



UNITED STATES MARINE CORPS  
I MARINE EXPEDITIONARY FORCE  
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I MARINE EXPEDITIONARY FORCE ORDER 6300.1B

From: Commanding General, I Marine Expeditionary Force  
To: Distribution List

Subj: I MARINE EXPEDITIONARY FORCE HEALTH SERVICES TRAINING ORDER

- Ref:
- (a) OPNAVINST 6400.1D / MCO 6400.1A, "Training, Cdoertification, Supervision Program and Employment of Independent Duty Hospital Corpsman (IDCs)," 24 January 2019
  - (b) OPNAVINST 6320.7A / MCO 6320.4, "Health Care Quality Assurance Program for Operating Forces," 15 Aug 2007
  - (c) MCO P3500.75, "Health Services Training and Readiness Manual," 6 May 2005
  - (d) BUMEDINST 1500.15F CH-1, "Resuscitation Education and Training Policy," 17 Oct 2017
  - (e) BUMEDINST 6440.5D, "Navy Medicine's Augmentation Program," 12 May 2016
  - (f) BUMEDINST 6550.9B, "Policy and Guidance for Sick Call Screeners Program," 06 Jul 2010
  - (g) BUMEDINST 6230.15B, "Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases," 07 Oct 2013
  - (h) NAVMC 3500.84A, "Health Services Support (HSS) Training and Readiness (T&R) Manual," 01 Jul 2013
  - (i) BUMEDNOTE 1500, "Fiscal Year 20XX Enterprise-Wide Course Assignments"
  - (j) DODI 1322.24 MRT TCCC INSTRUCTION, "DOD INSTRUCTION 1322.24 MEDICAL READINESS TRAINING (MRT) Tactical Combat Casualty Care Program," 16 March 2018
  - (k) MARADMIN 209/12, "USMC Tactical Combat Casualty Care (TCCC) Combat Lifesavers (CLS) Program Guidance," 13 Apr 2012
  - (l) I MEFO 6320.4A, "Health Care Quality Assurance Program," 16 Sep 2014
  - (m) I MEFO 6490, "Traumatic Brain Injury Program," 30 May 2018
  - (n) I MEFO 6400.1B, "Training, Certification, Supervision Program and Employment of Independent Duty Hospital Corpsmen (IDCs)," 28 AUG 2018
  - (o) DC, I&L and Chief, BUMED MOU dtd 10 Nov 2014
  - (p) NAVMED P-5010-1, "Tri-Service Food Code (TSFC)," 1 Mar 2019
  - (q) BUMEDINST 6250.12D, "Pesticide Applicator Training and Certification for Medical Personnel," 27 Aug 2014

- Encl:
- (1) Training Matrix: All Officers and Enlisted
  - (2) Quarterly MSC Training Tracking Matrix
  - (3) Sample Unit Level Training Tracking Matrix
  - (4) List of Acronyms and Abbreviations

1. Situation. Unit medical readiness includes medical training for health services personnel. Though numerous policy directives establish medical training requirements, there is no single comprehensive medical training directive for Navy Medical personnel assigned to the Fleet Marine Forces (FMF). Additionally, no job-specific training requirements exist for FMF health services leadership such as command element Surgeons and Medical Planners. The lack of a coherent plan creates risk in the uncertain and complex operating environment. Thus, this directive consolidates and summarizes individual operational health services training requirements; establishes I Marine Expeditionary Force (I MEF) minimum training requirements; and, prioritizes training with the goal of ensuring a fully trained force.

2. Cancellation. I MEFO 6300.1A

3. Mission. To ensure health services personnel assigned to I MEF achieve and maintain the knowledge, skills, and abilities required to provide high quality care, promote readiness, and informed leadership support to the Force.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Purpose. To ensure that all health services personnel assigned to I MEF complete required training in accordance with all applicable directives, and are prepared for the challenges of readiness, deployment, and combat operations.

