel to a greater volume of high acuity cases. Through coordination with civilian trauma centers, the DHA and MILDEPs expand training opportunities for multiple critical wartime specialties and increase the clinical readiness of military providers to treat trauma patients. This appendix contains the partnerships registered to date by each of the Services.

ANNEX A: ARMY PARTNERSHIP PLAN

<i>Joint Partnership Register, Ongoing Draft Updated 5SEP19</i>								
Army								
Status	Civilian Partner	Military Partner	Active Date	Region	City	State	Level	Type
Complete	Cooper University Health Care	OTSG / MEDCOM		East	Camden	NJ		AMCT3 Model
Complete	Medical College of Wisconsin	OTSG / MEDCOM		Midwest	Wauwatosa	WI		AMCT3 Model
Complete	Oregon Health & Science University	OTSG / MEDCOM		West	Portland	OR		AMCT3 Model
Pending	Baylor University Medical Center	OTSG / MEDCOM		Midwest	Dallas	TX		AMCT3 Model
Pending	Grady Health System	OTSG / MEDCOM		East	Atlanta	GA		AMCT3 Model
Pending	Hartford Hospital	OTSG / MEDCOM		East	Hartford	CT		AMCT3
Pending	University of Chicago Medical Center	OTSG / MEDCOM		Midwest	Chicago	IL		AMCT3 Model
Pending	University of North Carolina School of Medicine	OTSG / MEDCOM		East	Chapel Hill	NC		AMCT3 Model
Pending	University of Washington Medical Center, Harborview	OTSG / MEDCOM		West	Seattle	WA		AMCT3 Model
Pending	Vanderbilt University Medical Center	OTSG / MEDCOM		East	Nashville	TN		AMCT3 Model
Pending	Virginia Commonwealth University Medical Center	OTSG / MEDCOM		East	Richmond	VA		AMCT3 Model

ANNEX B: AIR FORCE PARTNERSHIP PLAN

AF Plan for Medical Personnel Opportunities in Civilian Centers

Background: The AFMS manages the clinical currency and readiness of the medical force principally through the Comprehensive Medical Readiness Program (CMRP). This program establishes career-field specific requirements, measures, and sources for training, retraining, and sustainment activities. The clinical activities managed are typically performed in a health care setting and the location of training is determined through agreements with certification or accreditation bodies or in accordance with the AFMS Sustained Medics and Readiness Trained (SMART) concept of operations. The concept directs commanders to employ personnel first within the MTF and progressively through local and regional civilian partner settings to ensure that appropriate clinical experience is achieved in accordance with readiness requirements. It builds on two decades of experience with regional partnerships known as the Centers for Sustainment of Trauma and Readiness Skills (C-STARS) where select AF personnel are assigned as instructor cadre to support pre-deployment and currency training of rotating personnel. Based on experience and success of these programs, AF MTF commanders have subsequently established partnerships to expand activities within the MTF or establish partnerships with local health-care entities to provide clinical opportunities required under the CMRP program. The result of this approach includes MTF integration into the civilian trauma system (i.e. SAMMC, planned for Nellis), DoD/VA partnerships that allow for specialty care of veterans within the MTF (DGMC, Keesler, Nellis, Eglin, Wright-Patterson, JBER), and local civilian partnerships that allow AF personnel to perform clinical activities outside of the MTF. Medical personnel not assigned to and MTF (i.e. AF Special Operations Surgical Teams) also utilize civilian partnerships for sustainment training.

Overview of current civilian partnerships:

1. Initial training agreements that are part of a formal program and grant a degree or certification for a medical specialty:

Physician*	Nurse*	Technician*	Other*	Total Civilian Sites
48	14	18	27	81

*Note: Many sites include multiple professions

- Local training affiliation agreements between individual Air Force facilities and local civilian partners for sustainment training:

Physician*	Nurse*	Technician*	Other*	Total Civilian Sites
108	72	118	68	191

*Note: agreements with some sites may include multiple professions

- Regional Currency Sites: US Air Force School of Aerospace Medicine (USAFSAM) personnel are embedded as cadre and fully integrated into clinical practice at the civilian site(s). They function as instructors and facilitators for additional personnel that rotate through centrally funded 2-week training programs. Cadre and rotating personnel include surgeons, nurses and technicians. For FY19 the following attended:

Civilian Site	Physicians	Nurses	Technicians	Total
University of Maryland, Baltimore Shock Trauma	57	66	133	256
St Louis University	60	64	127	251
University of Cincinnati	54	62	56	172
University of Nevada Las Vegas	14	56	55	125
TOTAL	185	248	371	804

Ongoing efforts: The AFMS is seeking to further refine and expand existing programs and partnerships. Efforts are being led and coordinated through the Air Force Medical Readiness Agency and will include the following.

