UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE
U.S. MARINE CORPS FORCES, PACIFIC
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IMEFO 1500.75
G-7/EOTG
APR 27 2017

I MARINE EXPEDITIONARY FORCE ORDER 1500.75

From: Commanding General
To: Distribution List

Subj: I MARINE EXPEDITIONARY FORCE EXPEDITIONARY OPERATIONS TRAINING GROUP POLICY AND PROCEDURES FOR HIGH RISK TRAINING

Ref: (a) OPNAVINST 1500.75C Policy and Governance for Conducting High Risk Training
(b) MCO 1553.2B Management of Marine Corps Formal Schools and Training Detachments
(c) MCO 3500.27C Risk Management
(d) MCO 1553.3B Unit Training Management Program
(e) MCO 5100.29B Marine Corps Safety Program
(f) I MEF G-7 EOTG SOP
(g) I MEF Order 1553.1 Policy for EOTG Instructor Development
(h) I MEF Order 3502.1B EOTG Drop Policy
(i) I MEF Order 5100.2A EOTG Safety SOP
(j) R 191748Z OCT 16 I MEF FY17 Campaign Plan
(k) Memorandum of Agreement between EWTGPAC and I MEF G-7 for 31ST MEU Boat Raid Courses

Encl: (1) Sample High Risk Training Safety Officer Appointment Letter
(2) Sample Assistant High Risk Training Safety Officer Appointment Letter
(3) Sample High Risk Training Instructor Appointment Letter
(4) List of I MEF G-7 EOTG High Risk Courses
(5) Emergency Action Plan/Emergency and Medical Evacuation Procedures
(6) I MEF G-7 EOTG Drop on Request (DOR) Procedures
(7) I MEF G-7 EOTG Cease Training (CT), Training Time Out (TTO), Refusal to Train (RTT) Procedures
(8) Emergency Action Plan Quarterly Procedural Walk-Through Report
(9) Emergency Action Plan Exercise
(10) Annual Safety Stand Down Report
(11) HRTSO Observation Checklist
(12) Student Safety Questionnaire
(13) Interviewing Officer's Summary of Drop on Request Interview
(14) Definitions and Procedures

1. Situation. This order publishes policy and procedures for the conduct of high risk training (HRT) within I Marine Expeditionary Force (I MEF) Expeditionary Operations Training Group (EOTG). The High Risk Training at I MEF is conducted in designated formal courses within the EOTG. A full list of those courses designated as high risk by the Commanding General I MEF is included in enclosure (4). The Chief of Naval Operations (CNO) policy is published in reference (a), and is applicable to the designated EOTG courses. The Commandant of the Marine Corps (CMC) policy is published in references (c) and (d), and while EOTG courses are not training command courses, this document is the governing Marine Corps directive for high risk training and will be followed to

the extent feasible in order to provide the greatest quality of instruction incorporating risk management principles for the students.

2. Mission. To promulgate policy and procedures for the conduct of high risk training within I Marine Expeditionary Force Expeditionary Operations Training Group.

3. Execution. Per reference (a), high risk training is defined as, "all basic or advanced, individual or collective training in a traditional or non-traditional environment which exposes the crew, staff, students and/or assets to the potential risks of death, permanent disability, or loss during training." All high risk training (HRT) conducted by EOTG must be approved by the EOTG Director (AC/S G-7) and conducted per this Order and its references. The planning and execution of all training, to include HRT, shall incorporate Risk Management (RM), per reference (c), to minimize risk while providing the realism needed to meet operational requirements. All HRT instructors, both military and civilian, shall be screened per references (a) and (g) for suitability prior to assuming their duties and authorized in writing by the EOTG Director to serve in this capacity at this command. All hands must be alert to the inherent level of risk involved in portions of the EOTG syllabus and to terminate training when an acceptable risk or mitigation measures are exceeded.

a. Drop on Request (DOR). Not all students have the physical or mental stamina to safely complete EOTG high risk courses of instruction. Instructors must make clear to all students their ability to disenroll voluntarily from training at any time during courses in which DOR procedures are in effect. Enclosure (6) outlines the procedures for voluntary disenrollment. Along with providing an avenue to DOR, these procedures are designed to give a student adequate time to think through the decision to drop from training before final disenrollment. At no time will a student be forced to continue training against his/her will. The DOR is separate and distinct from a student that is disenrolled from a course as a result of failure to meet the course standards or of a safety violation. This policy is covered in reference (g).

b. Cease Training (CT)/Training Time Out (TTO). The CT and TTO procedures are usable by both students and staff and will be incorporated into all evolutions to halt training whenever a concern for personnel safety or a need to clarify procedures or requirements is present. Once the situation or condition is returned to a safe state, then and only then will training resume. The instructor staff must ensure CT/TTO procedures are included in all instructor guides, lesson plans and evolution sheets. The CT/TTO procedures must be briefed prior to each high or moderate risk evolution. For all-day or multi-day evolutions, CT/TTO shall be re-briefed prior to the start of training following major breaks. Evolution specific procedures should be added where needed. Enclosure (7) lists some of the more common examples of TTO situations and procedures.

c. Refusal To Train (RTT). In the event that a student refuses to participate in training, or freezes during an evolution and he/she did not initiate a CT/TTO or DOR, then he/she is refusing to train. Enclosure (7) outlines the procedures and requirements when a RTT situation exists.

d. Emergency Action Plans (EAPs) and Mishap Drills. Enclosure (5) lists minimum requirements for EAPs and includes a sample completed EAP. Branch Officers in Charge (OICs) will be involved personally in planning and executing drills with the High Risk Training Safety Officer. Drills will be designed to train the staff personnel to recognize and address emergencies in an efficient

and professional manner. At a minimum, all EAPs shall be reviewed quarterly (or prior to the start of a course if that course is not conducted every quarter) to include a procedural walk-through to verify accuracy, procedures, and equipment requirements, and fully exercise all EAPs annually regardless of whether there is a class in session. The intent of this drill is to maintain the staff's knowledge of the emergency procedures and to confirm the plan remains valid. The quarterly walk-through may be conducted anytime during the quarter and documentation will be completed and maintained by the High Risk Training Safety Officer using the format in enclosure (8). The Annual EAP Drill is more comprehensive and should include external support agencies (Range Control, emergency services, CDOs, etc.), as appropriate. Ideally this drill should be conducted prior to a Marine Expeditionary Unit (MEU) Certification Exercise (CERTEX) in order to refresh the staff's knowledge of the EAP and test the overall plan prior to a major training evolution. When conducted, the annual EAP drill takes the place of that quarter's walk-through. Additional guidance on the annual EAP drill and the exercise report format is found in enclosure (9). Branch OICs are encouraged to run additional drills at their discretion, especially to ensure that newly assigned personnel are adequately trained to respond to any emergency. The High Risk Training Safety Officer shall maintain documentation of completed reviews, walk-throughs and annual drills on file for at least three years to track type and periodicity.

e. Syllabus Event Supervision. Proper supervision by qualified instructors is required for all evolutions, especially those classed as high risk. High risk evolutions shall not be conducted without the required level of supervision. Staff members serving as designated Safety Observers have the full authority of the EOTG Director and the primary obligation to halt training at any time when the safety of students, instructors or visitors is threatened or in doubt. It is important to note that the role of Safety Observer will not be considered as part of the student to instructor ratio. Their sole purpose is to observe and ensure staff and student safety during the assigned evolution.

f. Students at Higher Risk. Some students develop conditions during training that place them at a higher risk than other students. This may include minor physical injuries during training or prior hypothermia or heat injuries that make the individual more susceptible to future similar injuries. All instructors must be cognizant of the individual student's specific condition(s) prior to that student's participation in any training evolution. EOTG Corpsmen will conduct a medical records screening of all high risk training students prior to or on training day 1 in order to identify any preexisting conditions that might place a student at higher risk. Corpsmen will brief EOTG safety personnel prior to a high risk training event if any student(s) participating in the event are considered at higher risk. An example would be a student with a previously documented heat injury conducting training on San Clemente Island during August and wearing full combat equipment.

g. Water Immersion. Water immersion is a dangerous evolution due in large part to the potential danger of hypothermia. Emergency Action Plans and Risk Assessment Worksheets (RAWs) for events that include water immersion will include specific criteria for the employment of wetsuits or other exposure protection equipment. Sea state, winds, water temperature, duration of immersion and on scene emergency response will be considered, at a minimum, for these events.

h. Safety Stand Down. High risk training specific safety stand downs shall be conducted at the following times:

(1) Annually per the format provided in enclosure (10) of this instruction.

(2) When a significant mishap (Class A or B) occurs during a high risk training event.

(3) When ordered by the EOTG Director, I MEF Chief of Staff, or Commanding General.

i. High Risk Training Safety Officer (HRTSO) Observations. The HRTSO will observe at least one high-risk event per designated high risk course quarterly and will rotate their observations through each course to ensure all are observed prior to a repeat observation. The HRTSO will maintain a copy of their course observations on file for three years and will report the completion to the EOTG Operations Officer using enclosure (11). The EOTG Operations Officer will conduct observations in conjunction with the HRTSO as required. The EOTG Operations Officer will coordinate with the HRTSO as to which portions of training will be observed and the frequency required. Observations that report significant safety issues or violations will be forwarded to the EOTG Director via the Deputy Director.