(b) Method. Health services personnel attend Department of Defense (DoD), Bureau of Medicine and Surgery, Navy Medicine Operational Training Center (NMOTC), Training and Education Command (TECOM), and I MEF medical courses. Course attendance is supported and funded via each individual's parent command.

(c) Endstate. All Navy health services personnel are individually trained to contribute to garrison readiness and support training and combat operations; Marine Corps medical capabilities are fully integrated into realistic operational training for supported units.

(2) Concept of Operations. This order supports several I MEF Lines of Operation: "Marine Air-Ground Task Force Development and Sustainment"; "Future Force Capability Development"; and, "Developing and Taking Care of Our People". Medical Training is inherently a significant aspect of force readiness. Enclosures (1) through (4) of this Order provide guidance and templates to track the training of health services personnel. Additionally, the following paragraphs provide pertinent information about all required courses.

(a) Field Medical Services Training. Completion of the Field Medical Services Technician (FMST) is a "one-time" career requirement for assignment (Encl. 1). Field Medical Services Officer (FMSO) course is strongly encouraged for Officers on their first tour with the United States Marine Corps.

(b) Medical Treatment Facility (MTF) Training. In accordance with references (b), (g) and (o), completion of all applicable MTF training for healthcare workers is required for health services personnel assigned to I MEF. Note: This training includes, but is not limited to, annual healthcare-associated infection control, management of regulated medical waste, and Health Insurance Portability and Accountability Act privacy and security training.

(c) Life-Saver Training. Life-saver training and certifications are required in accordance with references (a) through (f), and (i) through (o).

1. Basic Life Support (BLS). Current BLS certification is required for all health services personnel with potential to administer direct patient care. BLS "Heart-Saver" certification is required for all other health services personnel attached to medical units. All Independent Duty Corpsmen (IDC) shall maintain certification as BLS instructors, per reference (a).

2. Advanced Cardiac Life Support (ACLS). Current ACLS certification is required for IDC (NEC L01A, L10A, L00A, L28A) flight surgeons and aerospace medicine physicians, anesthesiologists, surgeons (general, OB/GYN, orthopedics, and subspecialty), nurses (NOBC 1945, 1950 and 1960), general medical and dental officers, emergency medicine physicians, family physicians, internists, undersea medical officers, physician assistants and periodontists.

### 3. Advanced Trauma Life Support (ATLS)

a. Current ATLS certification is required for flight surgeons, aerospace medicine physicians, anesthesiologists, surgeons, (general, OB/GYN, orthopedics, and subspecialty), general medical and dental officers, emergency medicine physicians, family physicians, internists, undersea medical officers, and physician's assistants.

b. The Trauma Nursing Corps Course or equivalent (i.e. Advanced Trauma Care for Nurses (ATCN) certification course) is required for emergency/trauma nurses, perioperative nurses, critical care nurses, and nurse anesthetists. (Note: ATLS is preferred for nurse anesthetists, but does not preclude the ATCN requirement.)

c. Advanced Tactical Paramedic certification is required for NEC L02A (FMF Recon IDC) per reference (a).

(d) Sick Call Screener Program (SCSP). SCSP certification, as provided in reference (f), is required for all Corpsmen (primarily E5 and below) upon assignment to I MEF, or must be completed within 180 days prior to report date. The SCSP shall be managed at the Major Subordinate Command (MSC) level.

(e) Immunization Training. Per reference (g), all personnel who administer vaccinations must receive eight (8) hours of annual immunization training prior to administering immunizations.

(f) Preventive Medicine Training. Environmental Health Officer (EHO), Entomologist (ENTO), Industrial Hygiene Officer (IHO), Preventive Medicine Technician (PMT) training and certification is required in accordance with references (p) and (q) to ensure Preventive Medicine Staff maintain necessary qualifications.

1. EHOs and PMTs must complete the Food Service Supervisor Manager Course or other nationally accredited food service manager course, for authorization to inspect food establishments and apply the Tri-Service Food Code.

