



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6000.03
May 6, 2021

DAD-E&T

SUBJECT: Life Support Training Certification Requirements and Guidance

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (e), establishes the Defense Health Agency's (DHA) procedures for Military Health System (MHS) life support certification requirements.
2. APPLICABILITY. This DHA-PI applies to:
 - a. DHA and DHA Components (activities under the authority, direction, and control of DHA).
 - b. The Military Departments.
 - c. All organizational entities within the DoD that align with or are satellites of Military Medical Treatment Facilities (MTFs) for the purposes of conducting or administering life support training.
 - d. All medical and non-medical personnel within the MHS requiring life support training.
3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to Reference (d), the DHA establish Education and Training (E&T) life support certification requirements and guidance to MTFs under the authority, direction, and control of the Director, DHA.
4. CANCELLED DOCUMENTS. This DHA-PI cancels DHA OPORD 19-02 "Transition from American Heart Association to American Red Cross for Life Support Courses," of December 28, 2018.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), E&T. When Activities are unable to comply with this publication, the activity may request a waiver by providing justification that includes a full analysis of the expected benefits and must include a formal review by the activities senior legal officer. The activity director or senior leader will endorse the waiver request and forward them through their chain of command to the Director, DHA to determine if the waiver may be granted.

8. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

9. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

10. FORMS. DHA Form 194, Course and Instructor Evaluation can be found at https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA%20194.pdf.

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
3. Procedures
4. Exception to Policy Template

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Public Law 114-328, Section 702(e)(1), subsection (a) of Section 1073c, “National Defense Authorization Act (NDAA) for the Fiscal Year 2017”
- (e) Under Secretary of Defense for Personnel and Readiness Memorandum, “Construct for Implementation of 702,” May 22, 2018¹

¹ This reference can be found at: <https://health.mil/Reference-Center/Congressional-Testimonies/2018/06/28/Appendix-2-Construct-for-Implementation-of-Section-702>.

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness and the Assistant Secretary of Defense for Health Affairs, Director, DHA will:

a. Exercise life support program management responsibility for shared services, functions, and activities in the MHS.

b. Develop appropriate management models to facilitate life support training program implementation through dedicated and standardized program evaluation and reporting in alignment with this DHA-PI and the recommendation of DAD-E&T.

2. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments will oversee Service compliance with this DHA-PI.

3. DAD-E&T. DAD-E&T must:

a. Direct and oversee establishment and execution of comprehensive and standardized life support training programs within the MHS in accordance with this DHA-PI.

b. Monitor implementation and tracking of life support training programs and associated reporting as outlined within this DHA-PI.

c. Direct coordination between Military Training Network (MTN) and MTFs to execute life support training programs as outlined by this DHA-PI.

d. Recommend evidence-based measures to evaluate life support training programs and initiatives. Analyze trends of those measures in order to make recommendations for improving training program efficiencies and effectiveness.

4. MTF OPERATIONS DIVISION CHIEF, DHA E&T. MTF Operations Division Chief, DHA E&T will:

a. Serve as liaison with the American Red Cross (RC), MTN, MTFs, and Services for all life support training issues, activities, and communications with regard to life support training requirements.

b. Ensure DHA E&T website displays key updates, schedule of activities, and relevant documentation.

c. Approve/Disapprove Exception to Policy (ETP) letters from MTFs for training requiring use of Defense Health Program (DHP) funds for payment of life support training outside of the MTF.

d. Approve Key Performance Indicators (KPI) to track training effectiveness.

e. Ensure Credentialing and Privileging departments are aware of the process to review life support currency in the RC electronic records system by providing electronic access via DHA E&T website.

