



DoD INSTRUCTION 1322.24

MEDICAL READINESS TRAINING (MRT)

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: March 16, 2018

Releasability: Cleared for public release. Available on the DoD Issuances Website at <http://www.esd.whs.mil/DD/>.

Reissues and Cancels: DoD Instruction 1322.24, "Medical Readiness Training," October 6, 2011

Approved by: Robert L. Wilkie, Under Secretary of Defense for Personnel and Readiness

Purpose: This issuance:

- In accordance with the authority in DoD Directive (DoDD) 5124.02, establishes policy, assigns responsibilities, and provides procedures for governing MRT for Service members and the DoD expeditionary civilians (DoD-EC).
- In accordance with Section 708 of Public Law 114-328, develops a standardized combat casualty care instruction for all Service members, including the use of standardized trauma training platforms.
- Establishes a requirement to record tactical combat casualty care (TCCC) certification in Service-designated training tracking systems.

TABLE OF CONTENTS

TABLE OF CONTENTS	2
SECTION 1: GENERAL ISSUANCE INFORMATION	3
1.1. Applicability.	3
1.2. Policy.	3
SECTION 2: RESPONSIBILITIES	5
2.1. Assistant Secretary of Defense for Health Affairs (ASD(HA)).....	5
2.2. ASD(M&RA).....	5
2.3. ASD(R).	5
2.4. DASD(HRP&O)).....	6
2.5. Director, DHA.....	6
2.6. President of the Uniformed Services University of the Health Sciences.....	7
2.7. USD(R&E).....	7
2.8. Secretaries of the Military Departments.	7
2.9. CJCS.	8
2.10. CCDRs.	8
SECTION 3: PROCEDURES	10
3.1. MRT Programs.....	10
3.2. MRT Goal.	10
3.3. MRT Requirements.....	10
3.4. MRT Reporting.....	10
SECTION 4: TCCC TRAINING	12
GLOSSARY	13
G.1. Acronyms.	13
G.2. Definitions.....	13
REFERENCES	16
TABLES	
Table 1. MRT Requirements.....	11

SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to:

a. Office of the Secretary of Defense, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the Combatant Commands (CCMDs), the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

b. The Commissioned Corps of the Public Health Service, under agreement with the Department of Health and Human Services, when serving with the operational forces of the DoD.

1.2. POLICY. It is DoD policy that:

a. Appropriate MRT of all Service members and DoD-EC personnel is the foundation for effective force health protection. MRT encompasses all aspects of medical support across the full range of military operations (ROMO). Medical knowledge, skills, and abilities (KSAs) form the foundation for individual MRT. Individual MRT for operational (expeditionary) medicine is based on the development of a core set of validated, operationally-unique, KSAs required to accomplish the operational mission. These core KSAs are expanded as needed to meet Service-unique (specific) missions. Service-expanded KSAs, as a part of medical specialty team readiness, inform unit readiness reporting.

b. TCCC is the DoD standard of care for first responders (medical and non-medical) and the All Service Member TCCC course replaces Service trauma skills currently taught in first aid and self-aid buddy care courses. Training all Service members in TCCC fulfills the following Joint Requirements Oversight Council Memorandums (JROCMs): JROCM 031-14, JROCM 025-15, and JROCM 048-15. All Service members receive role based TCCC training and certification in accordance with the skill level (i.e., All Service Members, Combat Lifesaver, Combat Medic/Corpsmen, and Combat Paramedic/Provider) outlined by the Joint Trauma System, the DoD’s Center of Excellence for trauma as designated in DoD Instruction (DoDI) 6040.47.

c. Service members and DoD-EC personnel who are designated as augmentees to an operational unit complete MRT with their deploying unit within 12 months before departure. DoD-EC personnel who are individual augmentees not assigned to an operational unit complete MRT before deployment.

d. The use of live animals in MRT is minimized in accordance with DoDI 3216.01 and only used when alternatives such as commercial training simulations, manikins, moulaged actors, and cadavers are not appropriate to attain the training objective.

e. MRT will include training for triage, treatment, and management of chemical, biological, radiological, nuclear, and high-yield explosives and other hazards patients.

f. The DoD adheres to the MRT priorities outlined in JROCM 031-14, JROCM 025-15, and JROCM 048-15.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), and in accordance with DoDD 5136.01, the ASD(HA):

a. Oversees policy and provides guidance for MRT to ensure DoD personnel and associated medical capabilities meet military and civilian health care requirements supporting the full ROMO.

