



DEPARTMENT OF THE NAVY
COMMANDER
NAVAL EDUCATION AND TRAINING COMMAND
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NETCINST 1500.13E
N00X
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NETC INSTRUCTION 1500.13E

From: Commander, Naval Education and Training Command

Subj: NAVAL EDUCATION AND TRAINING COMMAND HIGH AND MODERATE
RISK TRAINING SAFETY PROGRAM

Ref: (a) OPNAVINST 1500.75D
(b) NAVEDTRA 135D of 10 August 2018
(c) OPNAVINST 5450.336D
(d) OPNAV M-5102.1/MCO 5100.29C of 27 September 2021
(e) NETCINST 1540.2C
(f) NAVEDTRA 136 of 10 December 2010
(g) OPNAVINST 3500.39D
(h) NETCINST 5100.1C
(i) NETCINST 1500.16B
(j) OPNAVINST 1720.4B
(k) SECNAV M-5216.5 of 16 May 2018
(l) NETCINST 1500.5D
(m) MILPERSMAN 1306-953
(n) OPNAV M-5100.23 of 20 Sep 2023
(o) DoD Instruction 1010.09 of 22 June 2012
(p) NAVMED P-5010-3 of 15 August 2023
(q) NMCPHC-TM OM 6260 of August 2015
(r) MILPERSMAN 1301-202

1. Purpose. This instruction amplifies Office of the Chief of Naval Operations (OPNAV) policy and procedures to abate or minimize mishaps during high-risk (HR) training (HRT) and moderate-risk (MR) training (MRT).

2. Cancellation. NETCINST 1500.13D.

3. Background. Reference (a) establishes Department of the Navy (DON) policy for HRT safety (HRTS). Reference (b) establishes guidance on the management of Navy schools under Naval Education and Training Command (NETC) purview. Reference (c) establishes mission, functions, and tasks of NETC. Reference (d) establishes safety investigation and reporting policy for all Navy and Marine Corps activities, commands, personnel, and contractors. Reference (e) provides governance

for implementing a standard training effectiveness assessment program for all learning centers (LC), training activities, and learning sites (LS). Reference (f) provides fundamental direction, within NETC, for the development of curricula, the delivery of instruction, and the management and evaluation of training programs. Reference (g) establishes policy, guidelines, procedures, and responsibilities to standardize the operational risk management (ORM) process across the Navy. Reference (h) establishes amplifying policy and procedures for the NETC Safety and Occupational Health (SOH) Program. Reference (i) provides amplifying guidance for the NETC firefighting training program. Reference (j) establishes guidance for the Navy Suicide Prevention Program. Reference (k) details the uniform standards for the management and preparation of correspondence throughout the DON. Reference (l) provides execution guidelines for the qualification, certification, and sustainment of Navy instructors (e.g., officer, enlisted, and federal service). Reference (m) provides guidelines for personnel selected to be DON instructors. Reference (n) establishes policy guidance for the management of the DON SOH Program. Reference (o) establishes policy, assigns responsibilities, and prescribes procedures for establishing and maintaining a drug-free workplace program. Reference (p) provides guidance for prevention and treatment of heat and cold stress injuries. Reference (q) is the authoritative guide for occupational medical surveillance and certification programs. Reference (r) provides guidelines for officers selected to instructor billets.

4. Discussion

a. Aggressive training programs prepare personnel to perform mission essential HR and MR tasks required to fulfill assigned duties. References (a) through (c) recognize NETC as a training agency, to ensure training is conducted in a realistic manner, while maintaining a safe learning environment. To comply with references (a) through (r), NETC has developed this policy that outlines safety roles and responsibilities for HRT and MRT throughout the NETC domain.

b. HRT is basic or advanced, individual, or collective training in a traditional or non-traditional environment which

exposes, staff, students, support personnel, and equipment to the potential risks of death, permanent disability, or loss during training.

(1) For the purpose of this instruction, an assignment of any initial risk assessment code (RAC) of 1 or 2, as well as an assignment of RAC 3 in severity level I (death or loss of asset) or severity level II (severe injury or damage), although the "probability" of an injury or loss is "unlikely (E)" or "seldom (D)," must be considered HRT.

(2) A RAC 3 in severity level III (minor injury or damage) or severity level IV (minimal injury) should receive NETC review to confirm the assessment and reduce any ambiguity about the subjectivity of the assessment (e.g., an event scored as a D, II is a RAC 3 and is a HR event, while an event scored as B, III is also a RAC 3, not HR by definition, but should be closely reviewed, due to the frequency of minor injuries or minimal threats, to ensure that the proper severity level assigned is not really an A, III - RAC 2 due to the interpretation of "likely" versus "probable" by the assessor during the risk assessment).

(3) Some examples of HRT include, but are not limited to, visit board search and seizure; survival (aviation, water, land); firefighting; damage control; small arms; law enforcement; physical security; diving; explosive ordnance disposal; basic underwater demolition; improvised explosive device defeat; aircrew; survival, evasion, resistance, and escape; aviation water survival; and rescue swimmer schools, etc.

c. Reference (a) allows NETC to change the HR classification of a formal course, with OPNAV N09F concurrence, based on an assessment of risks following an evaluation of hazards and a review of historical data. NETC must determine the command's ability to meet the requirements of HRT as outlined in this instruction and make informed risk decisions to change the HR classification. Formal HR courses may be lowered to MR by NETC N00X with OPNAV N09F concurrence. Roles and responsibilities for MR courses are listed in paragraph 8.

d. MRT is training that does not meet the threshold of HRT, but still contains significant risk that requires stringent

controls to ensure safe implementation. MRT is identified via thorough and accurate risk assessments and evaluation by NETC Safety (N00X). It is training that contains hazards in practical application laboratories that require compliance with Occupational Safety and Health Administration (OSHA), American National Standards Institute, National Fire Protection Administration, or OPNAV requirements. These labs could include, but are not limited to, fall protection, machine guarding, hazardous materials, and electrical safety.

5. Scope. This instruction applies to all NETC activities and personnel (military, civilian, and contractors), and non-NETC activities and personnel involved in assisting with, conducting, or teaching NETC controlled HR and MR curricula.

6. Action. All levels of command are responsible for implementing and maintaining an effective HRTS program per reference (a) and this instruction, and MRT per this instruction.

7. HRT Roles and Responsibilities. Implementation of the HRTS program for all NETC traditional and non-traditional (contractor) training provides a safe training and working environment for staff and students.

a. NETC:

(1) Issue amplifying policy and provide guidance and support to all subordinate commands conducting HRT.

(2) Designate all courses that meet the threshold for HRT as defined in reference (a).

(a) Maintain a list of these courses by title and course identification number (CIN).

(b) Provide an updated list of all formal HRT courses to Commander, Naval Safety Command (COMNAVSAFECOM).

(c) If a course is being considered for removal from HRT, forward the risk assessment and supporting historical data to OPNAV N09F for concurrence.

(d) When reviewing HR classification, consider all submissions from activities and make informed risk decisions, based on available or provided assessments of risk, evaluation of the hazards, and any historical data available.

(3) Use Enterprise Safety Applications Management System (ESAMS) HRTS module as well as results of LS triennial HRTS evaluations (HRTSE) to provide a HRTS self-assessment, if requested by higher authority. This should not be confused with the SOH self-assessment referred to in other OPNAV and NETC safety policy documents.

NOTE: LS used throughout this instruction is a generic term that means any activity that conducts HRT.

(4) Pursue a HRTS program that minimizes the probability of mishaps and related injuries to students, staff, and training equipment (TE) during formal training.

(5) Schedule and lead, as applicable, on-site HRTSEs of all traditional and non-traditional HR courses, required by reference (a), at least once every 36 months. All checklists used during a HRTSE are located in the resources, forms, checklists, and documents subdirectory on ESAMS.

NOTE: The NETC HRTSE team is authorized to observe all HRT scenarios without completing NETC 1500/5 (High-Risk Student Medical Screening Form).

(a) Conduct HRTSEs immediately after modifications to HR course platforms are completed or when changes to existing HR courses introduce additional risk. This will be on a case-by-case basis as determined by NETC N00X.

(b) Conduct a HRTSE of newly developed HR courses prior to, but no later than, the first pilot course being taught. A HRTSE must be conducted at each site prior to delivery of any HR course not currently approved.

NOTE: If an excessive amount of deficiencies or immediately dangerous to life or health (IDLH) deficiencies are identified, and cannot be corrected during the HRTSE, the team lead will discuss the situation with NETC N00X. N00X will determine if the HRTSE will be

turned into a technical assist visit, and the team will provide guidance and assistance to the LS rather than continuing a HRTSE. If a technical assist visit occurs, NETC will schedule another HRTSE within 90 to 180 days. Status updates for all identified deficiencies will be required at a frequency determined by NETC N00X. The LC will be required to fund all travel requirements to conduct another HRTSE.

(c) Develop and promulgate an annual evaluation schedule by 1 September.

(d) Ensure all team members are trained and qualified as outlined in the "NETC N00X Domain Safety Job Qualification Requirement (JQR)."

(6) Implement a process that ensures a complete review of all new training evolutions identified as HR, HR mobile training team (MTT) courses, major modifications to previously identified HR platforms, and elements that introduce additional risk to all courses of instruction.

(7) Initiate a Safety Investigation Board (SIB) upon notification of a Class A mishap, training-related fatality or permanent total disability, explosives mishap, and all other mishaps that require an SIB per reference (d). All reportable mishaps must be entered into the risk management integration (RMI) database.

(8) Identify and address potential risks to readiness and operations by collecting and analyzing organizational-wide near-miss, hazards, and mishap related data as defined by references (d) and (n). Emphasize continuous learning, timely identification and correction of issues, clearly identify risk ownership, elevate risk deemed unacceptable, communicate hazards and near misses, and set accountability at the appropriate level to increase awareness across the NETC domain.

(9) Interpret standards, regulations, policies, and procedures. Provide guidance when they lack clarity or conflict exists.

(10) Ensure policy for HRTS processes and procedures is standardized across LCs, to include Naval Service Training Command (NSTC) and Naval Education and Training Security Assistance Field Activity (NETSAFA).