5. OFFICER IN CHARGE (OIC), MTN. OIC, MTN must:

a. Direct MTN operations and oversee life support training execution at affiliated training sites.

b. Develop KPIs to track life support training efficiencies and effectiveness.

c. Ensure KPIs are tracked by MTF Program Directors (PDs) and reported quarterly/annually (or as specified by higher headquarters).

d. Approve PDs for Advanced Life Support (ALS), Basic Life Support (BLS), and Pediatric Advanced Life Support (PALS) as appointed by Market E&T Leads and/or MTF Directors.

e. Ensure life support training across MHS is performed in accordance with RC policies and this DHA-PI.

f. Appoint Program Supervisor (PS) for each program to manage assigned training programs. PS will coordinate policies, address course issues/concerns, and track feedback of course critiques.

g. Monitor and provide guidance on both internal and external evaluation programs for life support training.

h. Monitor MTN instructor evaluation program as executed by qualified and approved Instructor Trainers (ITs) and ensure all life support instructors are RC approved and evaluated as required.

k. Establish and maintain an evaluation program. Ensure all sites perform regular internal program evaluations. Validate internal evaluations with periodic and random site evaluations. Ensure results of all program/site evaluations are documented. Provide DHA E&T and RC with site evaluation findings.

l. Identify difficulties, gaps, or deficiencies in training provided. Make recommendations for corrective action and monitor results. Provide follow-up for corrective action taken.

m. Provide life support training reports to DHA E&T quarterly by April 30, July 31, October 31, and January 31, for performance indicators. Reports will consist of (at minimum):

- (1) Number of life support courses taught following approved curricula
- (2) Fill rates of courses (seats filled/seats available)
- (3) Number of students attending initial and refresher training courses
- (4) Number of students that challenged/tested out of each program
- (5) Number of failures
- (6) Number of remediations by course
- (7) Number of current and new instructors

n. Chair the Life Support Strategic Advisory Council (LSSAC).

6. MARKET E&T LEAD. Market E&T Lead must:

a. Provide support to life support programs at MTFs and ensure each facility under their cognizance has an adequate number of life support instructors to cover training requirements. In cases where a MTF has a shortage in instructors, Market E&T Lead will coordinate with other MTFs to cover shortfall, without applying for ETP or sending medical personnel to outside agencies for training, whenever possible.

b. Consolidate life support training and resources across Market. Non-MTFs may associate directly with a Market as a satellite as long as the unit is within the Market's area of responsibility. Non-MTFs desiring to associate with a Market must meet full MTN site requirements. Non-MTFs aligning with DHA Markets for life support training will share training assets and personnel in supporting Market life support training programs.

c. Endorse ETP requests submitted from their MTFs en route to DHA.

d. Analyze life support training feedback, metrics, course utilization/fill rates, instructor cadre population at MTFs, KPIs, and report assessment to MTN.

7. MTF DIRECTORS. MTF Directors must:

a. Provide oversight and execution of MTF Life Support programs in accordance with this DHA-PI.

b. Develop local policies to ensure high-quality and cost-effective training. Exercise accountability by optimizing life support resources to meet necessary training demands and staff time efficiency. Ensure those individuals trained in American Heart Association (AHA) are familiar with the RC algorithms and must demonstrate skills competency.

c. Appoint discipline-appropriate PDs for BLS, ALS, and PALS in E&T (or similar) department to oversee program management.

d. Ensure MTF maintains MTN affiliation and all Training Affiliation Agreements (TAAs)/Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) reflect RC as DHA's provider of life support courses and certifications.

e. Validate all TAA/MOU with civilian institutions for life support requirements on an annual basis if exclusive to AHA requirement.

f. Obtain a formal Non-Acceptance letter from the civilian partner facility leadership (signed by the President, Chief Executive Officer, Chief Medical Officer, or Chief Nursing Officer) if the facility opts not to accept RC life support certification. Once a non-acceptance letter is received, send letter along with civilian organization point of contact (name, phone, e-mail) to DHA MTF Operations Division via dha.ncr.j7.mbx.operations@mail.mil. DHA E&T will follow up and contact facility to discuss rejection. Upon DHA E&T direction, submit an ETP request for the impacted providers. An ETP template is provided in Enclosure 4 of this DHA-PI. The MTF is required to submit an ETP at least 30 days prior to attendance to an outside agency course to ensure adequate time for processing. ETP will be valid for 24 months for the provider(s) requiring waiver.

g. Support non-MTF units that cannot meet full MTN site requirements to associate directly with the Market. MTFs will, to the fullest extent possible, support and assist whenever able in providing training opportunities and reporting training completions. An MOU/MOA is recommended.