b. Reviews and updates, as necessary, Reserve Component (RC) MRT standards, in collaboration with the Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)).

c. Determines MRT requirements in collaboration with the Assistant Secretary of Defense for Readiness (ASD(R)) and the Secretaries of the Military Departments for DoD-ECs and other government agency civilian personnel assigned to operational units or deploying in support of military operations.

d. Supports the Under Secretary of Defense for Research and Engineering (USD(R&E)) in monitoring DoD Component policy compliance with federal regulations on the use of live animals in MRT.

e. Reviews DoD Component program objective memorandum projections and budgets for MRT funding in collaboration with the ASD(M&RA).

f. Directs that joint and interoperable MRT meets Combatant Commander (CCDR) requirements, in coordination with the CJCS, Secretaries of the Military Departments, and the Director, Defense Health Agency (DHA).

2.2. ASD(M&RA). Under the authority, direction, and control of the USD(P&R), the ASD(M&RA):

a. Reviews DoD-EC and RC MRT standards and recommends changes to the ASD(HA) as necessary.

b. Reviews DoD-EC and RC program objective memorandum projections and budgets to ensure they include adequate MRT funding, and recommends changes to the ASD(HA) as necessary.

2.3. ASD(R). Under the authority, direction, and control of the USD(P&R), the ASD(R):

a. Assists the ASD(HA) in standardizing MRT requirements for DoD-EC personnel deploying in support of the full ROMO. Coordinates with the Deputy Assistant Secretary of Defense for Civilian Personnel Policy, as required.

- b. Establishes MRT policy for DoD-EC personnel as described in Section 3 of this issuance.
- c. Communicates periodic MRT compliance reports to the Deputy Assistant Secretary of Defense for Health Readiness and Oversight Policy (DASD(HRP&O)) to inform policy decisions.

2.4. DASD(HRP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

- a. In conjunction with the Deputy Assistant Secretary of Defense for Force Education and Training and the Deputy Assistant Secretary of Defense for Civilian Personnel Policy, develops and coordinates MRT policy for DoD-EC personnel assigned to operational units or deploying in support of military operations.
- b. Specifies key force health protection elements, reporting frequency, and measures of success for quality assurance and policy compliance in accordance with DoDI 6200.05.
- c. In coordination with the USD(R&E), monitors and evaluates DoD Component policy compliance with DoDI 3216.01 and other federal regulations on the use of live animals in MRT.
- d. Establishes and maintains communications with the appropriate Military Health System senior governance council to present and address policy matters related to MRT.
- e. Coordinates with the DoD Components on policy issues related to MRT and updates or modifies this issuance based upon DoD Component requirements.
- f. Provides oversight of, and guidance on, research, development, testing, and evaluation investments necessary to advance MRT technologies and knowledge products.

2.5. DIRECTOR, DHA. Under the authority, direction, and control of the USD(P&R) through the ASD(HA), and in accordance with DoDD 5136.13, the Director, DHA:

- a. Prepares and submits program and budget requirements to resource MRT for the DoD planning, programming, budgeting, and execution process, in accordance with DoDD 7045.14.
- b. Leverages enterprise support activities capability and capacity to review and validate work products developed by clinical subject matter experts to standardize core MRT skills and coordinates deliverables with the Secretaries of the Military Departments in support of CCDR requirements.
- c. Consults with the Secretaries of the Military Departments and the CJCS on CCDR training requirements as part of combat support agency responsibilities, in accordance with DoDD 3000.06.
- d. Establishes DoD MRT certification requirements in accordance with Section 3 of this issuance.

- e. Develops a standardized TCCC and prolonged field care curriculum pursuant to DoDI 6040.47.
- f. Prepares annual updated TCCC guidelines for implementation across the DoD.
- g. Prepares consolidated reports on DoD-wide force health protection quality assurance activities and findings pursuant to DoDI 6200.05.
- h. Supports the Secretaries of the Military Departments in the development and maintenance of standardized hospital and pre-hospital trauma training and skills sustainment platforms.
- i. Supports the ASD(HA) in regulating and minimizing the use of live animals in MRT and education programs.
- j. Supports the Secretaries of the Military Departments and the CCDRs in the development, revision, and update of standardized chemical, biological, radiological, nuclear, and high-yield explosives medical training in accordance with Section 3 of this issuance.