4. Administration and Logistics. The EOTG Director is ultimately responsible for the overall safe conduct of high risk training within I MEF MEU PTP. The following key personnel will support the command's safety efforts as delineated below.

a. Branch OICs

(1) Ensure HRT within the Branch is conducted per this instruction.

(2) If HRT is conducted within the Branch, nominate an Assistant HRTSO to be appointed by the EOTG Director.

(3) Screen, interview, and appoint HRTIs per references (a), (e), and (f).

(4) Ensure HRT course prerequisites include safety considerations per reference (i).

(5) Verify that students meet all course prerequisites, are physically qualified and sign the DOR/TTO statement of understanding on the Student Screening Questionnaire found in enclosure (15) prior to commencing training.

(6) Monitor student medical status and establish internal controls to inform instructors of any changes in a student's condition. Students determined to be physically or psychologically unfit or unsuited will be removed from training until cleared by qualified medical personnel to return.

(7) For all courses listed in enclosure (4), require students to complete Safety Questionnaires, enclosure (12), with their end of course critiques that address the following safety related areas:

(a) Cease Training or Training Time Out procedures were explained.

(b) Lessons on safety were included as applicable.

(c) Lessons related safety to job performance.

(d) Emergency action procedures were explained.

(e) Safety precautions were in place for each event.

(f) Instructors followed all safety precautions.

b. EOTG High Risk Training Safety Officer (HRTSO). The HRTSO is appointed by the EOTG Director in writing, per enclosure (1), and is responsible for ensuring the RM process is fully implemented to minimize risk during all HRT within EOTG. The HRTSO will normally be a field grade officer within the EOTG Operations Section. While an Assistant HRTSO may be assigned within each Branch, only one HRTSO will be assigned within EOTG and is directly responsible to the EOTG Director for the implementation of the high risk training safety program.

(1) Complete the Risk Management for Senior Leaders and Range Safety MarineNet distance learning courses.

(2) Complete the Ground Safety for Marines (GSM) course.

(3) Ensure an over-arching pre-mishap plan and tailored EAPs are developed for all HRT. Ensure pre-mishap plans/EAPs are reviewed monthly, validated at least quarterly via procedural walk-throughs and then annually by conducting a comprehensive mishap drill to include external support agencies (emergency responders). Maintain appropriate documentation per this order.

(4) Conduct a review of all HRT evolutions annually, when new courses are brought online that are evaluated as "high risk", or when significant changes are made to existing high risk training courses. Brief the results of these reviews during the annual safety stand down. Maintain documentation of these reviews for three years.

(5) Review all training mishaps quarterly to determine if training procedures, conditions, safety precautions, EAPs, or training devices caused or contributed to the mishap and implement mitigation procedures to prevent recurrence of the hazard or conditions. Brief the review of mishaps at least annually during the safety stand down.

(6) Notify the MEF Headquarters Group (MHG) Safety Officer of all mishaps, near miss, or injuries to ensure mishap reporting and recording are properly initiated. Mishaps are reported by the MHG Safety Officer via the Web Enabled Safety System (WESS).

(7) Observe HRT courses quarterly beginning from the time students complete the student questionnaire through submission of the end of course critique. Observations include pre and post event briefs, includes instructor training and assesses compliance with approved training procedures, safety precautions and emergency procedures.

(8) Advise the EOTG Director on planned HRT events and all training mishaps/injuries. Additionally, brief the EOTG Director on training mishap/injury investigation results and provide recommendations for corrective action.

(9) Ensure medical/first responder support is present and prepared for the respective HRT events WRT equipment (i.e. Automated External Defibrillator, medical oxygen, ice, etc. - as event dictates) as well as knowledge regarding the

concept of the HRT event for awareness. Medical/first responder support should be present for all event pre and post briefs.

c. Assistant High Risk Training Safety Officers (Assistant HRTSO). Each Branch OIC will designate an Assistant HRTSO within the Branch. The Assistant HRTSO will be appointed in writing by the EOTG Director (see enclosure [2]) and will serve as the Branch subject matter expert on this order. The Assistant HRTSO shall be an officer. Assistant HRTSOs will work with the EOTG HRTSO to ensure all requirements of this order are being adhered to including training, periodic reviews, observations and Safety Stand Downs.

(1) Complete the Risk Management for Senior Leaders and Range Safety MarineNet distance learning courses.

(2) Assist the HRTSO by actively performing the responsibilities of the HRTSO within your branch or course.

(3) Keep respective branch head advised of planned HRT and any training mishap/injury investigation results, and recommend corrective action.

(4) Provide annual RM/HRT refresher training to instructor staff, e.g., mishap reporting, site-specific safety requirements/updates.

(5) Maintain a record of all HRT safety reviews, training, HRTI appointments, and HRT mishaps and near-misses.

d. High Risk Training Instructors (HRTI). This is a position of special trust and confidence. The HRTIs are entrusted with the welfare of students who will be exposed to training evolutions involving increased risk and the potential for injury despite comprehensive risk controls. The HRTIs' considerable experience, documented training, and above all exemplary character qualify them for this appointment. The HRTIs are appointed in writing (see enclosure [3]) by the EOTG Director only after they have met all requirements in reference (g). Specific duties are:

(1) Prior to each HRT event:

(a) Review all course materials to include the pre-mishap plan and EAP for each training event.

(b) Assist the HRTSO/AHRTSO in developing and reviewing the pre-mishap plan and individual EAPs.

(c) Ensure all personnel assigned are present and are briefed on the risk factors, safety controls, responsibilities, cease training criteria, and cease training procedures.

(d) Ensure all student questionnaires are reviewed and signed. Ensure students are medically/physically approved for training, that they understand the TTO/CT procedures for the event, and if a TTO/CT is executed what the student responsibilities are.

(e) Ensure high risk training instructor training jackets are updated per reference (g).

(f) Pass quarterly proficiency evaluations in events qualified to instruct as well as Risk Management and HRT review processes.

(2) During HRT:

(a) Conduct time-critical RM as required and report findings via the chain-of-command.

(b) Cease training anytime predetermined risk levels are exceeded or an unforeseen hazard/condition presents itself to personnel or equipment. Do not continue with training until the hazard has been mitigated and the HRTSO/AHRTSO has approved.

(c) Notify the HRTSO/AHRTSO of all injuries/mishaps incurred during an HRT event. Assist the HRTSO/AHRTSO in investigating and completing the mishap report in the event of a mishap.

(d) Maintain CPR and First Aid qualifications as well as all other course specific qualifications outlined in reference (f).

5. Command and Signal

a. Command

(1) The EOTG Operations Officer is responsible for implementation of this Order. The Assistant Chief of Staff, G-7 is ultimately responsible for the overall safe conduct of high risk training within I MEF MEU Pre-deployment Training Program (PTP).

(2) Scope and Applicability. This instruction applies to all HRT conducted at EOTG, whether as part of a program of instruction, as part of a separate exercise such as Realistic Urban Training or a Certification Exercise or as part of a separate training exercise that includes high risk events.

b. Signal. This order is effective the date signed.

LEWIS A. CRAPAROTTA

DISTRIBUTION: I, II

From: I MEF AC/S G7/Director, Expeditionary Operations Training Group
To: Rank First M. Last EDIPI/MOS, USN/USMC

Subj: APPOINTMENT AS EOTG HIGH RISK TRAINING SAFETY OFFICER

Ref: (a) OPNAVINST 1500.75
(b) MCO 1553.2B
(c) I MEF Order 1500.75

1. In accordance with references (a) through (c), you are hereby appointed as EOTG High Risk Training Safety Officer (HRTSO).

2. Your duties and responsibilities include, but are not limited to, the following:

a. Complete the Risk Management for Senior Leaders and Range Safety MarineNet distance learning courses.

b. Complete the Ground Safety for Marines (GSM) course.

c. Ensure pre-mishap plans are developed for all HRT. Ensure pre-mishap plans are validated at least quarterly via procedural walk-throughs and annually by conducting realistic mishap simulations.

d. Conduct safety reviews of all HRT evolutions annually.

e. Review all training mishaps to determine if training procedures, safety precautions, pre-mishap plans, or training devices caused or contributed to the mishap.

f. Notify the command's safety office of all mishaps to ensure mishap reporting and recording are initiated.

g. Observe high risk training evolutions, including instructor training, and assess compliance with approved training procedures, safety precautions, and emergency procedures.

h. Advise the EOTG Director on planned HRT and any training mishap/injury investigation results, and recommend corrective action.

F. M. LAST

_____
(date)

From: Rank First M. Last EDIPI/MOS, USN/USMC
To: I MEF AC/S G7/Director, Expeditionary Operations Training Group

1. I hereby acknowledge my appointment and responsibilities as a High Risk Training Safety Officer with I MEF G-7 EOTG.

F. M. LAST

From: I MEF AC/S G7/Director, Expeditionary Operations Training Group
To: Rank First M. Last EDIPI/MOS, USN/USMC

Subj: APPOINTMENT AS ASSISTANT HIGH RISK TRAINING SAFETY OFFICER

Ref: (a) OPNAVINST 1500.75
(b) MCO 1553.2B
(c) I MEF Order 1500.75

1. In accordance with references (a) through (c), you are hereby appointed as Assistant High Risk Training Safety Officer (AHRTSO) for the XXX Branch.