8. MTF PDs. MTF PDs must:

a. Implement and manage MTF Life Support programs, to include the Instructor Bridge Program, in accordance with DHA, RC, and MTN policies and guidance.

b. Use downloadable training materials instead of book purchase whenever possible. PDs may purchase Digital Versatile Disc and/or other supplies from RC and use items to conduct

training. PDs are required to have Emergency Code Cards available for student use when teaching ALS and PALS. Purchasing of training aids and supplies are at the discretion of MTF Director.

c. Prioritize training delivery of life support training to optimize use of blended learning, challenge, and review courses. Providers who regularly employ life support techniques should be encouraged to use challenge or review course options. For personnel who have previously been trained in life support, blended learning should be utilized for recertification. For personnel who have not had previous life support training, who demonstrate knowledge or psychomotor deficiencies, or who self-declare the wish to be taught by an instructor, Instructor Led Training is an appropriate option.

d. Maintain records, prepare, and submit reports to MTN on a quarterly basis (March, June, September, and December). Report will consist of data as listed in Enclosure 2, paragraph 5(m).

e. Maintain all audit trail items required at the course level in accordance with RC and MTN policy.

f. Ensure instructors are teaching latest curricula material as directed by MTN.

g. Maintain a master copy of all curriculum materials via RC Presentation Manager or other appropriate method.

h. Ensure instructor records are maintained in accordance with MTN policy. The MTN, "Life Support Training and Certification Guidebook," provides users additional information.

i. Ensure training is documented in accordance with MTN policy.

j. Monitor student critique program. Analyze feedback from student critiques from DHA Form 194, Course and Instructor Evaluation to determine need for curriculum changes/revisions/updates. Report trends and items of concerns to Market E&T Lead. For items that are mission critical, direct reporting to MTN OIC is authorized.

k. Monitor remediation program to ensure effectiveness. This includes utilization rate, training materials used for remediation, and impact of remediation on attrition and recycle rates.

l. Ensure student course completion data is accurately recorded and entered into RC database within prescribed time period.

m. Monitor and oversee courses to ensure training is following curriculum standards.

n. Provide feedback data to MTN for maintenance of master records used to track status of RC curriculum.

o. Ensure instructors are evaluated as required by RC and on an unscheduled basis (such as during an MTN site visit or as requested by higher authority) to ensure instructor competency. Instructor evaluators may be subject matter expert (SME) personnel, instructors, ITs, recognized expert instructors, or course supervisors, all of whom have received appropriate training in instructor evaluation processes in alignment with RC standards.

p. Develop a file system for record management in accordance with MTN policy.

q. Maintain adequate training resources (i.e., equipment, supplies, downloadable educational materials) for student course preparation.

r. Immediately report any program issues or training concerns to MTN PS for resolution.

9. LSSAC. LSSAC is a conduit for Services to bring life support training issues to the DHA via direct communication with MTN.

a. Surgeon General (SG) for each branch of Service appoints LSSAC representatives for BLS, ALS, and PALS programs. LSSAC council members are science-based SMEs and speak on behalf of the Service(s) with regard to life support issues/concerns.

b. LSSAC appointments are ratified by DAD-E&T and last for 2 years, with one automatic reappointment. Terms are limited to no more than 6 years in any one billet, or at discretion of DAD-E&T and Service SG.

c. Services will verify appointments annually by October 1. An individual may concurrently serve as council member for more than one program. Service representatives may be replaced at any time by Services SG or DHA (DAD-E&T). DHA concerns related to Service representation will be addressed between DAD-E&T and Service SG (or appointed representative).

d. Council members must be appointed as ITs. LSSAC council members may be aligned as an instructor with any MTN or RC Training Site.

e. LSSAC members are expected to have Service issues in their area of responsibility routed from originator via LSSAC to MTN OIC and PS. It is anticipated that LSSAC will be able to address most concerns raised by their Service community and will act as a clearing house of information to support their life support program areas.

f. One LSSAC member will be appointed by DAD-E&T to be Medical Director for Life Support Training. This individual will be a physician who will provide guidance and leadership on use of medicine as it applies to life support training. The Medical Director shares in administrative functions that directly impact life support training and collaborates with MTN team in overall planning, assures delivery of quality life support training, and will act as a representative of the DHA with regards to relevant scientific inquiry and medical issue(s) adjudication associated with courseware.

