



## DEPARTMENT OF THE NAVY

NAVAL SERVICE TRAINING COMMAND  
2601A PAUL JONES STREET  
GREAT LAKES, ILLINOIS 60088-2845

NSTCINST 1500.13  
N00X  
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### NSTC INSTRUCTION 1500.13

Subj: NAVAL SERVICE TRAINING COMMAND HIGH RISK TRAINING SAFETY PROGRAM

Ref: (a) OPNAVINST 3500.39C  
(b) OPNAVINST 1500.75C  
(c) NETCINST 1500.13A  
(d) OPNAVINST 6110.1J  
(e) NETCINST P1552/16  
(f) OPNAVINST 3591.1F  
(g) OPNAVINST 5100.29

1. Purpose. Establish instruction and policy for implementing and administering the Naval Service Training Command (NSTC) High Risk Training (HRT) Safety Program in accordance with references (a) through (f). Additional guidance is provided for training that is physical in nature but is not considered HRT.

2. Cancellation. COMNAVSEVTRACOMINST 5100.1.

3. Background. Aggressive training programs designed to prepare military personnel to perform professionally in normal, as well as potentially hazardous, evolutions entail elements of risk. A fatal or serious mishap can occur in any environment; however, some evolutions are more likely to result in serious mishaps than others and require procedures designed to reduce risk. NSTC must ensure training is conducted as safely as possible while meeting required course objectives. Safety initiatives shall be maintained at levels to facilitate safe but realistic training that fulfills Fleet operational requirements within practical limits. These initiatives are not intended to eliminate risk where it is necessary to meet valid training objectives but rather to promote the safest training that produces confident, capable Fleet personnel.

4. Scope and Applicability. This instruction applies to all NSTC activities and all NSTC civilian and military personnel involved in providing training that is physical in nature. However, only Officer Training Command Newport (OTCN) and Recruit Training Command (RTC) have courses that are deemed HRT. No Naval Reserve Officers Training Corps (NROTC) training evolutions are considered HRT, including small arms training,

third-class swimming qualifications, physical training (PT), and sail training, due to the infrequency and/or scope of such training. Additionally, as recruits do not enter spaces to fight fires or don fully charged self-contained, breathing apparatuses, the RTC firefighting trainer and Battle Stations-21 course, for the purposes of this instruction, are not considered HRT. All HRT shall be conducted in accordance with references (a) through (f). HRT courses in the NSTC domain include:

a. OTCN

(1) PT

(a) Limited Duty Officer/Chief Warrant Officer Indoctrination;

(b) Direct Commission Officer Indoctrination;

(c) Officer Candidate School;

(d) Naval Science Institute; and

(e) Officer Development School

(2) Small Arms Training;

(3) High Ropes Confidence Course;

(4) General Shipboard Firefighting Training;

(5) Advanced Shipboard Firefighting Lab;

(6) Senior Shipboard Firefighting Refresher Course;

(7) Basic Shipboard Damage Control Wet Trainer;

(8) Swim Skills Maintenance and Improvement Course; and

(9) Capstone Event

b. RTC

(1) Recruit PT in Freedom Hall;

(2) Live Fire Training;

(3) Dive Motivator Training;

10 Mar 15

(4) Recruit Third Class Swim Qualification; and

(5) Confidence Trainer (Gas Mask).

5. Additional Requirements. Regardless of whether a course has been determined "high risk," the following additional guidelines will be implemented and adhered to for all courses taught throughout the NSTC domain that are physical in nature, including NROTC PT:

a. All units will conduct a comprehensive review of all training that is physical in nature to review risk mitigation, Training Time Out (TTO) procedures, Emergency Action Plan (EAP) development/drills, and staff oversight. At a minimum, EAPs will be walked through on a quarterly basis at RTC and OTCN, reviewed on an applicable term basis at NROTC units, and exercised fully on an annual basis at all units. When feasible, local Naval Station or University Emergency Response Personnel should be involved.

b. All NSTC instructors must be Cardiopulmonary Resuscitation (CPR) and Automatic External Defibrillator (AED) qualified.

c. AED/CPR training and drills will be done at least once per quarter at RTC and OTCN and at least once per term at NROTC units. Training and drills should require rapid recognition and diagnosis of cardiac emergencies and demonstrate proficiency at CPR and AED use. When appropriate, lessons learned from drills will be shared throughout the command and forwarded to the NSTC Safety Officer for NSTC domain-wide awareness.

d. Students will be given a brief on TTO procedures prior to any training that is physical in nature. Staff will be trained to recognize the symptoms of distress in others. Within the first 14 days of reporting onboard, students will receive training to recognize the early signs of distress in themselves for cardiac arrest, dehydration, heat exhaustion, and hypertension.

e. An AED/CPR-trained Safety Observer, who is not simultaneously serving as the event instructor/leader, must be present throughout the entire evolution with an AED that is ready for use. The Safety Observer must be positioned in an area sufficiently close to, but not within, the danger zone. For events that are executed inside a facility specifically designed for HRT evolutions, AEDs permanently located within the facility will meet the AED ready-for-use requirement. At

mobile, outdoor events, the AED must be carried in a chase vehicle or carried in pack. A Safety Observer must also carry an operable two-way communications device. The communications device shall be checked for proper operation, and, if emergency services other than 911 are used, the emergency services will be kept on speed dial and a communications check will be conducted prior to beginning the day/event. The Commanding Officer or Officer in Charge shall determine if the event is large enough to require more than one Safety Observer, unless otherwise directed below or by higher authority.