(11) Ensure all training platforms, technical TE (TTE), devices, training areas, and equipment used to conduct HRT (small arms ranges, firefighter trainers, swimming pools, confidence courses, etc.) are periodically evaluated to ensure they are safe to operate, comply with manufacturer's instructions and OPNAV, NETC, Naval Facilities Engineering Command, and Commander, Navy Installations Command directives, as applicable.

(a) Ensure HRT safety officers (HRTSO) conduct annual internal inspections of HRT platforms and record them in ESAMS.

(b) Ensure all equipment utilized in the conduct of HRT is maintained per applicable Navy monitoring and preventative maintenance programs, to include manufacturer's maintenance and repair guidelines. Maintenance records will be retained pursuant to standard subject identification code (SSIC) classification and records management guidance for that SSIC.

NOTE: If preventative maintenance is performed by contractors, it will be evaluated during the HRTSE.

(12) Determine a course of action (COA) for a training event when identifying that the established controls within a course of instruction or training platform are ineffective to mitigate the known hazards and an immediate threat to personnel safety, equipment, property, or the environment could exist. The COA determined by NETC N00X includes, but is not limited to:

(a) Event cancellation pending HRTSE.

(b) Implementation of additional mitigating controls to continue training.

(13) Evaluate all course risk assessments and make final determination on whether a course meets the threshold of HR or MR. The following items will be reviewed to make a determination:

(a) Training course control document (TCCD) with an accurate course master schedule (CMS) reflecting student-to-instructor ratios and identification of any support staff or safety observers.

(b) Risk assessment that captures all associated hazards and controls.

(c) Lesson plans for each course which have a RAC that meets the HR threshold.

(d) Mishap data specific to the course of instruction.

(e) Photos or videos of the process and hazards identified in the risk assessment which meet the HR threshold per reference (a) and this instruction.

NOTE: NETC N00X will review all documents and photos, and speak with the LC safety managers or subject matter experts (SME) to decide if an on-site observation of the course of instruction will be required to make the final determination.

b. LCs (Includes NSTC and NETSAFA):

NOTE: Establishment of more stringent requirements by LCs must be coordinated with NETC N00X. LCs must not duplicate reference (a) or this instruction as a LC instruction. Modification of NETC or OPNAV forms is not authorized.

(1) Curricula Related Responsibilities

(a) Validate and update the special course indicator (SCI) code within Corporate enterprise Training Activity Resource Systems (CeTARS) whenever HR courses are developed, modified, or when elements of risk are introduced into courses not previously considered HR courses.

(b) Ensure all curricula and standard operating procedures (SOP) for each HRT course are clearly annotated with identified risks.

(c) Ensure LSs conduct formal training and HR evolutions following only approved course curricula, and only to the extent required to meet terminal objectives or graduation criteria.

(d) Provide SMEs to assist NETC in the evaluation of the LS HRTS program and curricula, if requested.

(e) Ensure safety requirements, control measures, and lessons learned are incorporated into the appropriate HRT curricula.

(f) Identify student prerequisites for HRT courses that reflect physical, academic, and performance standards required for successful completion of courses. Ensure standards are reflected in the Catalog of Navy Training Courses (CANTRAC), along with the requirement for parent commands to complete any required medical screening of prospective students.

(g) Update HRT curricula, as necessary, to comply with controlling technical directives.

(h) Review and approve a core unique instructor training (CUIT) plan for the HR course being taught. Distribute to appropriate LSs. Course curriculum model managers draft and maintain CUITs. CUIT plans will include:

1. All requirements of the HR course screening and certification process. This must include, at a minimum, online service record review, medical and psychological screening, and commanding officer (CO) interview.

2. Completion of command safety indoctrination.

3. Cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training from a recognized training authority such as the American Heart Association, American Red Cross, National Safety Council, etc.

NOTE: CPR training must include a hands-on practical assessment.

4. Requirement for annual bloodborne pathogen awareness training.

5. First aid training, unless exempt per paragraph 7c(7)(d).

6. Universal training precautions (UTP) - Annual training on sudden cardiac arrest (SCA), exertional collapse associated with sickle cell trait (ECAST), heat related injuries, and the signs, symptoms, and prevention and response protocol for each.

NOTE: Commands are encouraged to develop training for all three UTP subjects based on local environmental factors and any risks associated with the required gear or personal protective equipment (PPE) used during training.

7. ORM training.

8. Familiarization with:

a. All safety controls.

b. Emergency action plan (EAP).

c. TE.

d. PPE.

e. Daily operational readiness test (DORT),
as applicable.

f. Site specific hazardous operations and training platforms.

g. Applicable safety policies, directives, precautions, technical manuals for training platforms, and lessons learned from fleet mishaps.

h. Other subject matter deemed appropriate by the command.

9. Definitions of and procedures for reporting mishaps, near-misses, and unsafe or unhealthy working conditions.

10. Guidance on training time out (TTO) and drop on request (DOR) policies and procedures (as applicable).

11. Instructor's full understanding of the training platform operation, identified risks, and control measures necessary to identify and prevent HRT mishaps.

12. Completion of instructor training or a civilian equivalent school prior to teaching students. Equivalent instructor training courses from other services are acceptable.

13. Requirement to attend all HR portions of courses as a student.

NOTE: This can be validated by either a graduation certificate or documentation such as a memorandum identifying the member attended all HR portions of the current course revision.

14. Personalized instructor guide.

15. Requirement to receive, at a minimum, two evaluations, one technical and one technique, to assess both technical knowledge of subject matter and instructional delivery skills (lab evaluations must be in HR topics). Duplicate lesson topics may be waived by the LC. Additionally, all HR instructors must be evaluated quarterly (not to exceed 90 days) by means of an unscheduled evaluation (spot check) per reference (1).

a. Teaching a lesson to staff members when students are not available is an acceptable option to maintain proficiency and periodicity when training is not convened.

b. The two initial instructor evaluations required to become certified as a HR instructor must not be removed from the individual training jacket (ITJ).

16. Thorough understanding of the EAP.

NOTE: All CUITs must be approved by the appropriate LC, NSTC, or NETSAFA and completed by all HR instructors prior to commencing any pilot course(s).

(i) Distribute CUIT plans to all appropriate LSs.

(j) Review and update the CUIT when a course is changed or revised. Also, ensure the CUIT is reviewed during all formal course reviews.

(k) Approve HRT course schedule variations and sequencing of evolutions for all HRTS curricula.

(l) Submit recommendations to add, downgrade, or delete a course as a HR or MR course to NETC N00X, with a copy to NETC N7. The following items are required to be submitted with the request:

(1) TCCD with an accurate CMS reflecting student-to-instructor ratios and identification of any support staff or safety observers.

(2) Risk assessment that captures all associated hazards and controls.

(3) Lesson plans for each course which have a RAC that meets the HR threshold.

(4) Mishap data specific to the course of instruction.

(5) Either photos, or videos, or both of the process and hazards identified in the risk assessment which meet the HR threshold per reference (a) and this instruction.

NOTE: NETC N00X will review all documents and photos, and speak with the LC safety managers or SMEs to decide if an on-site observation of the course of instruction will be required to make the final determination.

(m) Ensure NETC N00X is notified, as soon as possible, when new HR courses are being developed or existing HR courses are being modified and additional risk is anticipated. No new or modified HR course that introduces additional risk will convene without NETC N00X concurrence. Additionally, NETC N00X must be notified prior to new trainers, training platforms, or training facilities being used.

1. HRTSEs of new courses, modifications of existing HRT platforms, and new elements that introduce additional risk to existing courses must be conducted at the earliest stage possible by NETC N00X. This must be completed no later than the pilot phase for new courses, and prior to implementation of modifications to existing training. LCs are responsible for funding NETC travel costs associated with observing and approving newly developed HR courses.

2. Decisions to conduct a HRTSE due to modification of an existing course will be made by NETC N00X on a case-by-case basis.

NOTE: If an excessive amount of deficiencies or IDLH deficiencies are identified, and cannot be corrected during the HRTSE, the team lead will discuss the situation with NETC N00X. N00X will determine if the HRTSE will be turned into a technical assist visit, and the team will provide guidance and assistance to the LS rather than continuing a HRTSE. If a technical assist visit occurs, NETC will schedule another HRTSE within 90 to 180 days. Status updates for all identified deficiencies will be required at a frequency determined by NETC N00X. The LC will be required to fund all travel requirements to conduct another HRTSE.

(n) Identify safety risks and ensure safety policies, procedures, and awareness training are part of all curricula per reference (b).

NOTE: Afloat directives may be incorporated into curricula when used to teach specific processes to students (e.g., follow the Afloat Safety Instruction, (OPNAVINST 5100.19 series), appropriate Naval Ships Technical Manual, Naval Sea Systems Command Technical Manual, and Tag-out User Manual) when teaching how to conduct preventive maintenance on shipboard equipment. However, at a minimum, ashore safety directives must be followed when conducting procedures outside of formal training (e.g., follow the Navy SOH Program Manual, reference (n), when performing maintenance on the same piece of equipment).

(o) Obtain approval from NETC N00X and Deputy for Training Operations if providing HR course curricula to any non-NETC activity. Inform the receiving activity of the requirement that they comply with all OPNAV and NETC HRTS requirements.

(2) Contractor Instructor Qualification Related Responsibilities

(a) At a minimum, ensure that statements of work (SOW) for contract instructors teaching HR courses:

1. Clearly define instructor qualifications and requirements, including completion of personnel qualification standards, JQRs, certificates of course completion in desired subjects (e.g., basic instructor, small arms instructor, crew served weapons instructor, emergency medical technician (EMT), CPR/AED, basic first aid, explosives driver, swim, firefighter, and rigid hull inflatable boat), and other assigned qualifications as applicable to the course of instruction and the CUIT.

2. Include a requirement to provide proof of initial and recurring medical and psychological evaluation every 3 years by a licensed health care provider, drug screening, a statement of understanding on physical fitness criteria, National Criminal Investigative Check, Lautenberg compliance, or other such desired elements as applicable to assigned duties. NETC reserves the right, upon reason of belief, to request a new urinalysis screening on instructor(s) to determine "fitness for duty." All will be provided by the contractor at no additional cost to NETC.