- Refinement of the CMRP will include incorporation of joint readiness reporting measures and Med-KSA metrics and assessments as they are developed and validated.
- Expansion of partnerships will be focused on establishing additional programs for nursing and technician specialists, expanding opportunities for pre-hospital clinical care experience, and incorporating personnel from the Reserve and Guard components into existing or novel programs.
- The AFMS will also collaborate with both DHA and civilian partners to expand clinical activity reporting and analysis in order to optimize personnel activities in alignment with currency and readiness requirements and health care operations demands.
- The AFMS will continue to seek solutions to additional challenges that limit effectiveness of military civilian partnerships such as:
 - Military medical enlisted personnel scope of practice frequently exceeds that of civilian counterparts resulting in limited sustainment training opportunities for those personnel at civilian sites.
 - Limits to licensure portability results in additional administrative and financial barriers to personnel participation.
 - The capability to monitor and report nursing and technician clinical activity is insufficient to guide management of these personnel.

Joint Partnership Register, Ongoing Draft Updated 5SEP19

Air Force

Status	Civilian Partner	Military Partner	Active Date	Region	City	State	Level	Type	Notes
Complete	Singer River Hospital System	Keesler AFB		East	Pascagoula	MS		Part-time Model	
Complete	Merit Health	Keesler AFB		East	Biloxi	MS		Part-time Model	
Complete	South Texas Spinal Clinic, P.A.	Lackland AFB		Midwest	San Antonio	TX		Part-time Model	
Complete	University of Texas Health Science Center At San Antonio	Lackland AFB		Midwest	San Antonio	TX		Part-time Model	
Complete	Georgetown University Medical Center	Langley AFB		East	Washington	D.C.		Part-time Model	
Complete	University of Maryland School of Medicine - Cadaver Lab	Langley AFB		East	Baltimore	MD		Part-time Model	
Complete	Barnes Jewish Hospital	Langley AFB		Midwest	St. Louis	MO		Part-time Model	
Complete	Tampa General Hospital	MacDill AFB		East	Tampa	FL		Part-time Model	
Complete	Bay Pines VA Hospital	MacDill AFB		East	St. Petersburg	FL		Part-time Model	
Complete	University Medical Center of Southern Nevada	Nellis AFB		West	Las Vegas	NV		Part-time Model	
Complete	Emergency Medicine Physicians of Clark UMC MCCOURT PLLC	Nellis AFB		West	Las Vegas	NV		Part-time Model	
Complete	Bellevue Medical Center LLC	Offutt AFB		Midwest	Omaha	NE		Part-time Model	
Complete	Norfolk & Norwich University Hospital	RAF Lakenheath		OCONUS	Norfolk	United Kingdom		Part-time Model	
Complete	West Suffolk Hospital	RAF Lakenheath		OCONUS	Suffolk	United Kingdom		Part-time Model	
Complete	Cambridge University Hospital	RAF Lakenheath		OCONUS	Cambridge	United Kingdom		Part-time Model	
Complete	Royal London	RAF Lakenheath		OCONUS	London	United Kingdom		Part-time Model	
Complete	Nuffield Hospital, Cambridge	RAF Lakenheath		OCONUS	Cambridge	United Kingdom		Part-time Model	
Complete	Cardinal Glennon Childrens Hospital	Scott AFB		Midwest	St. Louis	MO		Part-time Model	
Complete	San Francisco VAMC	Travis AFB		West	San Francisco	CA		Part-time Model	
Complete	Sacramento VAMC	Travis AFB		West	Sacramento	CA		Part-time Model	

Complete	University of California, Davis Medical Health Center	Travis AFB		West	Sacramento	CA		Part-time Model
Complete	University of California, San Francisco Medical Center	Travis AFB		West	San Francisco	CA		Part-time Model
Complete	Northbay Healthcare Group	Travis AFB		West	Fairfield	CA		Part-time Model
Complete	UC Health University of Colorado Hospital	US Air Force Academy		West	Aurora	CO		Part-time Model
Complete	Kettering Medical Center - Kettering Health Network	Wright Patterson AFB		Midwest	Dayton	OH		Part-time Model
Complete	Dayton VAMC	Wright Patterson AFB		Midwest	Dayton	OH		Part-time Model
Complete	University of Cincinnati Medical Center	Wright Patterson AFB		Midwest	Cincinnati	OH		Part-time Model
Complete	Miami Valley Hospital	Wright Patterson AFB		East	Miami	FL		Part-time Model
Complete	Cincinnati Childrens Hospital Medical Center	Wright Patterson AFB		Midwest	Cincinnati	OH		Part-time Model
Complete	University of Maryland Shock Trauma Center	Wright Patterson AFB		East	Baltimore	MD		Part-time Model
Complete	Saint Louis University Department of Orthopedic Surgery	Wright Patterson AFB		Midwest	St. Louis	MO		Part-time Model
Complete	University of Nebraska Medical Center	Wright Patterson AFB		Midwest	Omaha	NE		Part-time Model
Complete	RA Cowley Shock Trauma	USAFSAM		East	Baltimore	MD		C-STARS Model
Complete	Saint Louis University Barnes	USAFSAM		Midwest	St. Louis	MO		C-STARS Model
Complete	University of Cincinnati	USAFSAM		Midwest	Cincinnati	OH		C-STARS Model