2.6. PRESIDENT OF THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES. Under the authority, direction, and control of the ASD(HA), the President of the Uniformed Services University of the Health Sciences:

- a. Conducts TCCC training and certification in alignment with this issuance.
- b. Supplies students all required equipment and supplies, as recommended by the Director, DHA, to perform TCCC training in accordance with the approved TCCC curriculum.

2.7. USD(R&E). The USD(R&E), in collaboration with the USD(P&R), determines regulatory compliance on the use of live animals in MRT and oversees development of simulation alternatives.

2.8. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments, with the support of the Director, DHA in accordance with DoDD 5136.13:

- a. Identify and develop MRT programs and standards to meet the specific requirements of the CJCS and the CCDRs.
- b. Review MRT programs annually, to ensure doctrine, training, and equipment are updated and standardize equipment where possible.
- c. Program, budget, and account for the costs of implementing this instruction across all components within their respective departments.
- d. Fully fund and provide support for trauma training and skills sustainment platforms (hospital and pre-hospital) to include installation, manpower, equipment, and information technology.

e. Recommend to the DASD(HRP&O), in coordination with the Director, DHA, new or emerging MRT for potential inclusion in this instruction.

f. Designate an official responsible for approving new protocols that involve the use of animals in MRT, prior to their implementation.

g. Implement MRT Service-level policies, procedures, and programs in accordance with Section 3 of this issuance, in support of the full ROMO.

h. Direct that Service members and DoD-EC personnel assigned or designated as augmentees to an operational unit complete MRT requirements within 12 months prior to deployment.

i. Conduct TCCC training in accordance with Section 4.

j. Issue all required equipment and supplies, as recommended by the Director, DHA, to perform TCCC in accordance with Service-specific policy.

k. Comply with any collective bargaining obligations as appropriate.

2.9. CJCS. The CJCS:

a. Provides CCDR MRT requirements to the Joint Staff, Secretaries of the Military Departments, ASD(HA), and Director, DHA.

b. Coordinates with the CCDRs to integrate MRT into CJCS sponsored exercises. Exercise scenarios will promote joint interoperability and focus on MRT across the continuum of care.

c. Ensures the CCDRs include MRT requirements in joint mission-essential task lists.

d. Monitors MRT lessons learned for each CCMD, in coordination with the Director, DHA and the Joint Staff Joint Force Development Directorate.

2.10. CCDRS. The CCDRs, through the CJCS:

a. Identify and communicate pre-deployment MRT requirements to the Secretaries of the Military Departments, CJCS, and Director, DHA.

b. Establish processes and procedures to monitor the effectiveness of MRT and compliance with established policies, and report key MRT related findings in the Joint Lessons Learned Information System.

c. Facilitate communications between the operational force and DoD medical community on matters related to MRT.

d. Integrate MRT within CJCS-sponsored exercises, to promote joint interoperability across the continuum of care.

e. Capture CCMD MRT objectives and update the joint mission-essential task lists in order to develop MRT requirements.

SECTION 3: PROCEDURES

3.1. MRT PROGRAMS. MRT of all military and DoD-EC personnel serves as the foundation for effective force health protection. Realistic MRT must encompass the broad spectrum of health service support across the full ROMO in all environments and locations. Service and joint readiness training programs will include the required MRT described in this issuance.

3.2. MRT GOAL. MRT programs will maximize the use of commercial training simulations, manikins, moulaged actors, and cadavers while reducing the reliance on the live animal model, when appropriate, to prepare Service members to provide effective medical care, minimize casualties, and minimize preventable death across the full ROMO.

3.3. MRT REQUIREMENTS. All Service members and DoD-EC personnel will receive standardized MRT and maintain proficiency in providing first responder care. The DoD will utilize Service-designated training tracking systems to measure MRT across the total force. The MRT requirements in Table 1 represent the minimum medical training required for medical readiness skills sustainment; however, the DoD Components may increase MRT requirements based on their mission set.

3.4. MRT REPORTING.

a. Units will record all assigned Service member and DoD-EC TCCC certifications in Service-designated training tracking systems (initial and recertification). The TCCC refresher training will be tracked at the unit level.

b. Any additional MRT metrics identified by the Secretaries of the Military Departments and the CCDRs will be reported into Service-designated authoritative data sources as required.