3. Provide for NETC, through the primary contracting officer, to have "Right of Refusal" of any instructor considered unqualified or unsafe.

4. Require compliance with safety policies established by OSHA and contained in Navy directives (e.g., references (a), (h), (i), (n), and this instruction).

5. Contain a provision for the contractor to provide PPE, medical support, and medical surveillance to its employees.

6. Contain a requirement for the contractor to have a safety plan for its employees that includes implementation of recommendations from industrial hygiene surveys (e.g., enter contract instructors into medical surveillance program).

7. Provide provision for the LC or LS to pre-screen individuals proposed by the contractor for instructor duties.

8. Require that if a mishap involving services under the contract occurs, the contractor must promptly report the incident within 1 hour to the LS leadership, or others, as appropriate. If the Navy conducts an investigation of the mishap, the contractor must cooperate and assist Navy personnel until the investigation is complete.

9. Provide guidance for contract renewal. Upon renewal, all requirements in the SOW must be re-certified and completed as stipulated in this instruction, to include updated medical and psychological screening and drug testing by the appropriate licensed health care provider for each contracted HR instructor.

(b) Follow LC policy on ITJ content and format. Ensure controlled unclassified information (CUI) is handled appropriately in ITJs.

(3) Risk Assessment Related Responsibilities

NOTE: There will always be higher risk associated with HRT, and it is imperative to ensure staff and students understand the associated hazards and controls. Additionally, the CO or officer in charge (OIC) must be aware of the hazards and controls, but more importantly, they need to have a complete understanding of the residual risk they are assuming. Sometimes, there are no additional controls to mitigate a hazard and there is still a high level of risk. It is imperative that the CO or OIC understands the risk before they approve it.

(a) Ensure the NETC established risk assessment format is employed when new courses are developed, when an

existing course is modified, and during formal course reviews. An assignment of an initial RAC of 1, 2, or RAC 3 in severity level I or II requires the course be considered HR and reported to NETC N00X.

1. A RAC 3 in severity level III or IV, although not HR by definition, must be reviewed by the safety manager prior to commencement of formal training.

2. It is widely accepted that administrative training (classroom only) does not pose a reasonable element of risk to the staff and students; thus, a risk assessment may not be necessary. However, if the classroom environment introduces equipment or items that will be handled by students, then this process must be included as a step (or steps) in the course risk assessment.

3. Ensure each step of the operation has been thoroughly evaluated in the risk assessment. Utilize approved curricula job sheets or other similar curricula documents while developing, revising, or reviewing HRT risk assessments. Include, among other things, student-to-instructor ratios contained in the CMS and any support staff and safety observers as a control for mitigating risks.

NOTE: NETC HRT risk assessment format and guidance are located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS.

(b) If an LC determines that a course is RAC 1, 2, or RAC 3 in the severity level of I or II during development or review of the course risk assessment, then NETC N00X must conduct a careful re-evaluation of hazards and historical mishap data.

NOTE: Reference (a) allows NETC to change the risk determination RAC based on an evaluation of the hazards and historical mishap data.

(c) The LC CO or director (if designated by CO) must approve (sign and date) all risk assessments for newly developed or modified HR courses that require the risk assessment to be revised. These risk assessments must be forwarded to NETC N00X

to determine if a HRTSE is required. Annual reviews of HR course risk assessments that have not been revised may be approved by the LS CO or OIC.

(d) If a course incorporates events from other formal HRT CINs in a final practical application event (capstone), a separate and independent risk assessment must be developed and approved.

(4) TTO and DOR Related Responsibilities

(a) Include DOR procedures in the curricula of all voluntary courses. See "Drop on Request Procedures" located in the "Resources/Instructions/NETC HRTS Instruction Addendums" subdirectory on ESAMS.

(b) Include TTO procedures in all applicable curricula using the "Training Time Out Procedures" located in the "Resources/Instructions/NETC HRTS Instruction Addendums" subdirectory on ESAMS. Add evolution specific TTO procedures, standardized if feasible, to conform to established fleet distress indicators (e.g., standard small arms range procedures or diving distress signals). Some specialized training requires scenarios where effectiveness could be reduced by the application of traditional TTO procedures. In these instances, alternative TTO procedures should be developed to protect the student and staff without jeopardizing the training objectives. These alternative procedures must be reviewed and approved by the curriculum control authority.

(5) EAP Related Responsibilities

(a) In the event of a Class A HRT mishap, immediately suspend training and notify the NETC Staff Duty Officer (SDO) and NETC N00X. Training may resume at the LC CO's discretion.

(b) NETC N00X will initiate a SIB per reference (d).

(6) Mishap Related Responsibilities

(a) Ensure all reportable HRT related mishaps are investigated, entered into RMI, validated, and closed. If the circumstances of the mishap (e.g., prolonged medical treatment

and follow-up care, delays in receiving official reports or documentation) prevent closure of the report within 30 days, request an extension from the convening authority in RMI.

(b) Ensure that student HRT-related mishaps are entered under the student unit identification code (UIC) vice staff UIC.

(c) Ensure hazard recommendations (HAZREC) and mishap recommendations (MISREC) are properly adjudicated and closed in RMI.

(d) Ensure LSs conduct a safety stand down when a Class A mishap occurs during training or when there are major safety concerns. The following are indicators that may provide a warning of potential future safety problems:

1. Increasing numbers of identified hazards or deficiencies.
2. Increasing numbers of personnel injuries.
3. Severe mishaps or near mishaps.

(7) HRTSO Related Responsibilities

(a) Conduct a HRT Safety Committee meeting within the area of responsibility.

1. Meetings will be conducted on a biannual basis or more frequent as required.
2. Meetings may be conducted face to face, through conference calls, or electronic media.
3. Meetings will be documented in ESAMS using ESAMS Training Administration Module and course ID 4956 - High-Risk Training Safety Committee.
4. A copy of the meeting minutes shall be provided to the committee members.

(b) Ensure LSs maintains medical surveillance compliance per references (n) and (q). Document required information in the Occupational Medical Surveillance System (OMSS) module in ESAMS.

(c) Ensure a HRTSO is appointed for HRT that is conducted at both traditional and non-traditional training sites. The HRTSO can be military, civilian, or a contractor. If a contractor is used, they must be hired through a contract separate from the training delivery contract.

(8) Other Responsibilities

(a) Forward and endorse formal safety correspondence (evaluation results, mishap investigations, and material marked official correspondence for distribution) per reference (k).

(b) Conduct safety reviews, internal inspections, and safety stand downs to effectively instill behaviors of self-awareness, self-assessment, self-correction, and continual learning to ensure the command is safe-to-operate and operating safely through proper risk identification, communication, and accountability at the appropriate level.

NOTE: LCs conducting on-site safety inspections or evaluations do not meet the oversight criteria of OPNAV or NETC. NETC N00X retains responsibility of HRT program oversight to ensure standardization throughout the NETC domain.

NOTE: NETC N00X encourages LCs, especially the training directorate, to participate in the triennial HRTSEs of their subordinate activities.

(c) Ensure NETC N00X is promptly notified of issues affecting the safety of staff (military, civilian, and contractors), students, or HRT platforms.

(d) Establish guidance and procedures for use of NETC owned and operated swimming pools and aquatic facilities or for NETC personnel using other aquatic facilities for physical conditioning that is not associated with a formal course of instruction. This must include developing a risk assessment and

mandatory use of a pool deck safety observer. Although a full EAP is not required, activities must have a list of emergency phone numbers on the pool deck in the event of a mishap.

(e) All civilian safety specialists and managers (Occupational Series 0018) within the NETC domain who provide safety oversight of formal training must complete the applicable sections of the NETC N00X Domain Safety JQR. The JQR can be downloaded from the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS or contact NETC N00X to secure a current copy.

c. LSS, Recruit Training Command (RTC), Officer Training Command (OTC), and Other NETC subordinate activities conducting HRT:

(1) Curricula Related Responsibilities

(a) Conduct training with approved curricula, ensuring safety precautions are in place, and instructors adhere to established safety procedures and protocol.

(b) Forward recommendations to modify curricula to substitute or replace an element of risk with a less-hazardous element of risk to NSTC, LC, or course curriculum model manager (CCMM), as applicable.

(c) Recommend changes, via the appropriate LC or NSTC, to the SCI code within CeTARS when new courses are developed that potentially introduce an element of risk, or whenever an existing course is modified to include an element of risk not previously considered and mitigated.

(d) Conduct HRT utilizing approved curricula and following the policy and procedures outlined in this instruction and references (a) through (r).

(e) Advise appropriate LC and NETC N00X when new trainers, training platforms, or training facilities are planned for use.

(f) When a new or revised CUIT is received from the LC, ensure it is compared with the current CUIT to identify additional qualifications required. This is commonly referred

to as "cross-walking" the CUIT. Qualifications in the CUIT that were previously completed prior to the new or revised CUIT do not have to be repeated. Document the new or additional requirements via the new CUIT (line through the elements previously completed) or a memorandum that will be placed in the instructor's ITJ.

(g) If a non-NETC activity requests HR course curricula, forward request to applicable LC.

(h) Submit recommendations to add, downgrade, or delete a course as a HR or MR course to LC and NETC N00X, with a copy to NETC N7. The following items are required to be submitted with the request:

(1) TCCD with an accurate CMS reflecting student-to-instructor ratios and identification of any support staff or safety observers.

(2) Risk assessment that captures all associated hazards and controls.

(3) Lesson plans for each course which have a RAC that meets the HR threshold.

(4) Mishap data specific to the course of instruction.

(5) Either photos, or videos, or both of the process and hazards identified in the risk assessment which meet the HR threshold per reference (a) and this instruction.

NOTE: NETC N00X will review all documents and photos, and speak with the LC safety managers or SMEs to decide if an on-site observation of the course of instruction will be required to make the final determination.