2. Your duties and responsibilities include, but are not limited to, the following:

a. Complete the Risk Management for Senior Leaders and Range Safety MarineNet distance learning courses.

b. Assist the HRTSO by routinely performing the responsibilities of the HRTSO within your branch or course, per reference (c).

c. Keep your Branch Officer-in-Charge advised of planned HRT, training mishap/injury investigation results; and recommend corrective action.

d. Provide annual ORM/HRT refresher training to instructor staff, e.g., mishap reporting, site-specific safety requirements/updates.

e. Maintain a record of all HRT safety training, HRTI appointments, and HRT mishaps and near-misses in accordance with reference (c).

F. M. LAST

_____
(date)

From: Rank First M. Last EDIPI/MOS, USN/USMC
To: I MEF AC/S G7/Director, Expeditionary Operations Training Group

1. I hereby acknowledge my appointment and responsibilities as a High Risk Training Safety Officer with I MEF G-7 EOTG.

F. M. LAST

From: I MEF AC/S G7/Director, Expeditionary Operations Training Group
To: Rank First M. Last EDIPI/MOS, USN/USMC

Subj: APPOINTMENT AS HIGH RISK TRAINING INSTRUCTOR

Ref: (a) I MEF Order 1500.75
(b) I MEF Order 1553.1

1. You are hereby appointed as a High Risk Training Instructor for XXX Branch in accordance with reference (a).

2. This is a position of special trust and confidence. You are entrusted with the welfare of students who will be exposed to the increased risk inherent in this training. Your considerable experience, documented training, and — above all — exemplary character have qualified you for this appointment.

3. Your specific duties are:

a. Prior to each High Risk Training event:

(1) Review all course materials to include the Operational Risk Assessment Worksheet for each training event.

(2) Assist the HRTSO in developing and reviewing the pre-mishap plan.

(3) Ensure all personnel and students are briefed on the risk factors, safety controls, cease training criteria, and cease training procedures.

b. During High Risk Training:

(1) Conduct time-critical ORMs as required and report findings via the chain-of-command.

(2) Cease training anytime the increased risk inherent in this training is likely or when the risk to personnel or equipment exceeds the pre-determined acceptable level.

(3) Assist the HRTSO in completing the proper mishap report in the event of a mishap.

c. Maintain your CPR qualification and course specific training, as outlined in reference (b).

d. Pass quarterly proficiency evaluations in Operational Risk Management.

Subj: APPOINTMENT AS HIGH RISK TRAINING INSTRUCTOR

4. The duties listed above serve as a baseline. You must safeguard the welfare of your students with relentless vigilance. Let no competing interest neither undermine your safety controls nor allow the risk to your students or fellow staff members to exceed what you know to be an unacceptable level.

F. M. LAST

_____
(date)

To: Rank First M. Last EDIPI/MOS, USN/USMC
To: I MEF AC/S G7/Director, Expeditionary Operations Training Group

1. I hereby acknowledge my appointment and responsibilities as a High Risk Training Instructor with I MEF EOTG.

F. M. LAST

LIST OF I MEF G-7 EOTG HIGH RISK COURSES

The following I MEF EOTG Courses are designated as High Risk Training courses by the Commanding General:

(1) Raid Leaders Course (Close Quarters Tactics)	ARB
(2) Assault Climbers Course	ARB
(3) HRST/FRMC	ARB
(4) Small Boat Raid Course	ARB
(5) Close Quarters Tactics Course	STB
(6) Close Quarters Tactics Enablers Course	STB
(7) Visit, Board, Search, and Seizure	STB

The following I MEF EOTG events conducted during MEU exercises to include Realistic Urban Training (RUT), PHIBRON MEU Integration (PMINT), COMPTUEX, and CERTEX are designated as High Risk Training events by the Commanding General:

(1) Visit, Board, Search, and Seizure	STB
(2) HRST/FRMC	ARB/STB
(3) All live fire on property off military installations	STB
(4) SPIE Operations	STB
(5) Small Boat Operations	ARB/STB

EMERGENCY ACTION PLANS EMERGENCY AND MEDICAL EVACUATION PROCEDURES

1. Background

a. MCO 1553.3B Unit Training Management Program defines "high-risk training" as "basic or advanced individual or collective training, essential for preparing Marines and units for combat, that exposes students and instructors to the risk of death or permanent disability despite the presence and adherence to proper safety control." Examples of high-risk training conducted at the Expeditionary Operations Training Group, I MEF, include (but are not limited to) live-fire close quarters tactics (shoot houses), individual open ocean training, over the horizon open ocean transit in small craft, parachute operations and control of indirect and air delivered fires during live fire training.

b. The primary concern in conducting high-risk training is the increased risk requiring every training evolution to be evaluated. If an evolution has increased risk, it must be vital for achieving approved training objectives if it is to remain in the curriculum. Hazard reduction and risk mitigation measures must be implemented to lower the risk to an acceptable level for the execution of training.

c. For every approved high-risk training evolution, an Emergency Action Plan must be developed to train instructors and students for dealing with the possible mishap(s) that could occur. The Emergency Action Plan will be briefed prior to executing each HRT evolution. Plans must be reviewed and drilled at a frequency sufficient to insure their accuracy and the proficiency of all hands involved in executing them. Minimum frequencies are as follows: review monthly or prior to starting each class, walk through quarterly, and drill annually.

d. Each HRT evolution approved for use must be subjected to constant review to eliminate all unnecessary hazards resulting from technique or procedure. This ongoing elimination of unnecessary danger in HRT training is one objective of the curriculum review conducted during the quarterly walk through.

e. "Stress" and "increased risk" are inherent and necessary characteristics of high-risk training. In order to achieve training objectives, they cannot be completely eliminated from the training environment if training objectives are to be achieved. Nevertheless, they will be minimized and all unnecessary stress and danger shall be eliminated from HRT.

2. Emergency Action Plans will be activated in the event of serious injury or mishap and shall include as a minimum:

a. Location and telephone number of medical, fire department, police/security, and other emergency response teams as required by the nature of training being conducted.

b. Identification and location of emergency devices such as first aid kits, fire extinguishers, electrical isolation switches, and other equipment determined by the training and location.

c. Notification lists of persons or offices to be contacted in an emergency.

d. Pertinent lists and telephone numbers of anticipated chain of command interest levels, as appropriate.

e. Alternate communications to contact emergency response teams.

f. Evacuation points, maps of training locations, and muster list of persons involved in training.

3. All high-risk courses listed in Enclosure (4) will have Emergency Action plans that at a minimum address the following contingencies:

a. General Contingencies

(1) Hypothermia (as applicable)

(2) Gunshot Wound (as applicable)

(3) Other Traumatic Injury

(4) Heat Injury

(5) Dehydration

(6) Breaching to include explosive, thermal, and mechanical (quikie saw).

(7) Dangerous wildlife (snakes)

(8) Breaching related injury (explosive, ballistic; falling from a wall).

(9) Injury during aircraft operations (crash, injury while entering/exiting, fast roping)

(10) Training area fire

(11) Parachute operations

b. San Clemente Island Specific Contingencies

(1) Traumatic Injury (SCI)

(2) Snake Bites

c. Small Boat Operations Specific Contingencies

(1) Man Overboard

(2) Main Tube Failure at Sea

(3) Loss of Communications at Sea

(4) Collision at Sea

(5) Outboard Motor Failure at Sea

(6) Towing/Being Towed

(7) Medical Emergencies at Sea

(8) Drowning or Near Drowning

d. VBSS Operations Specific Contingencies

(1) Man Overboard

(2) Loss of Communications at Sea

(3) Collision at Sea

(4) Outboard Motor Failure at Sea

(5) Medical Emergencies at Sea

(6) Drowning or Near Drowning

(7) Fall from aircraft, tower, or within skin of the ship

(8) Aircraft strike of obstacle during SPIE operation

(9) Mechanical and Thermal Breaching

e. HRST/FRMC Contingencies

(1) Fall from aircraft or tower

(2) Ground strike of obstacle during SPIE operation

(3) Helicopter hard landing/crash

f. ACC Contingencies

(1) Fall during lead climbing operations

(2) High tension system failure

(3) Rock fall

(4) System failure during stream crossing/gorge crossing

(5) Rope system failure during CASEVAC operations

EMERGENCY ACTION PLANS, EMERGENCY AND MEDICAL EVACUATION PROCEDURES

Coxswain Skills (CRRC)

(N3081K1)

Prepared By:

Expeditionary Warfare Training Group, Pacific

February 20XX

CALENDAR YEAR 20XX

QUARTERLY PRE-MISHAP REVIEW

1st QTR: _____ DATE:
HRTSO

2nd QTR: _____ DATE:
HRTSO

3rd QTR: _____ DATE:
HRTSO

4th QTR: _____ DATE:
HRTSO

ANNUAL PRE-MISHAP DRILLS

_____ DATE:
HRTSO

EMERGENCY ACTION EVENTS

MISHAP	GENERAL PROCEDURES
MISHAP #1	TRAUMATIC INJURY
MISHAP #2	HEAT INJURY
MISHAP #3	HYPOTHERMIA
MISHAP #4	HYPOXIA

EMERGENCY COMMUNICATIONS/CONTACTS

I. In Case of Emergency Contact:

1. NAB Emergency Ambulance (if necessary)....9-911
2. North Island Acute Care Area.....545-0467
3. CDO (Land Line)..... 437-2230
4. CDO (Cell Phone).....726-0861
5. NAB Security.....545-7419
6. RAID OIC.....437-2975
7. RAID Director.....437-2975
8. DOT 522-7739
9. XO 437-2236
10. CO 437-2236