ANNEX C: NAVY PARTNERSHIP PLAN

Navy Trauma Partnerships EXSUM

BACKGROUND:

National Defense Authorization Act (NDAA) 2017, Joint Requirements Oversight Council Memorandums Document Change Recommendations on Forward Resuscitative Care in Support of Dispersed Operations, and the Defense Trauma Enterprise set the legal and Departmental requirements for trauma efforts to meet the challenges of future conflict.

The Navy Bureau of Medicine and Surgery (BUMED) developed the Navy Medicine Trauma Strategy and established the Trauma Strategy Management Office (TSMO). The TSMO's mission is to "implement the strategy and provide a ready, rapidly deployable and combat effective Naval medical force to improve warfighter survivability in a joint environment." The TSMO's vision is to "achieve zero preventable deaths after injury and minimize trauma-related disability through the provision of world-class trauma care for the warfighters." One of the key responsibilities of the TSMO is to support Navy's trauma partnerships.

CURRENT STATE:

The largest, most mature partnership is the Navy Trauma Training Center (NTTC) at Los Angeles County/University of Southern California. NTTC offers just-in-time individual and team-based training for 18 Role 2 and Role 3 surgical/resuscitation teams across PACOM, CENTCOM, AFRICOM, and SOCOM. Annually, NTTC trains approximately 264 Navy clinicians. Cadre assigned to NTTC are able to operate in their full-scope of practice, sustaining their clinical currency and strengthening the partnerships.

There are dozens of local, part-time partnerships for skills sustainment. These include the University of Maryland Shock Trauma System with Naval Medical Research Command (NMRC), Eastern Virginia Medical School with Naval Medical Center (NMC) Portsmouth, Vidant Medical Center with NMC Camp Lejeune, UC San Diego with NMC San Diego, and Sacred Heart Health System with Naval Hospital Pensacola, along with several smaller partnerships.

Navy Medicine established a seven-week rotational trauma training program for the sustainment of the lifesaving skills of the enlisted clinicians. The Hospital Corpsman Trauma Training program (HMTT) provides corpsmen with hands-on exposure in clinical and trauma environments at Stroger Hospital of Cook County, a Level I trauma center in Chicago, IL and the University of Florida Health Jacksonville. 157 students have completed the training since October 2017, with 96 graduates in FY19. An additional partnership site has been established with University Hospitals Health System Cleveland Medical Center which is scheduled to begin in January 2020.

Internationally, Global Health Engagement (GHE), BUMED M52, is participating in Central Command's trauma, burn, and rehabilitation Medicine initiative in the United Arab Emirates with continued engagement with trauma system development in Vietnam.

FUTURE STATE:

A key lesson learned from current partnerships is that several distinct types of partnerships will be needed to fulfill the training/sustainment requirements of physicians, nurses, and corpsmen, as there is no all-encompassing source. The Navy Surgeon General approved in December 2019 the development and launch of a proof of concept for embedding trauma teams with the University of Pennsylvania Health System, Penn Medicine. TSMO is working closely with the University of Pennsylvania to establish the Navy's first strategic military civilian partnership.

Navy Trauma Partnerships EXSUM

<i>Joint Partnership Register, Ongoing Draft Updated 5SEP19</i>									
Navy									
Status	Civilian Partner	Military Partner	Active Date	Region	City	State	Level	Type	Notes
Current	Stroger Cook County Hospital	FHCC Great Lakes, BUMED, NMOTC		East	Chicago	IL	Level I	HMTT Model	
Current	University of Florida, Shands Medical Center	NH Jacksonville		East	Gainesville	FL	Level I	HMTT Model	
Current	University of Maryland Shock Trauma System	Walter Reed National Military Medical Center and Naval Medical Research		East	Baltimore	MD	Level I	Part-time Model	
Current	Eastern Virginia Medical School and Sentara Norfolk General Hospital	NMC Portsmouth		East	Portsmouth	VA	Level I	Part-time Model	
Current	Vidant Medical Center	NMC Lejeune		East	Greenville	NC	Level I	Part-time Model	
Current	University of California San Diego	NMC San Diego, 1st Medical Battalion	JAN19	West	San Diego	CA	Level I	Part-time Model	Surgeons only
Current	University of California	1st Medical Battalion		West	Irvine	CA	Level I	Part-time	
Current	Palomar Medical Center	1st Medical Battalion		West	San Diego County	CA	Level II	Part-time Model	ER/CC RNs only
Current	Riverside Medical Center	Naval Surface Forces Pacific		West	Riverside	CA	Level II	Part-time Model	
Current	Sacred Heart Health System Pensacola	NH Pensacola		East	Pensacola	FL	Level II	Part-time Model	
Current	Womack Army Medical Center	NMOTC and Naval Special Operations Medical Institute		West	Fort Bragg	NC	Level III	Part-time Model	
Current	Los Angeles County & University of Southern California Medical Center	NMOTC		West	Los Angeles	CA	Level I	Training Model	