(2) Instructor Qualification and Related Responsibilities

(a) Upon receipt of a prospective military HRT instructor's orders, coordinate with the detaching command to initiate instructor screening per references (a), (m), (q), and (r).

(b) Military HR instructor screening process must include:

1. Service record reviews and personal interviews at the training command conducted by the CO. The CO may delegate interviewing authority, in writing, to a designated subordinate within the command.

2. Medical and psychological screening conducted by competent medical authority (e.g., medical officer or credentialed physician assistant (PA), nurse practitioner (NP) (family practice), or independent duty corpsman (IDC)). Medical and psychological screening must be conducted and documented every 3 years. The "Command Screening Guide", "Medical Officer's Interview Guide", "Request for Medical Screening" form, "Results of Medical Screening" form, and "Commanding Officer's Interview Guide" are located in reference (a). The "High-Risk Instructor Medical Questionnaire (OPNAV Form 1500/53)" is located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS.

NOTE: If the training command is depending on the medical and psychological screening to be completed by the detaching command, the LS must have documentation from the detaching command showing that the appropriate HR guides and forms mentioned above were completed.

3. Document completion of service record review, personal interview, and medical and psychological screening via a NAVPERS 1070/613 (Page 13) service record entry indicating the member was screened and found suitable or unsuitable for HR instructor duty. Page 13 entries must be signed by the CO or designated representative. An example Page 13 is located in the "Resources/Instructions, NETC HRTS Instruction Addendums" subdirectory on ESAMS.

NOTE: The page 13 entries must state that a service record review, personal interview, and medical and psychological screening was accomplished.

4. Submit Special Screening Deficiency Report per references (m) or (r) in regard to instructor candidates transferred and received by the command who have been improperly screened or do not meet the criteria, with an information copy to Navy Personnel Command, Shore Special Programs Assignment Branch (PERS-4010), and applicable detailer.

5. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 prohibits the filing of medical and psychological screening results in the local ITJ. Those results are to be safeguarded to ensure the confidentiality of the information.

NOTE: All HR instructor screening requirements of this instruction and reference (a), in addition to the Instructor Duty Special Program screening requirements in references (m) and (r) are mandatory.

6. COs may conduct additional screening as they deem necessary.

(c) Civilian HR instructor screening process must include:

1. Personnel record reviews and personal interviews at the training command conducted by the CO. The CO may delegate interviewing authority, in writing, to designated subordinate within the command. The CO must consult with the servicing Human Resources Office (HRO) for access to civilian personnel records. COs should contact the supporting HRO labor relations specialist via e-mail for a review of past or present adverse actions (for current civilian employees only).

2. Medical and psychological screening conducted by competent medical authority (e.g., medical officer or credentialed PA, NP (family practice), or IDC). The "Command Screening Guide", "Medical Officer's Interview Guide", "Request for Medical Screening" form, "Results of Medical Screening" form, and "Commanding Officer's Interview Guide" are located in

reference (a). The "High-Risk Instructor Medical Questionnaire (OPNAV Form 1500/53)" is located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS.

NOTE: Civilian employees teaching HR courses must receive medical and psychological screening every 3 years unless directed more frequently by other directives, such as the National Fire Protection Administration (NFPA) 1582 requirement for annual physicals for firefighters.

3. Document completion of personnel record review, personal interview, and medical and psychological screening via a memorandum indicating the member was screened and found suitable or unsuitable for HR instructor duty. This memorandum must be signed by the CO or designated representative and placed in the ITJ.

4. The HIPAA of 1996 prohibits the filing of medical and psychological screening results in the local ITJ. Those results are to be safeguarded to ensure the confidentiality of the information.

5. COs may conduct additional screening as they deem necessary.

(d) Contractor HR instructors screening process must include:

1. A medical screening conducted by a civilian medical doctor (MD) or credentialed PA or NP (family practice) must be documented and indicate that the instructor is physically capable of working to the desired standards associated with the duty assignment. The medical screening must be renewed more frequently than listed above if required by other directives such as the NFPA requirement for annual physicals for firefighters.

2. Drug screening. Contract instructors must meet the requirements contained in reference (o). The Government reserves the right, upon reason of belief, to request a new urinalysis screening on instructor(s) to determine "fitness for duty." All urinalyses will be provided by the contractor at no additional cost to the Government.

3. Psychological screening conducted by a qualified practitioner. The screening must indicate that the instructor has completed psychological screening per this instruction, or a commercially available screening guide (such as the Minnesota Multiphasic Personality Inventory, or other available screening processes and procedures).

4. Contractors will prepare a letter (on company letterhead) reporting successful completion of the screening. The letter should include the date of completion, the name of the screener (including mailing address, telephone number, and e-mail address), and a brief statement regarding the results (e.g., the requested screening and interview have been completed; information does or does not indicate that there are potentially disqualifying factors in the instructor's medical history; the candidate is or is not suitable for HR instructor duty). This letter will be filed in the contract instructor's training jacket and retained at the LS to denote screening and interview have been completed and the individual is found suitable. The HIPAA of 1996 prohibits the filing of medical and psychological screening results in the local ITJ. Those results are to be safeguarded to ensure the confidentiality of the information.

NOTE: Contractor HR instructor screening process must be renewed every 3 years and during contract re-compete or renewal.

5. Upon contract award or renewal, all requirements in the SOW must be recertified and completed as stipulated in this instruction to include updated medical evaluation, psychological screening, and drug testing by the appropriate licensed health care provider for each contracted HR instructor.

NOTE: The instructor screening and certification process must be completed prior to any HR instructor teaching Navy students without another qualified instructor present. Additionally, instructor certification and qualifications (to include the CUIT) must be maintained in the ITJ by the LS. If the CUIT is too large, then it may be maintained in another location, but the entire CUIT must be maintained.

NOTE: For courses that have both HR and non-HRT segments (Recruit Basic Military Training, Explosive Ordnance Disposal, Expeditionary Combat Skills, and Master-At Arms "A" school, etc.), an instructor does not need to be screened to teach a HR course if they will only be teaching non-HR segments of the course.

(e) Ensure all HRT instructors receive HRTS indoctrination applicable to site specific hazardous operations and training platforms.

(f) Ensure HR instructors are certified for the courses they are instructing. One of the first steps in the certification process is completion of the CUIT, which includes:

1. All requirements of the HR instructor screening and certification process. This must include, at a minimum, online service record review, medical and psychological screening, and CO interview.

2. Completion of command safety indoctrination.

3. CPR/AED training from a recognized training authority such as the American Heart Association, American Red Cross, National Safety Council, etc.

NOTE: CPR training must include a hands-on practical assessment.

4. Requirement for annual bloodborne pathogen awareness training.

5. First aid training, unless exempt per paragraph 7c(7) (d).

6. UTP - Annual training on SCA, ECAST, and heat related injuries, and the signs, symptoms, prevention, and response protocol for each.

NOTE: Commands are encouraged to develop training for all three UTP subjects based on local environmental factors and any risk associated with the required gear or PPE used during training.

7. Requirement for ORM training.
8. Familiarization with:
 - a. All safety controls
 - b. EAP
 - c. TE
 - d. PPE
 - e. DORT, as applicable
 - f. Site specific hazardous operations and training platforms.
 - g. Applicable safety policies, directives, precautions, technical manuals for training platforms, and lessons learned from fleet mishaps.
 - h. Other subject matter deemed appropriate by the command.
9. Definitions of and procedures for reporting mishaps, near-misses, and unsafe or unhealthy working conditions.
10. Guidance on TTO and DOR policies and procedures (as applicable).
11. Instructor's full understanding of the training platform operation, identified risks, and control measures necessary to identify and prevent HRT mishaps.
12. Completion of instructor training or a civilian equivalent school prior to teaching students. Equivalent instructor training courses from other services are acceptable.
13. Requirement to attend all HR portions of courses as a student.

NOTE: This can be validated by either a graduation certificate or documentation such as a memorandum identifying the member attended all HR portions of the course.

14. Personalized instructor guide.

15. Requirement to receive, at a minimum, two evaluations, one technical and one technique, to assess both technical knowledge of subject matter and instructional delivery skills (lab evaluations must be in HR topics). Duplicate lesson topics may be waived by the LC. Additionally, all HR instructors must be evaluated quarterly (not to exceed 90 days) by means of an unscheduled evaluation (spot check) per reference (1).

a. Teaching a lesson to staff members when students are not available is an acceptable option to maintain proficiency and periodicity when training is not convened.

b. The two initial instructor evaluations required to become certified as a HR instructor must not be removed from the ITJ.

16. Thorough understanding of the EAP.

(g) Develop an ITJ for compiling all required instructor qualification documentation as set forth by this instruction and the applicable LC. Ensure CUI is handled appropriately in the ITJs.

(3) Training Safety Officer Related Responsibilities

(a) Designate a sufficient number of HRTSOs for each HR course or group of HR courses that are taught by the LS.

(b) Appoint the HRTSO(s) in writing. The letter of designation (LOD) must list all HR courses and CINs under the HRTSO's responsibility, as well as the course observation periodicity (no less than once per year). This letter must be loaded into the applicable course in the HRTS module.

1. Ensure all assigned HRTSOs are knowledgeable of their responsibilities prior to assuming the duties and responsibilities for assigned HRT.

2. HRTSOs must be in pay grade E-5 or above, if military, or civilian equivalent, and are required to complete a LS specific HRTSO JQR. A HRTSO cannot be a civilian safety specialist (Occupational Series 0018) unless a waiver is submitted via their chain of command (COC) to NETC N00X for approval. Any waiver submittals must contain a thorough justification.

3. HRTSO JQRs must include, at a minimum:

- a. Familiarization with HRTS instructions.
- b. HRTSO responsibilities.
- c. All applicable curricula and associated CUIT plans.

d. Familiarization with all HR evolutions and associated training platforms and devices to the extent necessary to properly evaluate assigned training.

e. Familiarization with ESAMS, RMI, and other appropriate reporting and recording methods.

NOTE: A sample HRTSO JQR is located in the "Resources/Instructions, HRTS Instruction Addendums" subdirectory on ESAMS. Modify the HRTSO JQR to reflect site unique requirements (training areas, equipment, platforms, etc.)