2. PMTs must maintain DoD pesticide applicator certification in Category 8 - Public Health Pest Management in order to select or recommend pesticide products and equipment, apply, or supervise the application of pesticides.

3. As mission and units allow, EHOs and ENTOS should attend the Operational Entomology course in order to provide vector control oversight and entomologic force health protection recommendations.

4. As mission and units allow, all Preventive Medicine Personnel (EHO, ENTO, IHO, PMT) should participate in the 1st Medical Battalion coordinated annual Preventive Medicine Exercise.

5. All Preventive Medicine Personnel (EHO, ENTO, IHO, PMT) will attend Occupational and Environmental Health Site Assessment Lite offered by Navy and Marine Corps Public Health Center and coordinated through 1st Medical Battalion's Preventive Medicine Unit.

6. Units not assigned a Preventive Medicine Technician (PMR) are required to identify one PMR, at a minimum, to complete the PMR course offered by 1st Medical Battalion (or the nearest Naval Hospital Preventive Medicine Department). Training should occur within 90 days of assignment, then annually thereafter as long as the position is held. Appointees will remain appointed for a minimum of one year.

(g) Military Acute Concussion Evaluation (MACE) Training. Required for all medical personnel with 3 months prior to deployment to United States Central Command Area of Responsibility (CENTCOM AOR) in accordance with reference (i).

(h) Trauma Training Requirements. Minimum Navy Medicine core trauma training requirements for phased medical platform readiness training are provided in references (i) and (j). Additional training requirements that apply to I MEF units and are summarized below [also see enclosure (1)]:

1. Combat Casualty Care Course (C4). Completion of C4 is required for physicians, physician assistants, dentists, and nurses per reference (i). Occasionally, medical and dental officers attend C4 during internship and arrive at their first duty assignment already trained. However, course completion for all required participants should be verified. C4 is a one-time career requirement and includes the ATLS, TNCC, and PHTLS courses.

2. Tactical Combat Casualty Care (TCCC) and Combat Lifesavers (CLS)

a. Per reference (k), all Corpsmen must be TCCC-certified and conduct sustainment training every 12 months, or within 180 days prior to deployment. All other health care providers must complete TCCC prior to deployment.

b. Per reference (k), all Unit Commanders must train at least two CLS Marines per corpsman assigned on the Table of Organization. Thus, units must maintain a sufficient number of certified CLS Instructors to sustain the CLS training requirement.

c. MSCs shall ensure CLS refresher/sustainment training for CLS (Marines) and TCCC (Corpsmen) is completed every 2 years (or within 180 days of deployment).

d. Upon release of updated ref (k) to reflect requirements in reference (j), units will comply accordingly.

### 3. Emergency War Surgery Course and Naval Trauma Training Center (NTTC)

a. EWSC, Joint Forces Combat Trauma Management Course, NTTC, or alternate service equivalent is required for all physicians and physician's assistants assigned to patient care delivery in Role 1, Role 2 Light Maneuver (R2LM), Role 2 Plus and Role 3 Hospitals within 180 days prior to deployment to CENTCOM AOR per reference (i).

b. NTTC is required prior to deployment for all physicians, nurses, physician assistants and Corpsmen assigned to a Forward resuscitative Surgical System, Shock Trauma Platoon or R2LM. It is highly recommended as a one-time experience for all other personnel in positions of patient care delivery in Role 1, Role 2 Plus and Role 3 Hospitals in USCENTCOM AOR per reference (i).

### 4. Joint Enroute Care (JECC) and Flight Medic (FMC) Courses

a. JECC or equivalent is required within 3 years for nurses and corpsmen assigned as enroute care billets per reference (i). The training requirement applies to organic and Navy Medicine Augmentation Personnel.

b. FMC is mandatory within 3 years for corpsmen assigned to enroute care billets per reference (i).

(i) Trauma Training Recommendations. Trauma training courses are strongly recommended for medical personnel assigned to I MEF units and are summarized as follows [also see enclosure (1)]:

1. Combat Extremity Surgery Course (CESC). Attendance at the CESC every 3 years is strongly recommended for orthopedic surgeons, and as well as within 1 year prior to deployment for orthopedic physician assistants.