Current	St. Francis Medical Center	Naval Surface Forces Pacific	SEP18	West	Lynwood	CA	Level II	Part-time Model	Surgeons only, rotating one
Future	Vidant Medical Center/EastCare	NMC Lejeune		East	Greenville	NC	Level I	En Route Care Model	
Future	University of California	NMC San Diego		West	Irvine	CA	Level I	Part-time	
Future	Penn Medicine, University of Pennsylvania			East	Philadelphia	PA	Network (Level I or Level II)	Embedded Sustainment Model	
Future	Riverside Regional Medical Center			East	Newport News	VA	Level II	Embedded Sustainment Model	
Future	Vidant Medical Center East Care			East	Greenville	NC	Level I	En Route Care Model	
Future	University of Pittsburgh			East	Pittsburgh	PA	Level I	En Route Care Model	
Future	Maryland State Trooper			East		MD		En Route Care Model	
Future	University of Maryland, Prince George's County Hospital Center			East	Cheverly	MD	Level II		
Future	University of Wisconsin Hospital and Clinics			East	Madison	WI	Level I		
Future	University of California at Irvine			West	Irvine	CA	Level I		
Future	Scripps Mercy	NMC San Diego		West	San Diego	CA	Level I		ER/CC RNs only
Future	Palomar Medical Center			West	Escondido	CA	Level II		
Future	University Medical Center New Orleans			East	New Orleans	LA	Level I		
Future	Scripps Memorial			West	La Jolla	CA	Level II		
Future	Naval Hospital Guam			OCONUS	Hagatna	Guam	N/A		

APPENDIX D: SERVICE TCCC TIER 1 IMPLEMENTATION PLANS

In support of this Report to Congress, the Services were asked to send their response for their Tier 1 Implementation Plans. Attached are the Services response.

ANNEX A: ARMY TCCC TIER 1 IMPLEMENTATION PLAN



REPLY TO
ATTENTION OF

**DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY TRAINING AND
DOCTRINE COMMAND 950 JEFFERSON AVENUE
FORT EUSTIS, VIRGINIA 23604-5700**

ATBO-M

10 April 2020

MEMORANDUM FOR Assistant Secretary of the Army (Manpower and Reserve Affairs),
ATTN: COL Steven Ward, 1200 Defense Pentagon, Washington, DC 20301- 1200

SUBJECT: United States Army Implementation Plan Requirements for Tactical Combat
Casualty Care All Service Member (TCCC-ASM) Tier 1.

1. The information provided in this memorandum is in response to tasking: HQDA- 200324-
VBUB, Request for Military Department Tactical Combat Casualty Care Tier 1 Implementation
Plans.

a. "Per DoDI 1322.31, TCCC Tier 1 training frequency is at the discretion of the Military Service, with the caveat that all Service members be trained prior to deployment. In addition to the pre-deployment training requirement, at what other frequency (or established intervals) does your Service plan include on training its members on TCCC Tier 1 using the standardized TCCC training curriculum released by the Defense Health Agency on August 1, 2019, and mandated for exclusive use across the force not later than April 30, 2020?"

Answer: For Active Duty, the Army recertification/refresher requirement is annually; and for Reserve Component the requirement is biennially. Recertification/refresher training will consist of completion of the following tasks and a refresher of the TCCC-ASM curriculum.

081-COM-1001 EVALUATE A CASUALTY; OR RAPID CASUALTY ASSESSMENT
(TCCC-ASM SKILLS SHEET)

081-COM-1005 APPLY PREVENTIVE MEASURES TO CONTROL SHOCK

081-COM-1023 OPEN A CASUALTY'S AIRWAY

081-COM-1054 APPLY AN EMERGENCY BANDAGE; OR PRESSURE BANDAGE (TCCC-
ASM SKILLS SHEET)

081-COM-0099 APPLY A HEMOSTATIC DRESSING; OR HEMOSTATIC DRESSING/
WOUND PACKING (TCCC-ASM SKILLS SHEET)