Table 1. MRT Requirements

Service Members	Health Care Personnel (Service Members and DoD-EC)	Health Care Providers (Service Members and DoD-EC) Based On Assignment and Profession
<ul style="list-style-type: none"> • Complete TCCC training and certification requirements in Section 4. • Train on the early detection of potentially concussive events pursuant to DoDI 6490.11. 		
	<ul style="list-style-type: none"> • Remain certified on the appropriate TCCC skills as recommended by the Director, DHA. Commanders may direct additional or advanced TCCC training based on unit mission set. • Before assignment to a joint task force or joint force Command Surgeon staff, or Service component or special operations forces headquarters surgeon staff in a leadership position, complete the Joint Medical Operations Course or the Joint Senior Medical Leaders Course. • Before medical planners are assigned to a joint task force or joint force Command Surgeon staff, or Service component or special operations forces headquarters surgeon staff, complete the Joint Medical Planning Tool and Joint Medical Operations Courses. • Complete the appropriate chemical, biological, radiological, nuclear and high-yield explosives training on the recognition and medical management of chemical, biological, radiological, nuclear and high-yield explosives health threats and injuries within 12 months of assignment to operational military units. Sustainment training is required every 3 years. • Obtain a working knowledge of the signs and symptoms of exposure to theater-specific health hazards, including endemic infectious disease agents and countermeasures and treatments for mitigation of the risks. • Upon notification of a deployment involving the treatment of detainees or other detainee matters, complete Medical Ethics and Detainee Operations training before deployment in accordance with DoDI 2310.08E. 	
		<ul style="list-style-type: none"> • Obtain a working knowledge of the Joint Trauma System Clinical Practice Guidelines, and the CCMD Trauma System. • Complete a trauma and resuscitative skills course that meets the core requirements as determined by the Director, DHA within 12 months before deployment, when assigned to forward resuscitative care teams.

SECTION 4: TCCC TRAINING

4.1. All Service members (officer and enlisted) will receive role-based (i.e., All Service Members, Combat Lifesaver, Combat Medic/Corpsmen, and Combat Paramedic/Provider) initial entry TCCC training and certification as outlined in the Joint Trauma System's TCCC Skills List. All DoD-EC personnel will conduct initial TCCC training and certification prior to deployment. TCCC training will replace the core trauma skills currently taught in Service-specific first aid and self-aid buddy care courses. Military Services may have additional non-trauma medical training requirements.

4.2. All active duty Service members, and some DoD-EC personnel as defined by job or unit, will complete TCCC recertification every 3 years. All personnel must complete refresher training within 12 months before deployment (those who have completed initial certification or have conducted a recertification course within 12 months before deployment will count as having completed pre-deployment refresher training). The Secretaries of the Military Departments, with the support of the Director, DHA, will establish refresher programs to ensure proficiency on the appropriate role-based TCCC list of skills in accordance with the certification level of each individual or group, and will maintain a unit level refresher training roster.

4.3. At a minimum, all RC members must complete TCCC certification, recertification, or refresher training within 12 months before deployment. Military Services should consider implementing the triennial recertification requirement for RC members assigned to rapidly deployable units.

4.4. Coordinate with the Director, DHA to establish refresher training courses tailored to individual Service mission requirements.

4.5. All TCCC courses and instructors are certified and approved by the Secretaries of the Military Departments in coordination with the Director, DHA.

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
ASD(R)	Assistant Secretary of Defense for Readiness
CCDR	Combatant Commander
CCMD	Combatant Command
CJCS	Chairman of the Joint Chiefs of Staff
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DHA	Defense Health Agency
DoDD	DoD directive
DoD-EC	DoD expeditionary civilian
DoDI	DoD instruction
JROCM	Joint Requirements Oversight Council Memorandum
KSA	knowledge, skills, and ability
MRT	medical readiness training
RC	Reserve Component
ROMO	range of military operations
TCCC	tactical combat casualty care
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USD(R&E)	Under Secretary of Defense for Research and Engineering

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

CCMD Trauma System. Defined in DoDI 6040.47.

certification. A process by which a Military Department, agency, or association grants recognition to an individual who has met certain predetermined qualifications specified by the Military Departments, agency, or association.

first responder. Anyone who provides initial and immediate medical care to self or others.

force health protection quality assurance. Defined in DoDI 6200.05.

health care personnel. An individual who has received special training or education in a health-related field and who performs services in or for the DoD in that field. A health-related field may include administration, direct provision of patient care, or ancillary or other support services. Health care personnel include, but are not limited to, individuals licensed, certified, or registered by a government agency or professional organization to provide specific health services. Health care personnel covered by this issuance include those assigned as behavioral science consultants and also include members of the uniformed Services, civilian employees, and contractor personnel in a health-related field acting in support of any DoD Component.

health care provider. Defined in the DoD Dictionary of Military and Associated Terms.

humanitarian assistance. Defined in the DoD Dictionary of Military and Associated Terms.

interoperable MRT. The ability to train together coherently, effectively, and efficiently to achieve medical training in support of tactical, operational, and strategic objectives.