4. Ensure HRTSOs conduct annual inspections, at a minimum, of all HRT TTE, devices, training areas, and platforms to ensure proper operation, maintenance, and compliance with applicable directives. These inspections must be recorded in the ESAMS Inspections, Deficiency, and Abatement Tracking System (IDATS) module; inspection category: High-Risk Internal, Annual.

5. Ensure the HRTSO(s) attends safety committee meetings. HRTS committee meetings are conducted by applicable

LC safety manager. Document committee meetings in ESAMS using ESAMS Training Administration Module and course ID 4956 - High-Risk Training Safety Committee.

6. Ensure HRTSOs (or other designated personnel) enter and maintain data in the HRTS module of ESAMS to include instructor evaluations, course observations, risk assessments, and EAP information.

7. Ensure medical surveillance compliance is maintained per references (n) and (q). Document the required information in the OMSS module in ESAMS.

8. Ensure all required instructors, safety observers, and other support personnel are present whenever HRT is conducted. Assign additional instructors, support staff, and safety observers to mitigate risks as applicable. A JQR for safety observers must be completed prior to serving in the position during training. At a minimum, the JQR should list specific responsibilities and require a thorough understanding of the EAP, to include documentation of an EAP walkthrough.

9. Ensure personnel have been properly trained to perform their duties in instances where non-instructors are required to fulfill a role in training (e.g., safety swimmers, observers, line handlers). Safety swimmers, observers, and other non-certified instructors must not instructor remediate students. Safety swimmers and observers must complete annual UTP training on SCA, ECAST, and heat related injuries, and the signs, symptoms, prevention, and response protocol for each.

10. Establish a clear set of written procedures for use of NETC swimming pools and aquatic facilities or for NETC personnel using other aquatic facilities for physical conditioning that is not associated with a formal course of instruction. This must include developing a risk assessment and mandatory use of a pool deck safety observer. Although a full EAP is not required, activities must have a list of emergency phone numbers on the pool deck in the event of a mishap.

(4) Student Related Responsibilities

(a) Develop and implement student indoctrination that includes discussion of safety requirements, precautions,

and safeguards incorporated into the curricula, and the definitions of and procedures for reporting mishaps, near-misses, and unsafe or unhealthy working conditions.

(b) Ensure students participating in HRT complete NETC 1500/5 prior to reporting for HRT. This form is located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS, NETC public web site, Naval Forms Online, CANTRAC, and Fleet Training Management Planning System. It must be reviewed and signed by the student's medical department. If a course requires medical screening different from NETC 1500/5 (e.g., Navy diving courses; Chemical, Biological, Radiological Defense Specialist course; Survival, Evasion, Resistance, Escape course; recruit training), then the LS must request authorization to deviate from NETC N00X.

1. Part 1 - Answering "YES" to any of questions 1-17 on NETC 1500/5 requires a decision regarding suitability for participation in HRT by a medical provider (supplying command physician or authorized command health care professional to include MD, PA, NP, or IDC) before allowing the student to continue the screening process. If all questions are answered "NO," a Hospital Corpsman (HM) may sign part 1. Students must inform training site of any changes in medical status upon arrival at training site.

2. Part 2 can be completed either prior to check in to the training site by appropriate health care provider or at the training site by the supporting HM. Questions in part 2 provide additional information to the staff and instructors on any potential issues that may require additional awareness during training.

3. Part 3 is to be completed at the training site. Students arriving at the training site who answer "YES" to questions in part 3 may be disqualified from participation at the discretion of the training site authority (TSA). Before commencing HRT, the training activity must review the form and ascertain from the student whether anything has changed.

4. The TSA is any individual at the LS who the CO or OIC appoints in writing to make the final determination on if an individual is approved to attend training. The intent is for a senior staff member to be the TSA.

5. Completed 1500/5 forms remain valid for 45 days. High-risk instructors must verbally confirm unchanged student medical status before high-risk training, and there is no requirement to complete the 1500/5 form daily.

6. NETC 1500/5 forms must be destroyed 30 days after student graduation.

NOTE: Students from NETC accession points (RTC and OTC) and Midshipmen won't have NETC 1500/5 at their "A" Schools or HRT events due to no screening during the Sailor transition. NETC 1500/5 can be completed pre-HRT by authorized health care professionals from military clinics or civilian contracts.

(c) Establish a process to ensure students meet course prerequisites that reflect physical requirements and assess the student's medical status and fitness for training prior to participation in HRT. Procedures must include a system to ensure instructors are informed of students who were previously "set back" due to medical conditions that might cause future problems. These procedures must not rely solely on students informing instructors of changes in their medical status.

1. Students evaluated as unfit for duty or not suitable for training must be removed from training immediately until medically cleared.

2. Use tags, rings, or other appropriate methods for identifying students with specific medical conditions or concerns. For example: Students with known allergies may be identified by a color-coded tag or ring clipped to their uniform during evolutions that may expose them to a particular allergen. Students with sickle cell trait should be identified by a different color-coded tag or ring attached to their uniform. These methods may not be appropriate at all training sites or under certain conditions.

(d) Authorized Students for HR Courses.

1. Department of Defense (DoD) (military or civilian).

2. U. S. Coast Guard.
3. National Oceanographic and Atmospheric Administration.
4. International Military Students.
5. Naval Reserve Officer's Training Corps (NROTC), or applicants, if they have signed a DD-4 and taken the oath of enlistment.

6. Individuals who are not members of the organizations listed above (e.g., non-DoD civilians, NROTC, etc.) may be allowed to attend specific HR courses under certain circumstances. However, prior written approval is required by NSTC for courses under their cognizance (courses for which they are the CCMM), and NETC N00X for all other courses. All such requests must be submitted via the applicable LC or NSTC. All individuals approved must meet the same requirements for attendance as outlined in this instruction. In no case, may Navy Junior Reserve Officer Training Corps students or Naval Sea Cadets attend a HR course. NSTC must provide NETC N00X a copy of all correspondence related to authorizations to attend their HR courses. NSTC is not authorized to delegate this authority to subordinate activities.

a. A "Hold Harmless Agreement" must be signed prior to attending NETC HR courses. A sample "Hold Harmless Agreement" is located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS.

b. Very important persons, media, historians, film crews, and other interested parties often request to observe portions of HR courses. These requests must be in writing and routed to NETC Public Affairs Office for staffing. If approved, NETC N00X will provide additional controls beyond those found in this instruction, as appropriate. A "Hold Harmless Agreement" must be signed prior to attending NETC high-risk courses.

(e) Ensure all students who are participating in intense physical training receive a briefing on SCA, ECAST, and heat related injuries, and the signs, symptoms, prevention, and response protocol for each.

(5) Risk Assessment Related Responsibilities

NOTE: There will always be higher risk associated with HRT, and it is imperative to ensure staff and students understand the associated hazards and controls. Additionally, the CO or OIC must be aware of the hazards and controls, but more importantly, they need to have a complete understanding of the residual risk they are assuming. Sometimes, there are no additional controls to mitigate a hazard and there is still a high level of risk. It is imperative that the CO or OIC understands the risk before they approve it.

(a) Ensure the NETC established risk assessment format is employed when new courses are developed, when an existing course is modified, and during formal course reviews. An assignment of an initial RAC of 1, 2, or RAC 3 in severity level I or II, requires that the course be considered HR and reported to NETC N00X.

1. A RAC 3 in severity level III or IV, although not HR by definition, must be reviewed by the LC safety manager prior to commencement of formal training.

2. It is widely accepted that administrative training (classroom only) does not pose a reasonable element of risk to the staff and students; thus, a risk assessment may not be necessary. However, if the classroom environment introduces equipment or items that will be handled by students, then a risk assessment must be conducted for this portion of the training.

3. Ensure each step of the operation has been thoroughly evaluated in the risk assessment. Utilize approved curricula job sheets while developing, revising, or reviewing HRT risk assessments. Include student-to-instructor ratios contained in the CMS and any support staff and safety observers as a control for mitigating risks.

NOTE: Reference (a) allows NETC to exempt activities from complying with HRT requirements if certain elements are met. It also allows changing the risk determination RAC based on an evaluation of the hazards and historical mishap data.

(b) If a LC or LS determines that a course is RAC 1, 2, or RAC 3 in the severity level of I or II during development or review of the course risk assessment, then NETC must conduct a careful re-evaluation of hazards and historical mishap data.

(c) Forward all risk assessments for newly developed or recently revised HR courses to NETC N00X via the appropriate LC CO.

(d) Ensure all HR course risk assessments are reviewed annually and uploaded into the ESAMS HRTS module. If there are changes to the risk assessment that add additional risk, then the LC CO must approve and sign.

NOTE: NETC HRT risk assessment format and guidance are located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS.

(e) Ensure a risk assessment is performed and that controls are in place to mitigate hazards for all locations that conduct physical fitness training as part of the curricula, or as part of preconditioning efforts. Navy physical readiness protocols and additional guidance can be obtained from the following web site: <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Physical-Readiness/>.

(f) Ensure a risk assessment is conducted for all non-CIN events (e.g., swim testing, physical fitness), controls are in place to mitigate identified hazards, and an EAP is developed and available.

(g) If a course incorporates events from other formal HRT CINs in a final practical application event (capstone), a separate and independent risk assessment must be developed and approved.

1. An SOP that covers all events must be developed and approved by the CO or OIC. At a minimum, roles and responsibilities of the instructors and support staff and safety observers involved during the capstone event must be established.

2. Capstone risk assessments must identify each HR topic used from other formal CINs (e.g., firefighting, damage

control, swim). Ensure all existing and new hazards, risks, and controls associated with combining these events are identified.

3. Initial and residual risk for capstone risk assessments will be based on the training environment used during the capstone event. Many capstone events add new hazards and risks such as lights being turned off, smoke added to the environment, and noise or music being played on audio systems.

4. If an event used during a capstone meets the threshold of HRT and it is originally from a formal HR CIN, then the instructors and safety observers must be trained and certified per reference (l) and this instruction.