081-COM-0069 APPLY AN OCCLUSIVE DRESSING

081-COM-0048 APPLY A TOURNIQUET TO CONTROL EXTREMITY BLEEDING; OR COMBAT APPLICATION TOURNIQUET (TCCC-ASM SKILLS SHEET)
 081-COM-1055 APPLY A RIGID EYE SHIELD
 081-COM-0013 RECORD TREATMENT ON A TACTICAL COMBAT CASUALTY CARE (TCCC) CARD (DD 1380)
 081-COM-1046 PERFORM CASUALTY MOVEMENT
 081-COM-1007 PERFORM CASUALTY BURN CARE
 081- COM-0101 REQUEST MEDICAL EVACUATION

b. "Describe your Service's transition plan and timeline for implementing TCCC Tier 1. What percentage of personnel (broken down by Active and Reserve Component) does your Service estimate as being TCCC Tier 1 trained by the following three dates: April 30, 2021; April 30, 2022, and April 30, 2023? In what Fiscal Year does your Service anticipate having all its members certified in TCCC 1? (Note: These calculations should be specific to personnel designated by the Military Service to complete TCCC Tier 1 training only; they do not apply to personnel designated to complete TCCC Tier 2, 3, or 4 in lieu of Tier 1)."

Answer: Units throughout the Army have already begun implementing the TCCC-ASM curriculum. However, official Army TCCC-ASM implementation guidance is projected to be released via ALARACT in 2020. All Soldiers (as applicable) are estimated to be certified in TC3-ASM by 4th QTR FY23.

	30 April 2021	30 April 2022	30 April 2023
Active Duty	50%	75%	95%
Reserve Component	30%	60%	90%

c. "Does your Service's Implementation Plan for TCCC Tier 1 include training members as part of initial entry training programs (e.g., Enlisted Basic Training, Service Academies, ROTC)? If so, please provide basic details on these plans along with projected timelines for implementation."

Answer: The Medical Center of Excellence released updates to Casualty Responder Training for initial entry training (IET) on 8 July 2020 that incorporated standardized TCCC Tier 1 content, and exceeds the minimum requirements for Tier 1 certification. Additionally, the Medical Center of Excellence is actively revising all applicable initial military training (IMT) medical lesson plans to ensure TCCC-ASM requirements are met.

d. "Does your Service plan on revising or canceling any pre-existing Service-level publications (e.g., instructions, regulations, etc.) that provide guidance on first-aid, self-aid, or buddy aid programs? If so, please provide basic details on these plans, to include projected timelines for revision, cancellation, etc."

Answer: The Medical Center of Excellence is currently in the process of composing a full revision of TC 4-02.1, First Aid (soon to be ATP 4-02.11, Casualty Response). This will include many of the first aid techniques and procedures from TC 4-02.1 for our Service Members and will also include the new TCCC Tier 1 practical exercises.

Doctrine Literature Division will be drafting a casualty response publication that pushes the Service Member to use algorithmic thinking that is concurrent with JTS and Deployed Medicine. Currently, the initial draft of ATP 4-02.11 is projected for completion the 3rd quarter of fiscal year 2021 and final draft completion 1st quarter of fiscal year 2022.

e. "What training/readiness information system is your Service currently using, or will use, to record Service member TCCC Tier 1 training and certification?"

Answer: The Army system of record for documenting all training is the Digital Training Management System (DTMS). All course and task completion will be entered into DTMS, until the time DTMS is replaced by the Army Training Information System.

f. "Confirm that your Military Service intends to train and certify personnel using the full, approved TCCC Tier 1 curriculum/course of instruction, as shortening the course does not meet Congressional intent for standardization across the DoD."

Answer: Yes, the Army intends to require the full TCCC-ASM curriculum/course with the addition of Army required medical tasks for certification.

2. The point of contact for this action is SGM Robert R. Goodale, (757) 501-5635, robert.r.goodale.mil@mail.mil.



CHRISTOPHER D. MEYERING
COL, MC
Command Surgeon, HQ Training and
Doctrine Command

ANNEX B: AIR FORCE TCCC TIER 1 IMPLEMENTATION PLAN

Worksheet: Military Service Implementation Plans for TCCC Tier 1

1. Per DoDI 1322.31, TCCC Tier 1 training frequency is at the discretion of the Military Service, with the caveat that all Service members be trained prior to deployment. In addition to the pre-deployment training requirement, at what other frequency (or established intervals) does your Service plan on training its members on TCCC Tier 1 using the standardized TCCC training curriculum released by the DHA on August 1, 2019, and mandated for exclusive use across the force not later April 30, 2020?

- The Air Force has implemented TCCC Tier 1 training in the initial entry programs, including Basic Military Training, Officer Training School, Reserve Officer Training Corps, and the United States Air Force Academy. However, due to lack of equipment and supplies, train-the-trainer courses, and instructor qualifications, the Air Force must delay the submission of an approved implementation plan with way ahead concerning Frequency of all Airmen by one year, April 30, 2021.