MRT. Individual, collective, and unit medical training, both initial and sustainment, required to ensure that Service members and DoD-EC personnel are capable of performing operational missions. It comprises courses, hands-on training, and exercises to develop and maintain military medical skills.

operational military unit. Any operational, deployable unit, unit-type code or pre-positioned asset(s). This includes personnel and deployable medical systems equipment.

preventable death. A death that occurred from a survivable injury when the tactical situation did not limit prompt or optimal medical care.

prolonged field care. Field medical care applied beyond doctrinal planning time-lines in order to decrease patient mortality and morbidity. Prolonged field care uses limited resources and is sustained until the patient arrives at the next appropriate level of care.

RC. Defined in the DoD Dictionary of Military and Associated Terms.

readiness. Defined in the DoD Dictionary of Military and Associated Terms.

ROMO. Any military operation supporting DoD objectives, both inside and outside the continental United States, resulting in Service members and DoD-EC personnel placed on contingency, deployment, or contingency deployment orders, including but not limited to: noncombatant evacuation; homeland defense; defense support of civil authorities; foreign humanitarian assistance; disaster response; and stability operations.

TCCC. A set of trauma management guidelines customized for use in the operational setting that maintains a sharp focus on the most common causes of preventable death resulting from combat.

TCCC guidelines. Evidence-based best-practice pre-hospital trauma care guidelines customized for battlefield use which are reviewed and updated by the Committee on TCCC on an ongoing basis.

TCCC refresher. Either forecasted or just-in-time training, that reinforces the training provided during the TCCC certification course. It informs TCCC certified personnel of changes in TCCC guidelines, procedures, equipment, and policies and provides them the equipment and time to practice TCCC skills.

TCCC skills list. A Joint Trauma System-approved list of procedures that align with scope of practice or training completed during initial TCCC certification.

trauma training and skills sustainment platforms. A DoD-approved location where Service members or DoD-EC personnel receive trauma training (hospital and pre-hospital) in support of the DoD's mission set.

REFERENCES

- DoD Directive 3000.06, “Combat Support Agencies (CSAs),” June 27, 2013, as amended
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- DoD Directive 5136.13, “Defense Health Agency,” September 30, 2013
- DoD Directive 7045.14, “The Planning, Programming, Budgeting, and Execution (PPBE) Process,” January 25, 2013, as amended
- DoD Instruction 2310.08E, “Medical Program Support for Detainee Operations,” June 6, 2006
- DoD Instruction 3216.01, “Use of Animals in DoD Programs,” September 13, 2010, as amended
- DoD Instruction 6040.47, “Joint Trauma System (JTS),” September 28, 2016
- DoD Instruction 6200.05, “Force Health Protection Quality Assurance (FHPQA) Program,” June 16, 2016, as amended
- DoD Instruction 6490.11, “DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting,” September 18, 2012
- Joint Requirements Oversight Council Memorandum, 031-14, “Force Health Protection DOTmLPF-P Change Recommendation,” March 26, 2014¹
- Joint Requirements Oversight Council Memorandum, 025-15, “Combat Casualty Care Medical Research and Development DOTmLPF-P Change Request,” March 12, 2015²
- Joint Requirements Oversight Council Memorandum, 048-15, “Joint Theater Patient Evacuation DOTmLPF-P Change Recommendation,” May 15, 2015³
- Office of the Chairman of the Joint Chiefs of Staff, “DoD Dictionary of Military and Associated Terms,” current edition
- Public Law 114-328, Section 708, “National Defense Authorization Act for Fiscal Year 2017,” December 23, 2016

¹ Available at <https://jrockmidsbpm.js.smil.mil>

² Available at <https://jrockmidsbpm.js.smil.mil>

³ Available at <https://jrockmidsbpm.js.smil.mil>