2. Emergency Nursing Pediatric Course (ENPC). ENPC is strongly recommended within 2 years of deployment for emergency/trauma, perioperative, and critical care nurses.

3. Advance Burn Life Support (ABLS). ABLS is strongly recommended within 2 years of deployment for all nurses and physician Assistants.

(j) Additional Operational Medicine Training Opportunities. A number of operational medicine short courses and other training opportunities are available through the Navy Medicine Professional Development Center (NMPDC), NMOTC, the Defense Medical Readiness Training Instituted, and other

organizations. Units should identify individuals to attend such courses in order to augment and/or enhance unit capabilities as required to meet mission-specific requirements. Example operational courses are:

1. Field and Medical Management of Chemical and Biological Casualties Courses (FMCBC and MMCBC).

2. Cold Weather Medicine and Mountain Medicine (MMED) courses.

3. Dental Officer Fleet Management Symposium (DOFMS).

4. Military Tropical Medicine (MTM).

5. Military Medical Humanitarian Assistance (MMHAC).

6. Plans, Operations and Medical Intelligence (POMI).

7. Medical Regulating (MEDREG).

8. Joint Medical Operations (JMOC) and Joint Medical Planning Tool (JMPT).

9. Commander Amphibious Task Force (CATF) Surgeon.

10. Surface Warfare Medical Department Officer Indoctrination Course (SWMDOIC), and Surface Warfare Medical Officer Indoctrination Course (SWMOIC).

b. Tasks

(1) MSCs

(a) Establish a Medical Training Section with sufficient resources to comply with this Order.

(b) Ensure Navy Medical and Dental Department Officers with Permanent Change of Station orders complete the following required courses while assigned:

1. Combat Casualty Care Course (C-4) (for clinicians only);

2. FMSO course for all Navy Medical and Dental Department Officers organically assigned to I MEF. Note: Unless otherwise directed by the Unit Commander, Medical/Dental Department Officers who have previously completed either Enlisted Field Medical Service School, or a minimum 24-month FMF tour, are considered to have met the FMSO training requirement.

3. I MEF Medical Department Officer Orientation Course. Note: This is I MEF-specific, MEF Surgeon or MSC Surgeon-sponsored, semi-annual two-day course.

(c) Be prepared to support operational medicine courses for Navy Medical Department Officers and Corpsmen not already funded by other organizations (see Para 4.a.2 of this Order).

(d) Track and report all medical training completed by each respective subordinate unit. Report medical training status to I MEF

Surgeon's Office at unit deployment minus 180 and 90 days, respectively.  
Note: Section 4.B.2 of this Order provides additional details.

(2) Marine Expeditionary Unit (MEU) Commanders

(a) Direct medical officers assigned as MEU Surgeons to attend the following courses:

1. CATF Surgeon;
2. Medical Regulating/Patient Movement.

(b) Direct Medical Service Corps Officers and Chief Petty Officers assigned as the MEU Medical Planner or Assistant MEU Medical Planner to attend the following courses:

1. POMI;
2. Patient Movement/Medical Regulating;
3. Surface Warfare Medical Department Officer Indoctrination (Medical Service Corps Officers only).

(c) Request sufficient course quotas and appropriate I Stops on incoming personnel.

(3) I MEF Surgeon

(a) Coordinate and manage execution of the I MEF Medical Training Program.

(b) Collect quarterly training readiness reports from all MSCs and report the MEF-wide medical training readiness to the Commanding General, I MEF per the I MEF Campaign Plan. Enclosures (1) through (4) are germane.

(c) Facilitate medical training from higher and adjacent Commanders (i.e. TECOM, MTF) for I MEF units as necessary or requested.

(d) If required training is precluded, identify equivalent alternate training.

c. Coordinating Instructions

(1) Field Medical Services Training. The FMST and FMSO courses are conducted by the Field Medical Training Battalion on each coast. Individuals normally attend these courses as an "intermediate activity" when executing their first Permanent Change of Station (PCS) transfer orders to a FMF unit.