2. Describe your Service's transition plan and timeline for implementing TCCC Tier 1. What percentage of personnel (broken down by Active and Reserve Component) does your Service estimate as being TCCC Tier 1 trained by the following three dates: April 30, 2021; April 30, 2022, and April 30, 2023? In what Fiscal Year does your Service anticipate having all its members certified in TCCC 1? (Note: These calculations should be specific to personnel designated by the Military Service to complete TCCC Tier 1 training only; they do not apply to personnel designated to complete TCCC Tier 2, 3, or 4 in lieu of Tier 1).

- Given the current focus on COVID-19, especially among our medical professionals, the Department of the Air Force requires additional time to dedicate our efforts towards overcoming this ongoing global pandemic. We fully understand the importance of getting all Airmen and Space Professionals fully trained in TCCC Tier 1 and we will continue leaning forward to do just that. Training will begin no later than April 30, 2021 for all Airmen, to include Guard and Reserve.

3. Does your Service's Implementation Plan for TCCC Tier 1 include training members as part of initial entry training programs (e.g., Enlisted Basic Training, Service Academies, ROTC)? If so, please provide basic details on these plans along with projected timelines for implementation.

- As of 1 Mar 2020 the Air Force has implemented TCCC Tier 1 training (All Service Members) for initial entry programs, including Basic Military Training, Officer Training School, Reserve Officer Training Corps, and the United States Air Force Academy.

4. Does your Service plan on revising or canceling any pre-existing Service-level publications (e.g., instructions, regulations, etc.) that provide guidance on first-aid, self-aid, or buddy aid programs? If so, please provide basic details on these plans, to include projected timelines for revision, cancellation, etc.

- Air Force Instruction (AFI) 36-2644, "Self-Aid Buddy Care" August 19, 2014, will be replaced with TCCC training once Tiers 2-4 are completed. Upon the completion of an AF-approved Implementation plan, an AF Guidance Memorandum will be completed in reference to executing TCCC Tier 1 training. Completion and publication date is still to be determined.

5. What training/readiness information system is your Service currently using, or will use, to record Service member TCCC Tier 1 training and certification?

- Initial certification, predeployment and all Airmen training will be captured in one of the following: Medical Readiness Decision Support System (MRDSS), Advanced Distributed Learning Service (ADLS) or Air Reserve Component Network (ARCNet).

6. Confirm that your Military Service intends to train and certify personnel using the full, approved TCCC Tier 1 curriculum/course of instruction, as shortening the course does not meet Congressional intent for standardization across the DoD.

- The AF will utilize the full TCCC Tier 1 course available as of August 1, 2019 on the DHA approved Deployed Medicine platform (<https://www.deployedmedicine.com/>). We understand a shortening of this course will not meet Congressional intent for standardization across the DoD.

ANNEX C: NAVY TCCC TIER 1 IMPLEMENTATION PLAN

NAVY RESPONSE TO 2020-SECNAVCONGRESSIONALS-1783

Worksheet: Military Service Implementation Plans for TCCC Tier 1

1. Per DoDI 1322.31, TCCC Tier 1 training frequency is at the discretion of the Military Service, with the caveat that all Service members be trained prior to deployment. In addition to the pre-deployment training requirement, at what other frequency (or established intervals) does your Service plan on training its members on TCCC Tier 1 using the standardized TCCC training curriculum released by the DHA on August 1, 2019, and mandated for exclusive use across the force not later April 30, 2020?

Navy Response:

Most Sailors will receive TCCC Tier 1 training during their pre-deployment workups (typically within the 6-month period prior to deploying for units on the 36-month Optimized Fleet Response Plan). Fleet and Type Commanders will determine appropriate TCCC Tier 1 training frequencies for Sailors attached to non-Optimized Fleet Response Plan units (such as forward-deployed or dual-crew ships/submarines). Shore-based unit commanders will also be directed to conduct TCCC Tier 1 training for Sailors in rates and designators with limited opportunity to deploy.

Some Sailors, such as those in the Master-at-Arms rate, are expected to receive TCCC Tier 1 training during their in-rate training pipelines. Hospital Corpsman rating planned in-rate training inclusion for Tier 3 requirement.

2. Describe your Service's transition plan and timeline for implementing TCCC Tier 1. What percentage of personnel (broken down by Active and Reserve Component) does your Service estimate as being TCCC Tier 1 trained by the following three dates: April 30, 2021; April 30, 2022, and April 30, 2023? In what Fiscal Year does your Service anticipate having all its members certified in TCCC 1? (Note: These calculations should be specific to personnel designated by the Military Service to complete TCCC Tier 1 training only; they do not apply to personnel designated to complete TCCC Tier 2, 3, or 4 in lieu of Tier 1).