II. Life Threatening Injury

1. Mercy Air (Lifeflight) 1-800-222-3456
2. Balboa Quarter Deck 532-6400
3. Balboa Emergency Room 532-8247
4. Balboa Security 532-8500
5. Coast Guard 278-7033

III. Non-Life Threatening Injury

1. NAB Emergency Ambulance (if necessary) 9-911

IV. Auxiliary Numbers

1. Coronado Fire 911
2. Coronado Ambulance 911

V. Evolution Chain of Command

* Specific duties will be briefed by the Event Safety Officer (ESO). A general description of duties is outlined below:

1. Safety Observer/Event Safety Officer (ESO): Overall in-charge of training safety; directs emergency procedures.
2. Primary Instructor: In charge of conduct of training; implements safety procedures directed by the ESO; assists the ESO in emergency situations as required.
3. Instructors: As per Primary Instructor designation.
4. Corpsman: Treats victims and makes MEDEVAC recommendations to the ESO.
5. Radio Watch: Monitors the Homebase radio, serves as a direct link between EMS and the ESO.
6. Safety Vehicle Driver: Responsible for transporting injured personnel to medical facilities.

VI. Radio/Communications Equipment

1. Primary communications is ICOM radios.
2. Secondary communications will be home base telephone and Instructor Cell Phone, as required.

VII. Special Equipment

1. Event Safety Officer (ESO): Megaphone, Handheld ICOM Radio, Handheld GPS, Spotlight, NVG's, Binos, Cell Phone, Orange Box with student rosters, ORM, Flash Reports, Chemlight (Night Training).
2. Instructors: Rescue Tubes, fins, Safety belt consisting of Trauma shears, CPR Safety mask in protective case, whistle, signal mirror, flare. ICOM Radio in protective waterproof pouch attached to instructor, UDT vest, Wet suit, Booties, Helmet, Dive knife, Chemlight (Night Training).
3. Corpsman: Medical bag, Emergency Oxygen (min. pressure 1600), Spine Board, Automated External Defibrillator (AED), Chemlight (Night Training).

VIII. Pre-mishap Checklist (Appendix A)

IX. Flash Report (Appendix B)

X. Mishap Reporting Sheet (Appendix C)

XI. Training Time Out Procedures (Appendix D)

XII. Drop On Request Procedures (Appendix E)

TRAUMA CENTER ROUTES

(With approximate distances from NAB Coronado area)

BALBOA HOSPITAL/NAVAL MEDICAL CENTER (Distance: 6.86mi)

1.	Start out going **Southwest** on **Guadalcanal Rd** toward **Munda Rd** (Gate access required)	0.3 mi
2.	Turn **Right** onto **Silver Strand Blvd**	0.1 mi
3.	Turn **Left** onto **Tarawa Rd**	0.0 mi
4.	Turn **Right** onto **Silver Strand Blvd/CA-75 N**, continue to follow **CA-75 N**	1.9 mi
5.	Turn **Right** onto **4th St/Fourth St/CA-75 S**, continue to follow **CA-75 S**	2.2 mi
6.	Merge onto **I-5 N** toward **Downtown**	1.1 mi
7.	Take the **B Street** exit, **Exit 15B**, toward **Pershing Dr**	0.1 mi
8.	Merge onto **Pershing Dr**	0.7 mi
9.	Turn **Left** onto **Florida Dr**	0.3 mi
10.	Turn **Left** onto **Bob Wilson Dr** (Gate access required)	0.1 mi
11.	Arrive at **34800 Bob Wilson Dr** on the **Right**	

NASNI MEDICAL CENTER (Distance: 3.2mi)

1.	Start out going **Southwest on Guadalcanal Rd** toward **Munda Rd** (Gate access required)	0.3 mi
2.	Turn **Right** onto **Silver Strand Blvd**	0.1 mi
3.	**Silver Strand Blvd** becomes **Orange Ave**	0.9 mi
4.	Continue on **Orange Ave**	1.1 mi
5.	Turn **Left** onto **3rd St/Third St**	0.6 mi
6.	Arrive at **Front Gate NASNI** (Gate access required)	0.0 mi
7.	Proceed through Front Gate **NASNI**	0.2 mi
8.	Turn **Left** onto **No R Ave**	0.0 mi
9.	Turn **Right** into **NASNI Acute Care Clinic**	0.0 mi
10.	Arrive at **NASNI Acute Care Clinic**	

EMERGENCY ACTION PLAN - GENERAL PROCEDURES

I. LIFE THREATENING INJURY:

1. Stop training/muster.
2. Corpsman evaluates injury. Perform **ABC's** and protect spine.
3. C spine precautions: C-Collar and back board for all patients.
4. If ambulance is required, Corpsman makes MEDEVAC recommendation to the ESO. If ambulance is required, notify EMS, and move victim to MEDEVAC Point, and standby for EMS.
5. ESO initiates Flash Report reporting procedures **Bay side of NAB, proceed to North Island or clinics. Then notify EWTGPAC CDO. If after hours and cannot be reached, call 911.**
6. Notify CDO and initiate Flash Report.

ADMINISTRATIVE NOTES:

1. Primary communications is ICOM radios.
2. Secondary communications will be home base. telephone and Instructor Cell Phone, as required.
3. Satellite phone.

II. NON-LIFE THREATENING INJURY:

1. Stop training/muster, as needed or required.
2. Corpsman evaluate injury.
3. Administer first aid/treatment.
4. Corpsman makes MEDEVAC recommendation to the ESO.
5. ESO determines if SNM can continue training or not.
6. ESO resumes conduct of training.
7. Primary communication: Hand held radio; secondary communication: Homebase telephone.

ADMINISTRATIVE NOTES:

1. Primary communications is ICOM radios.
2. Secondary communications will be home base. telephone and Instructor Cell Phone, as required.

EMERGENCY ACTION PLAN #1: TRAUMATIC INJURY

1. **EVOLUTION:** Run, PT, Swim Screen, Broaching, Towing, Chase Boat, Formations, Small Boat Handling, Day & Night Bay Navigation, 20NM Navigation Run, Foot Movement to Beach, Paddle Drills, Surf Passages, Alongside Drills, Clandestine Landing & Withdrawals, Landing Craft Utility Launch & Recovery, Urban Mission & Final Mission

2. **SITUATION:** Traumatic Injury

3. **SYMPTOMS:**

(STUDENT BRIEF)

A. Pain in trauma area
B. Dislocation, discoloration in trauma area
C. Bleeding, swelling
D. Improper function
E. Abnormal appearance

SYMPTOMS:
(STAFF BRIEF)

A. Observe students "guarding" an injury
B. A student lying in an unnatural position
C. Bleeding, swelling, or odd appearance
D. Unnatural use of limbs or injured area

4. **TREATMENT ON OR IN THE VICINITY OF NAB CORONADO (BLDG 317, TTS PIER, CHISM BEACH)**

A. SLIGHT INJURY:
(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to Medical Department for further evaluation, if required

B. MODERATE INJURY:
(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317/NASNI Acute Care Clinic for further first aid, if required

C. SEVERE INJURY:
(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Stop training (administer CPR)
(4) Transport to closest MEDEVAC Point and link up with EMS, get High Risk Instructor and on scene corpsman to accompany injured personnel to medical facility.
(5) Non-life threatening (same as above),

transport to closest medical facility with corpsman, utilizing NAB ambulance if available (911)

5. **TREATMENT IF OFF-BASE (BEACH LANES, SCHOOLS BEACH, BAY AND OCEAN TRAINING AREAS)**

A. **SLIGHT INJURY:**

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317 for further evaluation, if required

B. **MODERATE INJURY:**

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317 for further first aid, if required

C. **SEVERE INJURY:**

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Stop training (administer CPR)
(4) Transport to closest MEDEVAC Point and link up with EMS, get High Risk Instructor and on scene corpsman to accompany injured personnel to medical facility.
(5) Non-life threatening (same as above), transport to closest medical facility with corpsman, utilizing NAB ambulance if available (911)

6. **TREATMENT IF FURTHER THAN 10KM OFF-SHORE**

A. **SLIGHT INJURY:**

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Transport to BLDG 317/closest medical facility for further evaluation, if required

B. **MODERATE INJURY:**

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Transport to BLDG 317/closest medical facility for further evaluation, if required

C. **SEVERE INJURY:**

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Stop training (administer CPR)
(5) ESO contacts U.S. Coast Guard Search and Rescue (Lifeflight), transfers injured personnel to the U.S. Coast Guard Safety Boat where they will coordinate Air MEDEVAC
(6) Non-life threatening (same as above), transport to closest MEDEVAC Point and contact EMS, in order to transport to closest medical facility

7. **ADMINISTRATIVE PROCEDURES:**

A. Evolution ESO stops training if necessary, muster students, students return to BLDG 317 for de-brief and further instructions.
B. Mishap/near mishap report filled out by ESO and submitted to Command Safety Officer and Command CDO (After working hours)
C. Debrief staff on event.
D. Examples:

Concussion: Slight Injury depending on circumstances refer to General Procedures Non-Life Threatening Injury (Pg. 5)

Hazardous Marine Life: Moderate Injury depending on circumstances refer to General Procedures Non-Life Threatening Injury (Pg. 5)

Hazardous Marine Life: Severe Injury depending on circumstances refer to General Procedures Life Threatening Injury (Pg. 5)

Propping/Amputation: Severe Injury refer to General Procedures Life Threatening Injury (Pg. 5)

Drowning/Near Drowning: Moderate/Severe Injury refer to General Procedures Life Threatening Injury (Pg. 5)

EMERGENCY ACTION PLAN #2: HEAT INJURY

1. **EVOLUTION**: Run, PT, Swim Screen, Broaching, Towing, Chase Boat, Formations, Small Boat Handling, Day & Night Bay Navigation, 20NM Navigation Run, Foot Movement to Beach, Paddle Drills, Surf Passages, Alongside Drills, Clandestine Landing & Withdrawals, Landing Craft Utility Launch & Recovery, Urban Mission & Final Mission

2. **SITUATION**: Heat Injury

3. **SYMPTOMS:**

(STUDENT BRIEF)

A. Pay attention to dizziness, listlessness, hot red skin
B. Strange behavior, inattentiveness, and failure to perform properly at evolution
C. Loss of strength, inability to perform physically at normal level
D. Loss of consciousness

SYMPTOMS:

(STAFF BRIEF)

A. Observe students failing to obey orders
B. Observe students performing at a substandard level
C. Students with red, dry, clammy skin
D. Unconscious student

4. **TREATMENT ON OR IN THE VICINITY OF NAB CORONADO (BLDG 317, TTS PIER, CHISM BEACH)**

A. SLIGHT INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to Medical Department for further Evaluation, if required

B. MODERATE INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317/NASNI Acute Care Clinic for further first aid, if required

C. SEVERE INJURY:

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Stop training (administer CPR)
(4) Transport to closest MEDEVAC Point and link up with EMS, get High Risk Instructor and on

scene corpsman to accompany injured personnel to medical facility.

(5) Non-life threatening (same as above), transport to closest medical facility with corpsman, utilizing NAB ambulance if available (911)

5. TREATMENT IF OFF-BASE (BEACH LANES, SCHOOLS BEACH, BAY AND OCEAN TRAINING AREAS)

A. SLIGHT INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317 for further evaluation, if required

B. MODERATE INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317 for further first aid, if required

C. SEVERE INJURY:

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Stop training (administer CPR)
(4) Transport to closest MEDEVAC Point and link up with EMS, get High Risk Instructor and on scene corpsman to accompany injured personnel to medical facility
(5) Non-life threatening (same as above), transport to closest medical facility with corpsman, utilizing NAB ambulance if available (911)

6. TREATMENT IF FURTHER THAN 10KM OFF-SHORE

A. SLIGHT INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Transport to BLDG 317/closest medical facility for further evaluation, if required

B. MODERATE INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Transport to BLDG 317/closest medical

facility for further evaluation, if required

C. **SEVERE INJURY:**

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Stop training
(5) ESO contacts U.S. Coast Guard Search and Rescue (Lifeflight), transfers injured personnel to the U.S. Coast Guard Safety Boat where they will coordinate Air MEDEVAC
(6) Non-life threatening (same as above), transport to closest MEDEVAC Point and contact EMS, in order to transport to closest medical facility

EMERGENCY ACTION PLAN #3: HYPOTHERMIA

1. **EVOLUTION:** Run, PT, Swim Screen, Broaching, Towing, Chase Boat, Formations, Small Boat Handling, Day & Night Bay Navigation, 20NM Navigation Run, Foot Movement to Beach, Paddle Drills, Surf Passages, Alongside Drills, Clandestine Landing & Withdrawals, Landing Craft Utility Launch & Recovery, Urban Mission & Final Mission

2. **SITUATION:** Hypothermia

3. **SYMPTOMS:**

(STUDENT BRIEF)

A. Observe erratic, abnormal behavior from swim buddy

B. Slurred speech, blue lips, loss of coordination

C. Uncontrollable shaking followed by loss of shivering

D. Unconsciousness

SYMPTOMS:

(STAFF BRIEF)

A. Observe students with loss of coordination and a slowing of swim pace

B. Students with blue lips and uncontrollable shaking

C. Unconscious/semi-conscious students

4. **TREATMENT ON OR IN THE VICINITY OF NAB CORONADO (BLDG 317, TTS PEIR, CHISM BEACH)**

A. SLIGHT INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Corpsman conducts gradual re-warming
(4) Transport to BLDG 317 Medical Department for further evaluation, if required

B. MODERATE INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Corpsman conducts gradual re-warming
(4) Transport to BLDG 317/NASNI Acute Care Clinic for further first aid, if required

C. SEVERE INJURY:

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Stop training (administer CPR)
(4) Corpsman conducts gradual re-warming
(5) Transport to closest MEDEVAC Point and link-

up with EMS, get High Risk Instructor and on scene corpsman to accompany injured personnel to medical facility.

(5) Non-life threatening (same as above), transport to closest medical facility with corpsman, utilizing NAB ambulance if available (911)

5. TREATMENT IF OFF-BASE (BEACH LANES, SCHOOLS BEACH, BAY AND OCEAN TRAINING AREAS)

A. SLIGHT INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317 Medical Department for further evaluation, if required

B. MODERATE INJURY:

(1) Corpsman evaluates and assesses injury
(2) Administer required first aid
(3) Transport to BLDG 317 Medical Department for further evaluation, if required

C. SEVERE INJURY:

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Stop training (administer CPR)
(4) Transport to closest MEDEVAC Point and link up with EMS, get High Risk Instructor and on scene corpsman to accompany injured personnel to medical facility
(5) Non-life threatening (same as above), transport to closest medical facility with corpsman, utilizing NAB ambulance if available (911)

6. TREATMENT IF FURTHER THAN 10NM OFF-SHORE

A. SLIGHT INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Administer required first aid
(4) Cross deck to Marine Safe Boat, as needed or required
(5) Transport to BLDG 317/closest medical facility for further evaluation, if required

B. MODERATE INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Administer required first aid

(4) Cross deck to Marine Safe Boat, as needed or required
(5) Transport to BLDG 317/closest medical facility for further evaluation, if required

C. **SEVERE INJURY:**
(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Stop training
(5) ESO contacts U.S. Coast Guard Search and Rescue (Lifeflight), transfers injured personnel to the U.S. Coast Guard Safety Boat where they will coordinate Air MEDEVAC
(6) Non-life threatening (same as above), transport to closest MEDEVAC Point and contact EMS, in order to transport to closest medical facility

EMERGENCY ACTION PLAN #3: HYPOTHERMIA

WATER TEMPERATURE REGULATIONS FOR IMMERSION AND WETSUIT PROTECTION

Commanding Officer and DMO approved: Date _____

Table 1. **IMMERSION CYCLES BASED ON WATER TEMPERATURE/ NO WETSUIT:**

59 degrees or below

Cycle #1	in	10	min	out	5 min
Cycle #2	in	10	min	out	3 min
Cycle #3	in	8	min	out	min

60 - 64 degrees

Cycle #1	in	15	min	out	5 min
Cycle #2	in	10	min	out	3 min
Cycle #3	in	8	min	out	min

65 degrees or more

Cycle #1	in	20	min	out	5 min
Cycle #2	in	12	min	out	3 min
Cycle #3	in	8	min	out	min

EMERGENCY ACTION PLAN #4: HYPOXIA

1. **EVOLUTION:** Run, PT, Swim Screen, Broaching, Towing, Chase Boat, Formations, Small Boat Handling, Day & Night Bay Navigation, 20NM Navigation Run, Foot Movement to Beach, Paddle Drills, Surf Passages, Alongside Drills, Clandestine Landing & Withdrawals, Landing Craft Utility Launch & Recovery, Urban Mission & Final Mission

2. **SITUATION:** Shallow Water Blackout/Hypoxia

3. **SYMPTOMS:**

(STUDENT BRIEF)	**SYMPTOMS: (STAFF BRIEF)**
A. Need for oxygen and "gulping sound"	A. Observe students with slow movements
B. Involuntary spasms and seeing black spots or stars	B. Observe students with spasms or gulping sounds
C. Dizziness, confusion, and unconsciousness	C. Unconscious or unresponsive students

4. **TREATMENT ON OR IN THE VICINITY OF NAB CORONADO (BLDG 317, TTS PIER, CHISM BEACH)**

A. SLIGHT INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Corpsman administers required first aid, conducts gradual re-warming
(4) Transport to BLDG 317 Medical Department for further evaluation, if required

B. MODERATE INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Corpsman administers required first aid, conducts gradual re-warming
(4) Transport to BLDG 317/NASNI Acute Care Clinic for further first aid, if required

C. SEVERE INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Corpsman administers required first aid, conducts gradual re-warming
(3) Contact EMS and stop training (administer CPR)