f. All units will ensure that AEDs are easily accessible, storage locations are clearly marked, and routine maintenance and updates are conducted. When there are multiple, similar buildings that comprise the command, AED stowage areas will be standardized. All commanding officers and officers in charge must determine if their unit has a sufficient quantity of AEDs. If more AEDs are desired, NSTC will assist with procurement in accordance with reference (g).

g. Instructors will ensure all students are briefed on TTO policies and procedures. For multi-day or all-day evolutions, TTO procedures shall be re-briefed prior to the start of training following major breaks, such as meal times. These procedures shall be standardized to conform with established Fleet distress indicators where appropriate, e.g., taking a knee, standard small arm range procedures, diving distress signals, etc. Emphasis shall be placed on specific verbal and nonverbal signals to be used by students and instructors.

h. In any situation when students or instructors express concern for personal safety or a need to clarify procedures or requirements, they shall call a TTO. TTO is also an appropriate means to obtain relief for students who are experiencing chest pain, heat stress, or other serious physical discomfort. When a TTO is called, training will immediately cease until the situation or condition is returned to a safe state. Then, and only then, will training resume. Calling a TTO is a safety procedure that allows students and instructors to stop a training evolution and should only be utilized when an actual emergency or safety issue is made a concern. Leg pain, stomach/side cramps, congestion, or tiredness do not generally constitute a TTO. Following a TTO, the situation shall be thoroughly examined. Additional explanation and instruction shall be provided as needed to allow safe resumption of training.

i. It is the responsibility of the command or unit to properly understand the level of gravity in any given situation in order to efficiently manage EAP resources and minimize training cessation periods due to issues not deemed emergent, grave, or where immediate medical attention is not warranted.

j. If a student is injured or experiences minor discomfort in a manner that DOES NOT require an emergent action such as a Health Care Provider, AED, CPR, or Base EMS, the student will locate the closest staff member for assessment and follow-on directions.

k. Instructors are responsible for maintaining situational awareness and shall remain alert to signs of student panic, fear, extreme exhaustion, or lack of confidence that may impair safe completion of the training exercise. Instructors shall cease training immediately when they consider such action appropriate.

l. If a student refuses to participate in training after being instructed, after an unsafe condition has been corrected, or uses TTOs excessively to disrupt training, that student shall be removed from training and referred for further counseling or administrative processing.

m. Per reference (d), in addition to the Command Fitness Leader or Assistant Command Fitness Leader, the CPR-certified monitor to participant ratio shall not be less than 1:25 while conducting a semi-annual or NROTC inventory Physical Readiness Test.

n. Per reference (e), a qualified lifeguard is required in addition to the primary staff member acting as the safety observer for aquatic training evolutions. During swim test administration and whenever non-third class qualified swimmers will be in water deep enough to prevent standing on the bottom with their mouth above the surface of the water, the safety observer/lifeguard to student ratio shall not be less than 1:5.

o. Per reference (f), an additional safety observer/line coach is required when more than four students are participating in small arms training. The safety observer/line coach to student ratio shall not be less than 1:4. Due to partitions between recruits at the USS WISCONSIN that obstruct safety observer line of sight, the safety observer/line coach to student ratio at RTC shall not be less than 1:2.

10 Mar 15

6. RTC and OTCN. RTC and OTCN shall establish AED/CPR Training Teams. These teams will train, evaluate, and drill staff on AED/CPR protocols utilizing American Heart Association standards. AED/CPR training and drills will be done at least quarterly and fully documented in the Enterprise Safety Applications Management System (ESAMS).

7. RTC. For RTC only, during the baseline Physical Readiness Test (PRT), Recruit Division Command Assessment, and final PRT, two hospital corpsmen (HMs) are required on deck and will be identified during the introduction brief. During these three evolutions, if a TTO is called by a recruit, the PRT will continue for all other recruits. One of the HMs will make an assessment of the recruit in distress and, if emergency services are deemed appropriate, will call a medical emergency and cease the PRT. If the HM determines that there is no need for emergency services, the HM will tend to the recruit while the PRT continues. If a second TTO is called by a second recruit in distress, a medical emergency will be immediately called by all officials, and the PRT will stop for all recruits while the second HM makes an assessment.

8. NROTC. For NROTC units only, the commanding officer or officer in charge may assign midshipmen (MIDN) and officer candidates (OCs) as safety observers or first responders for training that is physical in nature. MIDN and OCs assigned as safety observers must be qualified to do so, including current AED/CPR training, and must be designated in writing by the commanding officer. The commanding officer may develop and require a MIDN Personnel Qualification Standard tailored to the intended evolution. At least one staff member must also be the primary safety observer; at no time shall MIDN or OCs act as the only safety observer. MIDN and OCs will only serve as an assistant safety observer to the staff member assigned as the primary safety observer.



R. A. BROWN

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List 3 & 4