Navy Response:

Navy training commands are updating their existing curriculum to DHA's TCCC standards. ASN(M&RA) formally requested a delay in TCCC implementation in a letter to ASD(HA)

dated 1 April 2020. Navy's TCCC Tier 1 training implementation plan will be delayed due to the training and medical communities' focus on COVID-19 response, DHA's delays in the release of TCCC Tiers 2-4 curriculum, as well as the lack of TCCC instructor certification guidance, Master Trainer requirements, and train-the-trainer courses. TCCC Tiers 2-4 certified instructors are critical to Navy's Tier 1 training at fleet units around the world and will also be necessary to provide the DHA-required Tier 1 instructor monitoring by "experienced TCCC trainers." COVID-19 travel, training, and personnel distancing restrictions will also result in delays in both the training commands' and the units' transitions to the new TCCC curriculum.

Navy Fleet and Type Commanders will determine the number of role-appropriate TCCC-trained Sailors for each unit based on the unit's mission, deployment location, and assessed risk. The anticipated percentage of Sailors certified in 2021-2023 cannot be estimated at this time. The percentage of Sailors trained will also be affected by the wide variance in deploying sea vs. shore duty by rate, designator, and rank as well, as Sailors assigned to units in maintenance availabilities or under construction that will not deploy with their unit.

Navy Reserve Component units and individual augment Sailors that deploy each FY will receive role-appropriate TCCC training as directed by their Fleet and Type Commanders. The number and percentage of Reserve Component Sailors that deploy each year varies significantly and cannot be estimated.

Most Sailors should have the opportunity to complete pre-deployment TCCC Tier 1 training within six years of full Navy implementation. Navy does not anticipate ever having all Sailors certified TCCC Tier 1 since it can take years before a new accession Sailor completes initial training, transfers to an operational unit, and, if designated, completes pre-deployment TCCC certification. Additionally, DHA's stated goal is "85 percent of all Service members certified to their role-appropriate skill level NLT April 30, 2023." As previously stated, Navy will be unable to meet this goal due to COVID-19 and delays in DHA's release of curriculum, instructor policy, and train-the-trainer courses.

3. Does your Service's Implementation Plan for TCCC Tier 1 include training members as part of initial entry training programs (e.g., Enlisted Basic Training, Service Academies, ROTC)? If so, please provide basic details on these plans along with projected timelines for implementation.

Navy Response:

Navy has no plans to include TCCC Tier 1 in any enlisted or officer accession training at this time. Navy accession sources are currently focused on COVID-19 mitigations.

4. Does your Service plan on revising or canceling any pre-existing Service-level publications (e.g., instructions, regulations, etc.) that provide guidance on first-aid, self-aid, or buddy aid programs? If so, please provide basic details on these plans, to include projected timelines for revision, cancellation, etc.

Navy Response:

Navy has a draft Chief of Naval Operations Instruction (OPNAVINST) in final routing for approval that will provide Navy-wide TCCC policy. We expect the OPNAVINST to be signed in late 2020 or early 2021.

5. What training/readiness information system is your Service currently using, or will use, to record Service member TCCC Tier 1 training and certification?

Navy Response:

All individual TCCC certifications will be entered in the Fleet Management and Planning System (FLTMPS). Navy uses FLTMPS as the system-of-record to formally document both schoolhouse and local training for individual Sailors (including Common Military Training/General Military Training). Unique Course Identification Numbers (CINs) have been created for all four TCCC tiers.

6. Confirm that your Military Service intends to train and certify personnel using the full, approved TCCC Tier 1 curriculum/course of instruction, as shortening the course does not meet Congressional intent for standardization across the DoD.

Navy Response:

Yes. Only Sailors completing the full, approved TCCC Tier 1 curriculum/course of instruction will be certified in FLTMPS as Tier 1 certified. As permitted by DHA, some courses of instruction including TCCC Tier 1 certification may add additional topics to meet local or Navy requirements.

Prepared by CDR Benjamin Amdur, OPNAV N13M7, benjamin.amdur1@navy.mil, (703) 604-5473

ANNEX D: MARINE CORPS TCCC TIER 1 IMPLEMENTATION PLAN

Worksheet: Military Service Implementation Plans for TCCC Tier 1

1. Per DoDI 1322.31, TCCC Tier 1 training frequency is at the discretion of the Military Service, with the caveat that all Service members be trained prior to deployment. In addition to the pre-deployment training requirement, at what other frequency (or established intervals) does your Service plan on training its members on TCCC Tier 1 using the standardized TCCC training curriculum released by the DHA on August 1, 2019, and mandated for exclusive use across the force not later April 30, 2020?