5. A JQR specific to the capstone event must also be developed and completed prior to training students. The JQR will identify specific responsibilities, identify any training differences from the original CUIT, and will be used to ensure standardization for instructors, support staff and safety observers.

NOTE: A qualified lifeguard may be able to meet requirements for lifesaving around a pool or aquatic facility, but the environment used during capstone events is often different, which adds a higher level of risk.

(6) TTO and DOR Related Responsibilities

(a) Ensure all students are briefed on DOR policy and procedures in voluntary HR courses. The "Drop on Request Procedures" document is located in the "Resources/Instructions, NETC HRTS Instruction Addendums" subdirectory on ESAMS. A DOR briefing must be given prior to commencing the course (e.g., during course indoctrination, welcome aboard brief) and will be repeated in the event of a long break in the course (e.g., holiday periods).

(b) Students dropped from voluntary HRT, whether by request or involuntarily, must be monitored during the DOR interview process. Personnel assigned to conduct DOR interviews must be familiar with suicide risk factors and prevention resources available in reference (j) (Suicide Prevention Program). Sufficient attention and consideration must be given

to the student's stressors and the effects on the mental health of the individual as defined and outlined in reference (j). Students indicating verbal threats or mannerisms indicative of an aggressive or agitated state, as well as those individuals exhibiting any of the warning signs characterized in reference (j), must be referred to medical for a psychological screening.

1. Students referred to medical for psychological screening must be monitored.

2. Commands must take an active role in safeguarding individuals who fail to screen or are removed from training for psychological, academic, or physical problems, including aggressive behavior, self-imposed injury, and other undesired actions. If a student is considered at risk and is released from the hospital, actions must be taken to ensure sufficient monitoring of the individual per reference (j).

(c) Ensure students are thoroughly briefed on TTO policy and procedures prior to the start of a training event. For all-day or multi-day evolutions, a statement prior to training such as "TTO policy and procedures still in effect" will suffice. Evolution-specific TTO procedures must also be added where needed. These procedures must be standardized to conform with established fleet distress indicators where appropriate (e.g., standard small arms range procedures, diving distress signals). Instructors should emphasize to students that calling a TTO for themselves or others will not reflect negatively on them or their class performance.

(7) Medical Related Responsibilities

(a) An HM, EMT, emergency medical responder (EMR), or other qualified medical representative and an emergency oxygen bottle is required on scene during all swimming, diving, rigid inflatable boat (RIB), and firefighter training. Personnel administering emergency oxygen must have completed formal training such as EMR, tactical combat casualty care (TCCC) combat medic (CM) HM certification (or comparable), American Red Cross Administering Emergency Oxygen, any other course that has the emergency oxygen administration module added, or other comparable formal course approved by the LC.

NOTE: TCCC skill sets are role-based by responder levels. Tier 1 is all service members (ASM), tier 2 is combat lifesaver (CLS), tier 3 is CM or HM, and Tier 4 is combat paramedic provider. Oxygen administration is included in tiers 3 and tier 4.

(b) An HM, EMT, EMR, TCCC CLS, or other qualified medical representative is required to be on-site during any HRT event conducted either on or off a military reservation if the training is located more than 10 minutes away from emergency response services.

(c) LSs that do not have an HM, EMT, or EMR can use other medical support personnel (TCCC CLS, etc.) to provide medical response. The LS must ensure the medical personnel have received training, have current certification, maintain proficiency, and are able to perform the procedures listed below. If the LS does not have a qualified HM, EMT, EMR, or medical support personnel on-site, they must have a memorandum of agreement (MOA) with the local medical responders to provide the below on-site services:

- Assess patients.
- Take vital signs.
- Provide first aid treatment for trauma and medical emergencies.
- Perform CPR.
- Use an automated external defibrillator.
- Immobilize bone fractures and spinal injuries.
- Administer oxygen and maintain an open airway through suctioning and airway adjuncts.
- Package, move, and transport patients (as applicable).

NOTE: An MOA cannot be used to procure services from a commercial local medical clinic.

(d) All HRT events that have HM, EMT, EMR, or other qualified medical personnel on-site during HRT are exempt from the instructor basic first-aid training requirement.

(e) When an HM, EMT, EMR, or other medical support person is required, they must be present throughout the entire HRT evolution and may not simultaneously serve in any other role

during their assignment as medical support or emergency responder. Additionally, the HM, EMT, EMR, or medical support person must also be positioned in an area sufficiently close to the training area (within 2 minutes), but not within the danger zone.

(f) Medical personnel assigned must have a fully inventoried and appropriate medical response bag on-hand and ready for use during HRT evolutions. A list of "Recommended Emergency Medical Equipment" is located in the "Resources/Instructions, NETC HRTS Instruction Addendums" subdirectory on ESAMS. Other items may be needed dependent upon the training platform, training environment, and reasonable injury anticipation (e.g., burns, spinal injuries). For training areas outside of the 10-minute limit, ensure the medical response bag contains enough supplies to render the appropriate aid until transferring a patient to a higher level of medical care.

(8) EAP Related Responsibilities

(a) Develop an EAP for response to potential mishaps. All EAP data (e.g., dates of walk-through, exercises, and remarks) must be entered in ESAMS by the HRTSO.

(b) The EAP must cover initial emergency actions for instructors, students, and personnel directly supporting HRT to follow in the event of a mishap (medical emergency, inadvertent weapon firing or explosive mishap, TTE catastrophic failure, fire, earthquake). Every effort must be made to anticipate all reasonable scenarios, and plans developed to cope with associated hazards. The EAP should be a checklist of actions to be taken by personnel to mitigate the mishap and provide medical care to any victims. The EAP must include the following, at a minimum:

1. Primary and alternate communications.
2. Telephone numbers of emergency response activities and immediate COC, etc.
3. Applicable radio channels and call signs.
4. Locations of emergency response personnel.

5. Locations of emergency equipment.
6. Equipment emergency shutdown procedures.
7. Muster location(s).
8. Methods to maintain control of the scene and any non-affected personnel.
9. All immediate emergency procedures for each potential scenario.
10. Line drawing or aerial photo of the training area(s) or facility with all the locations identified for medical response personnel and equipment, emergency-stops, alarms, fire extinguishers, telephones, radios, muster locations, EMS entry points, etc.

(c) The EAP must include a monthly review, quarterly walk-through, and an annual exercise. A monthly EAP review sheet can be maintained in the EAP or the HRTSO binder.

(d) The EAP must be reviewed with all personnel prior to commencing a HR event. The review must consist of a safety brief that advises students, instructors, and support personnel (safety observers, safety swimmers, medical personnel, etc.) what to do in the event of a mishap.

(e) EAPs must be at the training site and readily available to the instructors for use in the event of an emergency.

(f) If multiple courses use the same trainer, such as a pool or firefighting trainer, one EAP may suffice for that device or location. However, there must be sufficient personnel available to implement the EAP.

(g) Any exercise of the EAP (for training only) must be preceded by thorough planning. An "Example EAP Drill Package" guide is located in the "Resources/Instructions, NETC HRTS Instruction Addendums" subdirectory on ESAMS. The exercise plan, which must be documented in writing, will include, at a minimum:

1. Overall briefing of drill.
2. Listing of participants and evaluators.
3. Sequence of events.
4. Plan review and approval signature lines.
5. Evaluator critiques.

NOTE: Base or civilian emergency medical services (EMS) or fire department participation during the annual EAP drill is highly encouraged but not mandated. Coordination between the LS, EMS, and fire departments is vital to ensure participation and availability when practicable.

(h) LSs which have medical personnel assigned should identify their senior medical department representative to perform the functions of a medical training team member for specific evaluation of the delivery of medical care during EAP drills.

(i) Ensure all reportable HRT related mishaps are investigated, entered into RMI, validated, and closed. If the circumstances of the mishap (e.g., prolonged medical treatment and follow-up care, delays in receiving official reports or documentation) prevent closure of the report within 30 days, request an extension from the convening authority in RMI. Ensure HAZRECs and MISRECs are properly adjudicated and closed in RMI.

(j) In the event of a Class A mishap, immediately suspend training and notify the LC, NETC SDO, and NETC N00X. Assist the supporting safety professional in conducting a 72-hour profile. Training may resume at the LC CO's discretion.

NOTE: NETC N00X will initiate a SIB per reference (d).

(9) Environment Related Responsibilities

(a) Ensure training that is conducted in an environment that subject students and staff to extreme temperatures includes controls to mitigate the hazard. Heat or

cold injury prevention programs, when properly implemented and adhered to, are highly effective and must be included as part of mitigation efforts. Reference (p) provides the basic requirements of heat or cold injury prevention. "Heat Stress Prevention Protocol Examples" and "Heat and Cold Stress Prevention General Guidelines" documents can be located in the "Resources/Instruction, NETC HRTS Instruction Addendums" on ESAMS. LSs located in colder temperatures should consider adding hypothermia training to the annual UTP training.

(b) Ensure students and staff arriving to a new geographical area or region during periods of extreme temperature, humidity, cold, etc., are provided the opportunity to acclimate to the environment prior to being subjected to conditions of heavy work or physical exertion.

1. An appropriate acclimation period may not always be possible for courses of short duration. In that event, acclimation difficulties should be closely monitored. This situation should also be captured within the risk assessment as part of the mitigation process.

2. Regular exercise of gradually increasing intensity and duration in the heat is the most effective acclimatization method. However, some degree of acclimatization occurs even when individuals engage in little activity. Significant acclimatization can be expected in 7-10 days; however, maximum heat tolerance should not be expected until 21 days of consecutive heat-work exposure.

(10) Other Responsibilities

(a) Per references (a) and (b), conduct a safety review of all HR courses annually and after major course revisions. The safety review will be conducted using the Annual Safety Review checklist located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS. The triennial HRTSE conducted by NETC can be used as an acceptable substitute for the activity annual safety review.

NOTE: Document any identified discrepancies on a memorandum to reflect them being identified and corrected from

that point forward. Maintain a copy of the memorandum in an appropriate location such as in an ITJ or HRTSO binder.

(b) Analyze student critique information to identify and act on potential safety problems. Corrective actions must be documented in writing.