(4) Transport to nearest medevac point and link up with EMS, get High Risk Instructor and on scene corpsman to accompany injured personnel to hospital
(5) Non-life threatening (same as above), transport to Balboa Hospital with corpsman, utilizing NAB ambulance if available (911)

5. **TREATMENT IF OFF-BASE (BEACH LANES, SCHOOLS BEACH, BAY AND OCEAN TRAINING AREAS)**

A. SLIGHT INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Corpsman administers required first aid, conducts gradual re-warming
(3) Transport to BLDG 317 Medical Department for further evaluation, if required

B. MODERATE INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Corpsman administers required first aid, conducts gradual re-warming
(4) Transport to BLDG 317 Medical Department for further evaluation, if required

C. SEVERE INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Corpsman administers required first aid, conducts gradual re-warming
(3) Contact EMS and stop training (administer CPR)
(4) Transport to medevac point and link up with EMS, get High Risk Instructor and corpsman to accompany injured personnel to Balboa Hospital
(5) Non-life threatening (same as above), transport to Balboa Hospital with corpsman, utilizing NAB ambulance if available (911)

6. **TREATMENT IF FURTHER THAN 10NM OFF-SHORE**

A. SLIGHT INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Administer required first aid and conducts gradual re-warming
(4) Cross deck to Marine Safe Boat, as needed or required
(5) Transport to BLDG 317/closest medical facility for further

evaluation if required

B. MODERATE INJURY:

(1) Remove victim from the elements
(2) Corpsman evaluates and assesses injury
(3) Administer required first aid and conducts gradual re-warming
(4) Cross deck to Marine Safe Boat as needed or required
(5) Transport to BLDG 317/closest medical facility for further evaluation, if required

C. SEVERE INJURY:

(1) Corpsman evaluate injury
(2) Assessment (life threatening)
(3) Cross deck to Marine Safe Boat, as needed or required
(4) Stop training (administer CPR)
(5) ESO contacts U.S. Coast Guard Search and Rescue (Lifeflight), transfers injured personnel to the U.S. Coast Guard Safety Boat where they will coordinate Air MEDEVAC
(6) Non-life threatening (same as above), transport to closest MEDEVAC Point and contact EMS, in order to transport to closest medical facility

MISHAP DRILL #1

NAB Emergency Ambulance 911
North Island Acute Care 545-0467
Medical Icom Radio ..... CHANNEL 82 A

1. Scenario

   While performing CRRC surf passages, SNM Mocabee fell off the boat. SNM complains of neck pain.

2. Procedures

   a. Stop the evolution.

   b. If victim is unconscious but breathing, do not move. Call for Corpsman.

   c. If victim is unconscious and not breathing, initiate basic life support taking care to avoid unnecessary movement until victim can be immobilized with a cervical collar and spine board.

   d. Initiate reporting procedures.

   e. If victim is conscious and breathing, do not move. Call for Corpsman.

   f. Proceeded with emergence action plan for traumatic injury.

   g. Transport to medevac point and link up with EMS, get High Risk Instructor and on scene corpsman to accompany injured personnel to Hospital.

MISHAP DRILL #2

NAB Emergency Ambulance 911
North Island Acute Care 545-0467
Medical Icom Radio ..... CHANNEL 82 A

1. Scenario

   While running a boat team PT, SNM Smith falls down, apparently a heat exhaustion victim.

2. Procedures

   a. Stop the evolution.

   b. Lay him down and raise his feet 8 to 12 inches.

   c. Apply cool, wet cloth to face, armpits, and groin; and fan victim.

   d. Give victim sips of water.

   e. Notify and transport victim to North Island Medical/Balboa.

MISHAP DRILL #3

NAB Emergency Ambulance 911
North Island Acute Care 545-0467
Medical Icom Radio ..... CHANNEL 82 A

1. Scenario

   During the broaching drills, SNM Mocabee is seen floating face down.

2. Procedures

   a. Stop the evolution.

   b. Safety swimmer gets victim out of water.

   c. Primary Instructor recalls the students, class leader holds muster.

   d. Clear airway, administer CPR/first aid, if necessary.

   e. Obtain and apply AED, if available.

   f. ESO call emergency: 911.

   g. Initiate Reporting procedures.

   h. Move to MEDEVAC point and link up with EMS.

   i. Continue to administer CPR/first aid until paramedics arrive. High Risk Instructor and on scene corpsman will follow in trace to the hospital.

MISHAP DRILL #4

NAB Emergency Ambulance 911
North Island Acute Care 545-0467
Medical Icom Radio ..... CHANNEL 82 A

1. Scenario

   While performing chase boat, SNM Mocabee passes out in approximately 10' of water.

2. Procedures

   a. Stop the evolution.

   b. Safety swimmer gets victim out of water.

   c. ESO recalls the students, class leader holds muster.

   d. Clear airway.

   e. Corpsman administers CPR if the victim does not have a pulse or mouth to mouth if not breathing.

   f. ESO call emergency: 911

   g. Initiate reporting procedures.

   h. Move to MEDEVAC point and link up with EMS. Continue CPR, if necessary.

   i. Continue to administer CPR/first aid until paramedics arrive. High Risk Instructor and on scene corpsman will follow in trace to the hospital.

I MEF G-7 EOTG DROP ON REQUEST (DOR) PROCEDURES

1. Purpose. To provide student and staff personnel with guidelines for actions to be taken in the initiation and disposition of a voluntary DOR.

2. Applicability. These procedures apply to all I MEF EOTG courses listed in enclosure (4).

2. Discussion

a. In a course of instruction where DOR is applicable, a student must be advised of his or her right to terminate training during the indoctrination phase of the course. DOR procedures do not have to be reiterated before each subsequent high risk evolution; once at the beginning of the course is sufficient, or if a major break in training occurs.

b. DOR is a verbal and written request by a student to voluntarily terminate training. At no time shall a student be coerced into continuing training, or terminating it, against his or her will. Certain training evolutions do not readily lend themselves to verbal communications and thereby make initiating a DOR all but impossible; the student's only recourse under such circumstances may be to "freeze" or in some other manner fail to execute the training task. Such an event can present a new impediment to safety by adding confusion to what may already be an inherently high risk situation. An instructor must use his or her best judgment in interpreting a situation where a student refuses to proceed with an assigned training task in an environment where verbal communication is not possible. A student's refusal to execute a training evolution is not in and of itself a DOR. Depending on the circumstances, an instructor must determine that a cease training (CT), training time out (TTO), or a performance drop is the appropriate response. Once a CT/TTO has been initiated, training shall only resume once the situation or condition in question has returned to a safe state. A DOR can never be assumed. A DOR must always be definitively expressed verbally and followed up in writing.

3. Policy. When a student wants to DOR, appropriate follow-up procedures will be initiated including removal from training; referral of the student to medical, counseling, or other remedial agency as appropriate; and review of the training environment including techniques. The scope and depth of these actions shall be determined by the nature of the complaint and the risk involved in the training being conducted. A written summary of action taken shall be maintained as part of the course after action materials and a copy will be forwarded to the student's command. In no case shall coercion or threats be implied or extended to induce a student to return to training following a request to DOR. Reinstatement in training following a DOR can only be authorized by the Director of EOTG.

4. Procedures. After removal from training, the student will submit a written request detailing the reasons for the DOR. The request should clearly indicate that the student desires to DOR. The request will be submitted directly to the Branch OIC and shall become a part of the student's training record. If a student is being processed for an Academic Review Board (ARB) (action prior to the DOR), the ARB shall take precedence. In either case the student will be removed from training.

a. Branch OIC's Interview. The loss of an able student from a training program or the continued training of a student who is unlikely to complete

the training represents a waste of valuable resources, assets, time, and effort. Often the reason given by students who DOR is not the actual or the complete motivating factor for such action. It is incumbent upon the interviewer, using no overt or implied coercion, to make a reasonable effort to determine the following:

(1) What is the real motivation for the DOR request?

(2) What is the validity of the DOR?

(3) Is the decision to DOR a manifestation of some factor encountered during training, to include but not limited to a safety concern, that may lead other students to DOR? If so, can a change be made to alleviate this factor without adversely affecting the training program objectives?

(4) Does the student exhibit a desire to re-enter the program?

(5) Should the student be retained?

(6) If student retention is warranted, are there other actions that could be initiated (counseling by the Chaplain, Legal Officer, medical professional, etc.) which might alleviate the difficulties and thus eliminate the perceived need to DOR? Are such actions justified in view of the impact upon the overall training program and upon other students? The interviewing officer may refer the student to an interview with a medical professional, chaplain, or other competent counselor when such action is warranted.

b. The Branch OIC's interview need only be as detailed as required to satisfy the EOTG Director that the student understands the gravity of the DOR being initiated and that the reasons for the DOR are known or that further questioning is unlikely to reveal more information.

c. The Branch OIC may not refuse to forward the request for DOR to the EOTG Director, or to remove the student from the training program. In addition, that officer may not delay referral by extending the interview in an effort to arrive at the cause of the DOR, or threaten or coerce the student to reconsider.

d. In the Branch OIC's absence, the next senior officer in the branch may serve as the interviewing officer. In the event of a mobile training team, every effort should be made to provide the Branch OIC the opportunity to speak to the student requesting to DOR. This could include VTC or phone interview, but not email. The intent is to afford the student the opportunity to voice any safety or other concerns or reasons for his or her DOR request that he or she may not have felt comfortable voicing to the course staff.