(2) Resuscitation Education and Training. The Military Training Network approves and certifies BLS, ACLS, and Pediatric Advanced Life Support courses, and coordinates ATLS programs for the DoD. BLS training is conducted within each MSC. All other resuscitation courses are conducted by or coordinated through the local MTF Staff Education and Training Department.

(3) Sick Call Screener Program MSCs conduct initial and sustainment SCSP training per reference (f)

(4) Immunization Training. Immunization personnel training standards are provided in Appendix B of reference (g). The I MEF Preventive Medicine Officer, local MTF Preventive Medicine Department, and the Defense Health Agency Immunization Healthcare Branch (available at <https://www.vaccines.mil/Training>) can assist with the provision or identification of training resources.

(5) Preventive Medicine Training. Coordinate Preventive Medicine Representative (PMR) course quotas via the 1st Medical Battalion S-3T Office, or the nearest Naval Hospital Preventive Medicine Department.

(6) MACE Training. Coordinate through local National Intrepid Center of Excellence to provide two day Traumatic Brain Injury "Train-the-Trainer" Course. MSCs shall maintain at least two health care providers and two corpsmen "Mild Traumatic Brain Injury (mTBI) Lead Trainers" who can train sufficient mTBI Instructors to support initial and annual mTBI training for all MEF medical/dental personnel.

(7) Operational Medicine Courses. NMOTC administers or manages Navy quotas for numerous operational medicine courses. Phase I funding for C4 and phase II/III funding for NTTC are provided by NMOTC per references (d), (i) and (k). Funding may be available for other required formal schools or courses. More information is available from: NMOTC (<http://www.med.navy.mil/sites/nmotc/Pages/default.aspx>); NMPDC (<http://www.med.navy.mil/sites/nmpdc/Pages/index.aspx#>); and, DMRTI (<http://www.dmrta.army.mil/courses.html>).

## 5. Administration and Logistics

### a. Funding

(1) The following operational training courses are funded by NMPDC, NMOTC, Navy Personnel Command, or TECOM:

(a) NMOTC: C-4 (Phase I) and NTTC (Phase II/III).

(b) NMPDC: CATF, CWM, DOFMS, FMCBC, JMOC, JMPT, MEDREG, MMCBC, MMED, MTM, POMI, SWMDOIC, and SWMOIC Courses.

(c) NAVPERSCOM: FMSO and JECC Courses. Note: Applies only if personnel are ordered to attend the course enroute in conjunction with PCS or operational deployment orders; otherwise, I MEF units must support the cost.

(d) TECOM: TCCC/CLS "Train-the-Trainer" course.

(2) Funding for all other official schools/courses such as MMHAC, Sick-Call Screener, Preventative Medicine Courses, PMR Course, and FMSO (for those officers not funded to attend in conjunction with PCS or deployment orders) will be funded by each respective MSC. Additionally, any medical training courses mandated at the MSC level or below shall be funded by the respective MSC Commander.



b. Management and Assessment

(1) Enclosure (1) is the Training Matrix that provides specific I MEF medical training requirements for both officer and enlisted Medical and Dental Department personnel.

(2) Enclosure (2) is the Periodic MSC Training Tracking Matrix, which shall be used to report training compliance to the I MEF Surgeon as follows:

(a) Deployment minus 180 days.

(b) Deployment minus 90 days.

(3) Enclosure (3) is a Sample Unit Level Training Tracking Matrix.

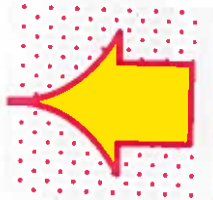
(4) Reference (h) provides guidance on conducting and evaluating collective training events.

6. Command and Signal

a. Command. This Order is applicable to all health Service members and Marines assigned to I MEF and its MSCs.

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

  
C. D. GIDEONS  
Chief of Staff



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