(c) Analyze mishap data for all formal training courses. Ensure that courses with adverse trends are evaluated to determine if additional hazard mitigation is warranted.

(d) Ensure a preventative maintenance system (PMS) is established and includes spot-checks for all HRT equipment, devices, and PPE. Ensure all equipment utilized in the conduct of HRT is maintained per applicable Navy monitoring and preventative maintenance programs, to include manufacturer's maintenance and repair guidelines. Maintenance records will be retained pursuant to SSIC classification and records management guidance for that SSIC.

NOTE: If preventative maintenance is performed by contractors, then the HRTSO must communicate with the Contracting Officer's Representative to ensure it is being performed properly.

(e) Ensure the appropriate LC and NETC N00X are promptly notified of issues affecting the safety of staff (military and civilian) and contractors, students, or HRT platforms.

(f) To the extent feasible, ensure HRT is conducted during the triennial HRTSE.

(g) Ensure a formal agreement is made that captures safety responsibilities, including mishap reporting, between the NETC activity and any other training activity outside of the NETC domain when NETC students attend non-NETC HR courses as part of pipeline training. Provide a copy of the formal agreement to NETC N00X.

(h) Route any requests for COMNAVSAFECOM assist visits or safety audits via the appropriate LC and NETC N00X.

(i) Conduct a safety stand down when a Class A mishap occurs during training or when there are major safety concerns. The following are indicators that may provide a warning of potential future safety problems:

1. Increasing numbers of identified hazards or deficiencies.
2. Increasing numbers of personnel injuries.
3. Severe mishaps or near mishaps.

(j) Conduct safety reviews, internal inspections, and safety stand downs to effectively instill behaviors of self-awareness, self-assessment, self-correction, and continual learning to ensure the command is safe-to-operate and operating safely through proper risk identification, communication, and accountability at the appropriate level.

(k) All civilian safety specialists and managers (Occupational Series 0018) within the NETC domain who provide safety oversight of formal training must complete the applicable sections of the NETC N00X Domain Safety JQR. The JQR can be downloaded from the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS or contact NETC N00X to secure a current copy.

d. HRTSOs

(1) For each course that is assigned, observe HRT evolutions and assess compliance with approved training procedures, safety precautions, risk mitigation, emergency procedures, and the safety posture at a minimum of once every year. The CO or OIC may require more frequent observations, but the periodicity must be stated in the LOD. All results of the HRTSO observations must be documented in ESAMS as "Observation Notes" under the HRTSO tab. The following items must be recorded:

(a) Verify that all recommended curriculum changes have been incorporated.

(b) Verify that student-to-instructor ratios are accurate and reflected on the risk assessment as a mitigation factor.

(c) Annually review all HR and MR course risk assessments to ensure they are accurate.

NOTE: NETC HRT risk assessment format and guidance are located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS.

(d) Verify TTO (and DOR, as applicable) processes are in place and that students are thoroughly briefed on TTO (and DOR, as applicable) policies prior to commencement of training.

(e) Verify condition of the training platform, training devices, equipment, and PPE, ensuring safe to use.

(f) Verify compliance with approved training procedures, safety precautions, risk mitigation efforts, and EAP procedures.

(g) Highlight observed safety issues noted during training.

(h) Ascertain if SOPs are up to date and reflect any changes in processes.

(i) Observe instructor and student interaction to ensure proper instructor supervision of students throughout all course events.

(2) Conduct an annual internal inspection of all HRT TTE, devices, training areas, and platforms to ensure proper operation, maintenance, and compliance with applicable directives. Upon completion of the inspection, record in ESAMS IDATS module; inspection category: High-Risk Internal, Annual. Ensure hazards and deficiencies noted during inspections are tracked until properly abated and closed.

(3) Monitor assigned HR courses to ensure the responsibilities in this instruction are properly executed. The HRTSO may not be actively participating as an instructor while performing HRTSO duties.

(4) Ensure all training related mishaps are investigated and recorded in RMI. Ensure all mishaps are opened, reviewed, and closed within 30 days. If the circumstances of the mishap (e.g., prolonged medical treatment and follow-up care, delays in receiving official reports or documentation) prevent closure of the report within 30 days, request an extension from the convening authority in RMI. Ensure that student HRT related mishaps are entered under the student UIC. Also, assist mishap investigation teams in conducting investigations of Class A and B HRT-related mishaps, as requested.

(5) Ensure HAZRECs and MISRECs are properly adjudicated.

(6) Compile and maintain a HRTSO binder that includes copies of any applicable fleet messages or training related lessons learned, SOPs, completed HRTSO JQRs and LODs, certificates of related training, HR instructions, or any other relevant data that would facilitate a smooth transition upon transfer of duties. A monthly EAP review sheet can be maintained in the HRTSO binder or in the EAP.

(7) Ensure that the following is entered into the ESAMS HRTS module:

NOTE: A HRTS manual is located in the "HELP/ESAMS Manual" subdirectory. The manual provides step-by-step guidance for data entry requirements and procedures.

(a) HRTSO LOD. The LOD must list all HR courses by name and CIN that the HRTSO is responsible for, as well as the course observation periodicity (no less than once per year). It is recommended, but not required, to add the HRTSO responsibilities as noted in paragraph 7d(1) through 7d(15). The LOD must be uploaded into the HRTS module.

(b) The documentation of EAP quarterly walk-through and annual drill or exercise.

(c) The signed and dated risk assessment sheets for corresponding HR course(s).

(d) The required frequency of the HRTSO observation for each HR course.

(e) The documentation of HRTSO observations, including comments and any associated recommendations.

NOTE: There will always be higher risk associated with HRT, and it is imperative to ensure staff and students understand the associated hazards and controls. Additionally, the CO or OIC must be aware of the hazards and controls, but more importantly, they need to have a complete understanding of the residual risk they are assuming. Sometimes, there are no additional controls to mitigate a hazard and there is still a high level of risk. It is that the CO or OIC understands the risk before they approve it.

(8) Ensure the NETC established risk assessment format is employed when new courses are developed, when an existing course is modified, or during formal course reviews. An assignment of an initial RAC of 1, 2, or RAC 3 in severity level I or II requires the course be considered HR and reported to NETC N00X.

(a) A RAC 3 in severity level III or IV, although not HR by definition, must be reviewed by the LC safety manager prior to commencement of formal training.

(b) It is widely accepted that administrative training (classroom only) does not pose a reasonable element of risk to the staff or students; thus, a risk assessment may not be necessary. However, if the classroom environment introduces equipment or items that will be handled by students, then a risk assessment must be conducted for this portion of the training.

(c) Ensure each step of the operation has been thoroughly evaluated in the risk assessment. Utilize approved curricula job sheets or other curricula related documents while developing, revising, or reviewing HRT risk assessments.

Include student-to-instructor ratios contained in the CMS and any support staff and safety observers as a control for mitigating risks.

NOTE: NETC HRT risk assessment format and guidance are located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS.

(9) Ensure the required number of instructors and safety observers are present when training is conducted. A JQR for safety observers must be completed prior to serving in the position during training. At a minimum, the JQR should list specific responsibilities and require a thorough understanding of the EAP, to include documentation of an EAP walkthrough.

(10) Ensure an HM, EMT, EMR, or other qualified medical representative is on-site during any HRT conducted, either on or off a military reservation, if the training is located more than 10 minutes away from emergency response services.

(11) Ensure an HM, EMT, EMR, or other qualified medical representative, and emergency oxygen is available on scene during all swimming, diving, RIB, and firefighter training.

(12) Ensure all ITJs are maintained and contain qualifications and certifications as set forth by this instruction.

(13) Ensure the CO or OIC of the LS is promptly notified when issues arise affecting the safety of HRT.

(14) Review all HRTS student critiques for student identified safety issues and assist in developing a means for correction.

(15) Attend safety committee meetings. HRTS committee meetings are conducted by applicable LC safety manager. Document committee meetings in ESAMS using ESAMS class module and course ID 4956 - High-Risk Training Safety Committee.

e. HRT MTT. There are circumstances when HRT courses are requested to convene at locations other than permanent "approved to train" LSs that have an assigned course data processing (CDP) code. These HRT MTTs enhance NETC's ability to train the fleet.

NOTE: This section applies only to training determined to be HR by completion of a risk assessment. Non-HRT MTT policies fall under the purview of NETC N7. No HR waivers are available for HRT MTTs.

(1) NETC N00X

(a) Upon notification of a HRT MTT request from the LC, notify NETC's executive office.

(b) Notify the LC of NETC N00X ability to support the HRT MTT.

(c) Assign a safety professional (Occupational Series 0018) to participate in HRT MTTs. For recurring firefighting HRT MTTs at Rota, Sasebo, Iwakuni, and New River, NETC will only participate once per fiscal year, unless the situation dictates more frequent participation.

NOTE: Ensure assigned safety professional has completed the HRT MTT section of the "NETC N00X Domain Safety JQR."

(d) Provide the LC with documentation that the HRT MTT is safe to train after reviewing risk assessment, EAP, and completing the advanced site evaluation.

(e) For recurring HRT MTTs, provide the LC with safe to train documentation only after the successful completion of the firefighting MTT at locations identified in paragraph 7e(1)(c).

NOTE: This safe to train letter is not to be confused with a HRTSE. If there are any deficiencies or areas of concern during the HRT MTT that are unable to be addressed or mitigated, a plan of action and milestones (POA&M) will be established between NETC N00X and the LC and LS for tracking purposes.

(f) Upload HRT MTT documents (risk assessment, EAP, etc.) into ESAMS for use on future HRT MTTs.

(2) LC

(a) Ensure any activity requesting a HRT MTT submits a formal request to the LC with a copy to NETC N7 and NETC N00X. This request must be submitted at least 60 days prior to any anticipated overseas HRT MTT in order to comply with country clearance request requirements (continental United States requests should be submitted at least 45 days prior). The requesting activity must also include the following:

1. Location of training.
2. Type of training and CIN.
3. Type of platform and operational status.
4. Primary and alternate dates.
5. Number of students to be trained.
6. PPE on hand.
7. Line of accounting (LOA) in Defense Travel System (DTS) for the assigned safety professional and LS personnel. Establishing a cross-organizational LOA in DTS is also acceptable, but requesting activity must agree to liquidate HRT MTT travel vouchers per the Joint Travel Regulations.