5. Post-Interview Procedure. If, after the interview, the student still desires to DOR, the interviewing officer shall provide a written summary of the interview and actions recommended, to the EOTG Director. This should be in the form of a short (normally one page or less) summary in Naval Letter Format from the interviewing officer to the EOTG Director with a section for the Director's endorsement (Deputy or OpsO, by direction). A sample letter is included in enclosure (13). A copy will be provided to the individual, a copy will be maintained in the Course records for use in Course Curriculum Review Boards and a copy will be forwarded to the individual's chain of command.

6. Administrative Procedure. The administrative procedures for disposition of a DOR attrite are the same as those for a disenrollment. However, a formal ARB is not required since the interview is sufficient action.

I MEF G-7 EOTG CEASE TRAINING (CT)/TRAINING TIME OUT (TTO)/REFUSAL TO TRAIN (RTT) PROCEDURES

1. Purpose. To provide instructor staff with guidelines for a Cease Training (CT), Training Time Out (TTO) or Refusal To Train (RTT).

2. Discussion. CT is typically utilized in USMC references while TTO is typically used in Navy references. For the purpose of this instruction, CT and TTO may be used interchangeably. CTs or TTOs may be initiated by any student or instructor at any time during training. Staff and students will be thoroughly briefed on CT/TTO procedures before each moderate or high risk evolution. These CT/TTO procedures will allow staff and students to stop training whenever a question of safety arises or if a clear understanding of an evolution's procedures or requirements is in doubt. For multi-day or all day evolutions, CT/TTO shall be briefed prior to the start of training and following major breaks. Evolution specific TTO procedures should be added where needed.

3. Procedures. The following is a list (not all inclusive) of signals commonly used to recall students, stop training, or summon instructors:

a. Stop Training:

(1) One long blow on whistle

(2) Bullhorn

(3) Verbal command

(4) One long blow on horn

b. Students recall to source of signal:

(1) Flashing vehicle headlights (recall of boats from sea)

(2) Turning on OWSC flood lights (assemble boats in open sea)

c. Students call for instructor (or TTO):

(1) One hand waving over head (with chem-lite at night)

(2) Two hands waving over head (emergency)

(3) Whistle (any duration)

(4) Verbal call for assistance

d. Students initiating a CT/TTO excessively to avoid completing events will be considered for an Academic Review Board.

e. Refusal To Train. In the event a student refuses to participate in training, or freezes during an evolution and he/she did not initiate a TTO or DOR, then he/she is refusing to train. The instructor conducting the evolution will signal to Cease Training and complete the following sequence of events: remove the student from the training evolution, counsel the student to determine the problem, explain to the student that he or she can be administratively dropped from training as a consequence of his or her

decision, provide remediation, and give the student the opportunity to complete the evolution. If the student continues to refuse to train, then he will be referred to an Academic Review Board as a performance failure.

HIGH RISK TRAINING

EMERGENCY ACTION PLAN QUARTERLY PROCEDURAL WALK-THROUGH REPORT

EMERGENCY ACTION PLAN EVALUATION/CRITIQUE SIGN OFF SHEET

PRINTED NAME	SIGNATURE/DATE
Drafted by Course OIC	
Review by Branch OIC	
Reviewed by HRTSO	

I MEF EOTG EMERGENCY ACTION PLAN WALK-THROUGH

1. The most important goal for ensuring safety in high-risk training evolutions is a trained and qualified staff. "Staff," in this case, means far more than just those individuals who have direct contact with the students. All support personnel who would be relied upon in an actual emergency must be included in planning, training, and exercising of emergency procedures.

2. This walk-through is intended to be used as just such a training opportunity. Used to its fullest, this walk-through will familiarize each and every person with their duties in an emergency if one actually occurs.

3. The greatest benefit will be derived from this walk-through only if the appropriate effort is put into the review.

4. The primary purpose of this walk through should be to serve as a quality assurance check and to keep all staff members apprised of their responsibilities.

WALK-THROUGH PLAN

1. Course or activity to be observed:

2. Drill or evolution walk-through being conducted for:

3. Date and place of walk-through:

WALK-THROUGH OVERALL EVALUATION

1. Are telephone numbers of emergency response teams available?

2. Is the response team familiar with the location of emergency devices (first aid kits, electrical, etc.)?

3. Does the Emergency Action Plan contain a notification list of personnel and offices used?

4. Does the Emergency Action Plan contain accurate information?

5. Verify procedures, equipment operability, availability, and applicability.

6. Are the Emergency Action Plans fully exercised at least annually?

7. Have Emergency Action Plans been developed for all high-risk training evolutions in your COI?

HIGH RISK TRAINING

ANNUAL EMERGENCY ACTION PLAN EXERCISE

MISHAP DRILL ROUTING SHEET

PRINTED NAME	SIGNATURE/DATE
Course OIC	
Branch OIC REVIEW	
HRTSO REVIEW	
OPERATIONS OFFICER REVIEW	
EOTG DEPUTY REVIEW IF REQUIRED	
EOTG DIRECTOR REVIEW IF REQUIRED	

EMERGENCY ACTION PLAN EXERCISE

1. The most important goal for ensuring safety while conducting high risk training evolutions is a trained and qualified staff. "Staff," in this case, means far more than just those individuals who have direct contact with the students. All support and extra command personnel who would be relied upon in an actual emergency must be included in planning, training, and exercising for possible emergency situations.

2. This exercise may be used as just such a training opportunity. Used to its fullest, this exercise will involve each and every activity that will be involved if the simulated emergency actually occurs. Activities that may be involved include:

a. Multiple courses at the training facility base or civilian fire and rescue units.

b. Base or civilian medical facilities, military or civilian MEDEVAC, or other special emergency vehicles.

c. Base (or higher) Public Affairs Office.

3. The greatest benefit will be derived from this exercise only if the required planning and walk-throughs have been conducted. If the command conducting this exercise so elects, this exercise may be conducted as a walk-through. Simulations should be kept to the absolute minimum. For example, if the Emergency Action Plan states that the local police will be notified, then the local police should be involved with the planning process, briefed, and prepared to participate in the exercise.

4. The drill will receive an overall evaluation of either: Excellent, Satisfactory, Marginal, or Unsatisfactory. Excellent is defined as exceeded the standard; Satisfactory as met the standard; Marginal as some findings for improvement but accomplished the mission; Unsatisfactory as procedures would not have cared for the victim.

THIS IS A PEACETIME EXERCISE. AT NO TIME WILL SAFETY BE COMPROMISED TO ACHIEVE "OPERATIONAL REALISM".

EXERCISE PLAN

In the absence of an existing exercise package for the command, the following may be used as a guide.

1. Drill Coordinator:

2. Course or activity to be observed:

3. Drill or evolution being conducted:

4. Date, time, and place of exercise:

5. Major participant commands and civilian agencies involved points of contact, and agreements of understanding:

   a.

   b.

   c.

   d.

6. Training team members and assignments:

   a. OIC:

   b. RSO:

   c. Primary Instructor:

   d. Evaluator:

7. Planned sequence of events (example):

a. Small Boat Raid Course conducting surf passages

b. Simulate overturned CRRC

c. Simulate unconscious student in surf zone w/ suspected spinal injury

d. EAP activated, range control notified of "Cherry Picker"

e. EOTG Instructor Staff conducts rescue and transports victim to link up point with base EMS

f. EOTG Instructor Staff conducts turnover with base EMS

g. Base EMS simulates transporting victim for follow on care

h. EOTG chain of command notified and reports processed to CDO, as appropriate

EXAMPLE EXERCISE CRITIQUE FORM

****

Discrepancies noted during pre-exercise inspection: (Note: ALL pre-drill safety discrepancies in the exercise area must be corrected prior to the start of the exercise)

Exercise Evaluation **Time 1415-1502**

Immediate Action phase: Victim was identified by safety swimmers located on beach. Safety swimmers verbally activated EAP, made entry and conducted rescue.

.....

Follow-Up Actions: Primary Assessment completed on beach. Victim loaded on spine board, loaded into safety vehicle and transported to link up point to wait for base EMS.

.....

Communications: Once EAP was activated via voice, VHF communications were utilized to request EMS via Range Control and to make all reports. Subsequent reports to the chain of command were conducted via cell phone. CDO notified via cell phone.

.....

Safety Violations: None observed or identified in debrief.

.....

Additional Remarks: Rapid and safe movement of victim from surf zone to EMS link up point. Greatest training value was the reminder to all instructor personnel that life must be preserved over concerns for spinal injury. However, once the victim's life is no longer in jeopardy (in this case, not longer threatened with drowning), the primary concern must shift back to care to protect the spine from further injury.

.....

Recommendations: N/A.

Evaluator_____

Signature/Date_____

EXERCISE OVERALL EVALUATION

1. Were telephone numbers of emergency response teams available? Were they used?

2. Was the response team familiar with the location of emergency devices (first aid kits, electrical, etc.)?

3. Did the Emergency Action Plan contain a notification list of personnel and offices used?

4. Did the Emergency Action Plan contain accurate information?

5. Had supervisors verified procedures, equipment operability, availability, and applicability by conducting a quarterly Emergency Action Plan walk-through?