Tactical combat casualty care is intended to be part of Marine Corps common skills with TCCC Tier 1 incorporated into the annual Battle Skills Test (BST) Program. If this is approved, the annual sustainment interval will meet the requirement to have TCCC training completed prior to an operational deployment.

2. Describe your Service's transition plan and timeline for implementing TCCC Tier 1. What percentage of personnel (broken down by Active and Reserve Component) does your Service estimate as being TCCC Tier 1 trained by the following three dates: April 30, 2021; April 30, 2022, and April 30, 2023? In what Fiscal Year does your Service anticipate having all its members certified in TCCC 1? (Note: These calculations should be specific to personnel designated by the Military Service to complete TCCC Tier 1 training only; they do not apply to personnel designated to complete TCCC Tier 2, 3, or 4 in lieu of Tier 1).

Current planning has newly commissioned and enlisted Marines receiving this training, starting in April 2021. However, providing force wide initial training to the Fleet Marine Forces is currently impractical due to the following factors:

- Restrictions due to the COVID-19 pandemic.
- Funding not included in last Program Objective Memorandum (POM) planning cycle.
- All resource requirements will be borne by the Service through FY22 which will limit implementation of the full TCCC.
- Approved instructor train-the-trainer courses are still in development.
- An instructor qualification policy has not been established.
- Current assessment and staff planning has revealed Tier 3 and Tier 4 Service members would provide the most cost effective instructor pool to train operational units. These Tiers are still in development.

- The USMC has joined the USN position in recommending the delay of mandated institutionalized until six-months after all required material are delivered, see enclosure (2).

The above factors make forecasting future personnel training percentages exceedingly difficult.

An attempt at forecasting the requested percentages was based on the following assumptions:

- Restrictions due to the COVID-19 pandemic will end on 30 June 2020.
- TCCC Tier 1 changes to the Marine Corps Common Skills Training and Readiness (T&R) Manual will be approved and manual published in CY2020.
- New Programs of Instruction will be approved 120 days from the T&R manual's signature.
- An instructor qualification policy and training program will be approved and implemented by April 2022.
- All resource requirements will be borne by the Service through FY22 which will limit implementation of the full TCCC.
- Full resource requirements will be identified, included in the 2023 POM, and approved.

The estimated percentage of USMC personnel trained by date, if the above planning factors hold true:

April 30, 2021	
Active Duty	(0%)
Selected Marine Corps Reserve	(0%)
April 30, 2022	
Active Duty	(35%)
Selected Marine Corps Reserve	(35%)
April 30, 2023	
Active Duty	(100%)
Selected Marine Corps Reserve	(100%)

3. Does your Service's Implementation Plan for TCCC Tier 1 include training members as part of initial entry training programs (e.g., Enlisted Basic Training, Service Academies, ROTC)? If so, please provide basic details on these plans along with projected timelines for implementation.

TCCC Tier 1 will be implemented into entry level training. To train Enlisted Marines, this curriculum will be implemented into the Programs of Instruction (POI) at Marine Corps Recruit Depot San Diego and Marine Corps Recruit Depot Paris Island. To train Marine Officers, it will be implemented into the POI at The Basic School. These POIs will fully implement TCCC Tier 1 NLT April 2021. There will be no training provided by the Marine Corps prior to accession.

4. Does your Service plan on revising or canceling any pre-existing Service-level publications (e.g., instructions, regulations, etc.) that provide guidance on first-aid, self-aid, or buddy aid programs? If so, please provide basic details on these plans, to include projected timelines for revision, cancellation, etc.

The following publications are currently being revised to institutionalize TCCC Tier 1 information and guidance:

- Marine Corps Common Skills Training and Readiness Manual (Projected completion October 2020).
- MCRP 3-40A.9 First Aid (Nonmedical Service Member) (Projected completion October 2021).
- Joint Services First Aid & Casualty Response Manual. The USMC is participating in this collaborative initiative to combine TC 4-02 (First Aid) and ATP 4-02.11 (Casualty Response) manuals into a Joint Services publication with TCCC Tier 1 material. (Projected completion December 2021).

5. What training/readiness information system is your Service currently using, or will use, to record Service member TCCC Tier 1 training and certification?

Fleet Marine Forces and formal learning centers will utilize the Marine Corps Training Information Management System (MCTIMS) to record Service member TCCC Tier 1 training and certification.

6. Confirm that your Military Service intends to train and certify personnel using the full, approved TCCC Tier 1 curriculum/course of instruction, as shortening the course does not meet Congressional intent for standardization across the DoD.

The USMC plans to implement the full TCCC Tier 1 curriculum/course of instruction into its entry level training pipeline upon approval of the Marine Corps Common Skills T&R Manual. All newly commissioned and enlisted Marines will receive this training, starting in April 2021.