(b) Within 3 days of receiving a request for a HRT MTT, LCs must notify NETC N00X and the supporting LS.

NOTE: An advance on-site visit by LS personnel and NETC appointed safety professional must occur prior to obligating HRT MTT assets.

(c) Ensure the LC written response to the request for an HRT MTT includes any specific travel requirements, safety responsibilities (including mishap reporting and investigation between the LS and the activity requesting training), and requirements for liquidation of travel vouchers. This is also the time to ensure the requesting activity makes arrangements for an HM, EMT, EMR, or other qualified medical representative to be on scene during HRT, if applicable. Provide copies of this agreement to NETC N00X and the LS.

(d) Retain documentation generated by the HRT MTT for a period of 3 years.

(e) If notified of a Class A training mishap during the HRT MTT, notify the NETC SDO and NETC N00X immediately.

(f) Ensure the HRT MTT includes a safety professional assigned by NETC N00X.

NOTE: Although Rota and Sasebo are considered a formal LS with a dedicated UIC and CDP, the instructors providing the HRT are not permanently assigned to the LSs. Instructors used for these firefighting MTTs are selected from different and multiple LSs and are required to conduct familiarization training prior to conducting live firefighting. Additionally, these fire trainers are not owned, maintained, or operated by the DON. NETC will participate once per fiscal year, unless the situation dictates more frequent participation.

NOTE: Although the fire trainers at Marine Corps Air Station (MCAS) Iwakuni and MCAS New River are not owned, maintained, or operated by NETC personnel and do not have a dedicated UIC and CDP, well established programs are in place and multiple firefighting MTTs are conducted annually. NETC will participate once per fiscal year, unless the situation dictates more frequent participation.

(g) Develop a CDP if HRT MTTs will be recurring at the site.

(3) Supporting LS

(a) Contact the requesting activity to determine if the HRT MTT site training platform is substantially the same type, series, and configuration as the platform on which the instructors are certified.

(b) Verify that the instructors scheduled to conduct the HRT MTT are certified to conduct training on the HRT MTT site platform. The platform at the HRT MTT site must be substantially the same in type, series, and or configuration as

the platform that the instructor received their training and qualifications at their primary activity or site. If the trainer or platform is substantially different, the LC or LS must add a formal addendum to the instructor CUIT to document all areas of training that are different from the original CUIT and conduct formal onsite training and familiarization for all personnel at the HRT MTT site prior to convening the training.

(c) Conduct an on-site visit with assigned safety professional (or LS HRTSO for recurring HRT MTTs where NETC will not attend) and provide the results to the LC. The on-site visit will include:

1. Validating the operational status of the training area or training device.

2. Drafting or updating the EAP and risk assessment. Development of the risk assessment is the sole responsibility of the LS; however, the LS should work with the requesting activity host installation to develop an acceptable EAP. Ultimately, it is the responsibility of the LS to have an EAP to execute in the event of an emergency.

3. Validating all prior material for accuracy, if applicable.

4. Verifying the training platform is available during the requested dates.

5. Verifying availability of classroom and computers and projectors.

6. Verifying that PPE for staff and students is available, serviceable, and is the correct type for the training being conducted.

7. Providing NETC 1500/5 (High-Risk Student Medical Screening) questionnaires and a briefing on the requirement for completing them prior to the start of training.

(d) Ensure HRT MTT instructors are familiar with the risk assessment, EAP, site operating areas, and environmental concerns.

(e) Ensure all paperwork associated with the HRT MTT site is provided to the appropriate LC for retention.

(f) Ensure all HRT MTT requests that are submitted directly to the LS are immediately forwarded to the appropriate LC for scheduling and coordination.

(g) Ensure the NETC assigned safety professional is on scene prior to conducting the HRT MTT (or LS HRTSO for recurring MTTs where NETC will not attend).

(h) Validate the availability of the HRT MTT and submit recommendations to the LC.

(i) Assist with the coordination of travel.

(j) If a Class A training mishap occurs, the HRT MTT will immediately suspend training and notify the leadership of the activity being trained, the LC, and NETC N00X.

(4) NETC N00X assigned safety professional(s) or LS HRTSO

NOTE: A safety professional will be appointed to support all HRT MTTs, except as noted in paragraph 7e(2)(f) note.

(a) If a previous HRT MTT has been conducted, request the appropriate LC provide all prior HRT MTT material.

(b) Conduct an on-site visit with assigned HRT MTT to determine feasibility to provide training. In addition to assisting the HRT MTT with the requirements listed in paragraph 7f(3)(c), the safety professional must:

1. Coordinate correction of any training area or device deficiencies identified with the appropriate owner prior to the start of training.

2. Make arrangements with host installation or closest medical facility for medical support.

3. Assist the HRT MTT to validate all prior HRT MTT material for accuracy.

4. Ensure that the HRT MTT assessment check sheet, located in the "Resources/Forms, Checklists, and Documents" subdirectory on ESAMS, is complete prior to dispatch of the HRT MTT.

(c) Be on scene while the HRT MTT is conducted.

(d) If a Class A training mishap occurs, immediately notify NETC N00X or NETC SDO if after normal work hours.

(e) Provide all safety related modified documents and any newly generated documents pertaining to the HRT MTT site to the HRT MTT LCs.

(f) Complete all but the mishap investigation section of the NETC N00X Domain Safety JQR and have experience with the type of HRT being conducted (small arms training, firefighting, etc.).

(g) When equipment and PPE is permanently stored and maintained at a LS where recurring HRT MTTs are conducted, but the instructors providing the HRT are not permanently assigned to the LSs, additional items will be reviewed by the safety professional:

1. Ensure a PMS program is established for equipment and PPE that is owned and used by the LS.

2. Ensure a walkthrough of the trainer is conducted with all instructors prior to live training.

3. Ensure instructors conduct an EAP walkthrough prior to live training.

4. Ensure all instructors complete the site specific CUIT.

5. Ensure all training scenario dry runs are conducted with instructors prior to live training.

NOTE: If there are any deficiencies or areas of concern during the HRT MTT that are unable to be properly mitigated, a POA&M will be established between NETC N00X and the LC or LS for tracking purposes.

8. MRT Roles and Responsibilities. MRT does not meet the threshold of HRT, but still contains significant risk that requires stringent controls to ensure safe implementation. Reference (a) allows NETC to change the HR classification of a formal course, with OPNAV N09F concurrence, based on an assessment of risks following an evaluation of hazards and a review of historical data. For ease of tracking, these courses are classified as MR.

a. NETC Responsibilities

(1) Designate courses as MR as outlined in this instruction with concurrence of OPNAV N09F.

(2) Maintain a list of all MR courses by title and CIN, and provide annually to COMNAVSAFECOM. Update this list when new courses are developed or discontinued.

(3) Schedule and lead, as applicable, on-site Moderate-Risk Course Evaluation (MRCE) of all MR courses at least once every 36 months.

(4) Develop and promulgate an annual evaluation schedule by 1 September.

(5) MRCEs will be limited to:

(a) Observations of laboratory portions of the course.

(b) Review of risk assessment controls established to reduce probability of a mishap.

(c) Review of EAP.

(d) Inspection of equipment used during training.

(e) First aid and CPR/AED qualifications or other requirements established by applicable LC.

b. LC Responsibilities

(1) Validate and update the SCI code within CeTARS whenever MR courses are developed, modified, or when elements of risk are introduced into courses not previously considered MR.

(2) Provide a recommendation to NETC N00X if an existing course, or one being developed, should be classified as MR. The following items will need to be provided with the recommendation:

(a) TCCD with an accurate CMS reflecting student-to-instructor ratios, particularly during laboratory events.

(b) Updated and signed risk assessment.

(c) Lesson plans for each course which have a RAC that meets the HR threshold.

(d) Mishap data specific to the course of instruction.

(e) Photos of the process and hazards identified in the risk assessment which meet the HR threshold.

NOTE: NETC N00X will review all documents and photos and speak with the LC safety managers and SMEs to decide if an on-site observation of the course of instruction will be required to make a decision.

(3) The LC CO or director (if designated by CO) must approve (sign and date) all risk assessments for newly developed or modified HR courses that require the risk assessment to be revised. The new or revised risk assessment must be forwarded to NETC N00X for review to validate if the course should be designated as MR or if the course should be considered HR.

(4) Notify NETC N00X of any changes to MR courses that may impact the MR designation.

(5) Ensure subordinate LSs are aware of their responsibilities for MR courses.

c. LS Responsibilities

(1) Develop an EAP for response to potential mishaps.

(a) Review the EAP monthly and conduct a quarterly walkthrough and an annual drill.

(b) Enter all EAP quarterly walk-through and annual drill data and lessons learned into ESAMS.

(2) Conduct an annual review of the risk assessment and upload into ESAMS.

(3) Ensure all new instructors receive any additional training mandated by the LC prior to teaching a MR course.

(4) Conduct and document an annual inspection of equipment and training platforms used to conduct MR courses.

(5) Designate a MR point of contact (POC) if designee is someone other than the HRT POC or HRTSO. The MR POC will be responsible for all designated MR CINS.

9. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager.

10. Review and Effective Date. Per OPNAVINST 5215.17A, NETC will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 (Review of Instruction). This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued

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by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

11. Forms

a. The following form is available for download from the NETC public web site (www.netc.navy.mil): NETC 1500/5 (High-Risk Student Medical Screening)

b. The following forms are available for download from Naval Forms Online (<https://forms.documentservices.dla.mil/order>):

(1) OPNAV 1500/53 (High-Risk Instructor Medical Questionnaire)

(2) NAVPERS 1070/613 (Administrative Remarks)



J. J. CZUREWKO

Releasability and distribution:

This instruction is cleared for public release and is available electronically on the NETC public web site (www.netc.navy.mil) or by e-mail at netc-directives@us.navy.mil.