6. Are the Emergency Action Plans fully exercised at least annually?

7. Have Emergency Action Plans been developed for all high risk training evolutions?

This exercise has been evaluated as:

Excellent ---

Satisfactory ---

Marginal ---

Unsatisfactory ---

ANNUAL SAFETY STAND DOWN REPORT

1. Training environment. Is the pervading attitude and atmosphere at the command and in the EOTG one that stresses safety as the primary consideration? Do all instructors and students understand that maximizing safety and minimizing unnecessary risks in training is the EOTG OIC's top priority? Do all personnel support these priorities?

2. Mechanical safety guards and cut-off switches. If there are training evolutions where these safety items are applicable, these devices should be: (1) listed in the lesson emergency action plan as applicable, and (2) checked for installation and operability by trained personnel. Any discrepancies should be documented, appropriate personnel notified so that corrective action is taken, and a determination made whether training can continue safely despite a material discrepancy being present.

3. Facility/equipment safety inspection. This line item is very similar to the previous one, but is expanded to include all safety-related material items (e.g., fire extinguishers, lighting, safety placards, etc.). Prior to any training evolution, but particularly before any high risk evolution is executed, a safety survey of the area should be completed to insure that all safety-related equipment is in place and in working order. Any discrepancies should be documented and corrected before training continues. If a discrepancy is discovered that is not immediately correctable, a determination must be made whether training can continue despite the presence of the discrepancy; if so, what departures from normal procedures may be necessary? A given safety discrepancy may not necessarily require an "all stop" to training (e.g., a missing fire extinguisher or one not properly maintained in the Fire Base Gloria classroom does not necessarily mean all classes must be canceled), but all discrepancies must be noted and all efforts must be made to expeditiously correct them. This line item is included in the Standdown to insure that an up-to-date safety inspection of your training facilities has been accomplished or are being tracked.

4. Student screening procedures review. This line item is included in the Safety Stand down to review that the student screening process is effective. Is the screening for your course effective? Have there been errors made in the past quarter that allowed an unqualified student into a course? If so, what corrective actions are necessary to insure that identified errors are not repeated?

5. Instructor qualification/suitability review. Every instructor in a high risk POI must complete both a medical and a personality screening to insure their suitability, and this screening must be documented with a Page 11 (USMC) or Page 13 (USN) entry in their service record. Have the necessary interviews been completed, documented, and an entry made in the service record? Following that, instructors must qualify to instruct each individual high risk evolution in their assigned POI. Do instructors' training records reflect each instructor's level of qualification? Were the instructors who have qualified other instructors and written evaluations themselves qualified to do so? Are all instructors CPR qualified?

6. High risk tracking procedures review. All personnel who participate in high risk evolutions are at high risk, but some personnel enter training with physical characteristics that place them at even higher risk. Is each instructor aware of each student that is at higher risk and why?

7. Previous Stand Down discrepancies. What discrepancies are outstanding? Is the support necessary to correct all outstanding discrepancies being provided? Have all discrepancies and corrective actions been properly documented?

8. Lessons learned/additional training. Were there any lessons learned from any previous Stand downs (including those held after mishaps that occurred in your POI)? Did these mishaps disclose procedural changes or training techniques in need of modification? Have all necessary changes been made and are they reflected in the instructor guides, etc? If so, are all instructors aware of these necessary changes? The second source of information is outside sources, specifically applicable safety advisories, lessons learned messages, etc. It is recommended that each department/division have a "read board" on which are posted all incoming products of this nature. Routine Safety Stand Downs can also provide a dedicated period to emphasize these incoming products and insure all hands have reviewed them.

9. Safety findings of last Training Safety Inspection. Review discrepancies from all previous inspections and audits. Is there any outstanding safety discrepancies?

10. Annual course review. Ensure that the present review is current. Enclosure (12) provides the framework and guidance for conducting course reviews.

11. Emergency Action Plan Drills. Have the emergency action plans been reviewed quarterly? Has an annual emergency action plan drill been conducted?

12. Medical Gear Checks. Have daily emergency gear checks been completed and documented?

Date: _____

From: _____
To: I MEF EOTG High Risk Training Safety Officer

Subj: SAFETY STAND DOWN INPUT

ITEM	COMPLETE	RESULTS/COMMENTS
Training Environment		
Mechanical Safety Guards and Cut-Off Switches		
Facility/Equipment Safety Inspection		
Student Screening Procedures Review		
Instructor Qual/Suitability Review (including CPR)		
High Risk Tracking Procedures Review		
Previous Standdown Discrepancies		
Lessons Learned/Additional Training		
Safety Findings of Last Inspection		
Annual Course Review		
Emergency Action Plan Drill		
Medical Gear Checks		

_____
Signature

Date: _____

From: High Risk Training Safety Officer

Subj: HIGH RISK TRAINING SAFETY OFFICER OBSERVATION CHECKLIST

Course: _____

Evolution: _____

ITEM	RESULTS/COMMENTS
Instructor/student ratio per Brief	
Evolution Brief read to students. CT procedures briefed.	
Evolution Brief read to instructors	
Emergency Action Plan reviewed with instructors	
Describe evolution chain of events	
General safety comments	

Range Safety Officer Date Branch OIC Date

Operations Officer Date Deputy Director EOTG (if required) Date

Director EOTG (if required) Date

STUDENT SAFETY QUESTIONNAIRE

INSTRUCTIONS: This checklist is to ensure that you, the student, have been properly advised of safety issues specific to this training. You comments will help this school provide safe training, improved guidance to the instructional staff, and to address your concerns regarding safety measures.

COURSE TITLE:_____

INSTRUCTOR:_____ **DATE:**_____

A. Check the appropriate answer	**YES**	**NO**
1. Did instructors follow safety precautions at all times?		
2. Were safety precautions explained prior to training?		
3. Were safety precautions reemphasized prior to practical applications and/or performance exams?		
4. Were Cease Training or Training Time Out procedures adequately explained?		
5. Did instructor explain the procedure to be taken in the event of a mishap?		
6. Was a safety brief included as applicable?		
7. Did the lesson relate safety to job performance?		
8. Were the tools and equipment in good working condition and safe to use?		
9. Was supervision available when performing potentially dangerous tasks?		
10. Was there encouragement to report any unsafe or unhealthy conditions?		

B. Circle the rating that indicates your level of agreement or disagreement	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
1. I felt my safety was always a primary concern of the instructor.	1	2	3	4	N/A
2. I felt that the training environment was both safe and non-hazardous.	1	2	3	4	N/A

Additional Comments (write number of reference and then comment, use the back of page if required):

STUDENT NAME:_____ **DATE:**_____

From: Branch OIC, XXX Branch
To: I MEF AC/S G7/Director, Expeditionary Operations Training Group

Subj: INTERVIEWING OFFICER'S SUMMARY OF DROP ON REQUEST INTERVIEW

Ref: (a) I MEF ORDER 1500.75B

1. Per the reference, Corporal First M. Last, (EDIPI)/0311 has requested to drop from the Assault Climbers Course.

2. A through interview was conducted with SNM to determine the reason for his request and the following is a summary of his comments.

a. SNM states that he felt the course was run professionally and never felt his safety was in jeopardy.

b. SNM stated that he was only notified three days prior to reporting to the course and that he felt unprepared physically and quickly overwhelmed with the pace of the curriculum.

c. The student has no desire to continue with the training and when asked if any changes to the training environment would change his mind, he responded "no."

d. SNM did state that he would like to attempt the course again in the future after begin afforded the opportunity to better prepare.

e. SNM stated that he did not have any outside issues or stressors (family, financial, command pressure or otherwise) that contributed to his decision to DOR.

3. In review of SNM's records, he met all prerequisites for this course and passed the initial physical strength and endurance tests.

4. Interviewing officer's recommendation is that this student should be administratively dropped from this course.

F. L. NAME

_____
(date)

From: I MEF AC/S G7/Director, Expeditionary Operations Training Group
To: Branch OIC, XXX Branch

1. In review of the above interview, I concur with the interviewing officer's assessment and direct that he be administratively dropped from the course.

F. M. LAST

Copy to:
XXX Branch Files
Student
CO, VXX

Definitions and Procedures

1. USMC HRT. Basic or advanced individual or collective training, essential for preparing Marines and units for combat, that exposes students and instructors to the risk of death or permanent disability despite the presence and adherence to proper safety controls.

2. Emergency Action Plan (EAP). An EAP is an emergency plan to be implemented in case of a mishap. EAPs shall be developed utilizing ORM for all HRT evolutions and shall include at a minimum:

a. An Operational Risk Assessment.

b. Procedures for summoning medical and other appropriate emergency response teams.

c. Locations of first aid kits, fire extinguishers, and other on-site emergency equipment.

d. Procedures for emergency operation and/or shutdown of training equipment.

e. Other risk control measures as appropriate.

f. An example EAP is located in enclosure (5).

3. Annual Safety Stand Down. An annual safety stand down is a comprehensive review of HRT conducted by training, safety, and, as appropriate, medical personnel to ensure courses are being taught with minimum risk to students and instructors. Safety stand downs include training near-miss and mishap data, curriculum and instructional techniques, and safety requirements incorporated into course curricula. Additionally, training records, student critiques, and instructor qualifications and evaluations are examined. An annual safety stand Down Report format is included in enclosure (10).