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g. LSSAC will provide feedback to DHA via MTN OIC on an annual basis (or more frequently if needed/requested, especially for significant mission critical/essential problems) regarding life support curriculum and training processes. This may also be briefed at Integrated Delivery Board and Enterprise Solutions Board to ensure Service concerns are addressed. As representatives of the Service SGs, LSSAC members can be asked to coordinate efforts on courses of action planned by DHA to address life support training issues.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. Establishment of this DHA-PI supports execution of a standardized life support program and institutionalizes a systematic approach for safe and effective management of life support emergencies. DHA E&T will:

a. Coordinate and provide oversight to MTN for all life support training programs provided to MTFs.

b. Provide policy guidance to all MTF life support training programs for standardization and program management under administrative oversight of MTN.

2. TIMELINE. Implementation of this DHA-PI is immediate upon signature for all MTFs.

3. GOVERNANCE. DAD-E&T will coordinate program requirements through appropriate clinical and functional community governance boards.

a. Life Support Training. DHA facilities recognize AHA and RC Life Support completion cards as being comparable and equivalent. MTN affiliated organizations are only authorized to train DoD and DHA personnel by RC. All instructors are expected to maintain RC provider level qualification for course that they are instructing with exception of BLS being accepted in lieu of Cardiopulmonary Resuscitation (CPR)/Automated External Defibrillator (AED). All Active Duty (AD) MTFs are to maintain affiliation with the MTN for life support. Reserve and National Guard units may affiliate with MTN and use RC curricula without cost or attend training within a MTF area of responsibility for no cost on a space-available basis. Contract staff requirements will be fulfilled by the contracting source. Volunteers may receive RC training at MTFs with prior MTN approval.

b. BLS

(1) All MTFs will teach RC BLS and CPR/AED courses following only RC authorized curriculum.

(2) Service(s) are responsible for training their personnel to ensure operational readiness. Line units providing medical support such as fitness monitors, fire/first responders, special operations, and other line personnel may receive RC life support training through MTFs as space permits, or they can transition to MTFs as a satellite training facility. Non-MTFs may associate directly with a Market but will have to meet MTN requirements. For those units that cannot meet full site requirements, they can become a satellite of an existing MTF site for purposes of accounting and reporting training completions.

(3) If Line/operational units choose to train with organizations outside MTN life support strategic partner(s), Service funds for a contract will be required and it will be incumbent upon Service(s) to negotiate their own contract. DHP funds are not authorized for use in meeting Service requirements.

(4) Continuing Education Units for BLS may be applied for via DHA E&T Continuing Education Program Office.

(5) All personnel involved in direct patient care must maintain currency in BLS. AD personnel are expected to complete RC training at MTFs. However, medical personnel may obtain AHA training at their own expense if desired. Contractors will be either RC or AHA as specified by contract. Any special case must be communicated to MTN via MTF PD and Market E&T Lead for coordination and documentation of ETP. AHA or RC training will be accepted for Reserve and National Guard personnel.

(6) Requirements for medical support personnel (including civilians and contractors) who are not involved in patient care, but are working in patient care areas, must maintain currency in CPR/AED course as a minimum.

(7) MTF Director will determine life support requirements for non-medical personnel (including civilians and contractors) who are not involved in direct patient care and who do not work in patient care areas. It is recommended all personnel are CPR/AED certified.

(8) All BLS instructors will maintain RC BLS qualification. CPR/AED may be taught by an instructor that holds RC BLS completion card.

(9) MTFs with RC volunteers requiring successful BLS or CPR/AED completion to fulfill role of their volunteerism may receive training at the MTF on a space-available basis.

c. ALS and PALS

(1) All MTFs will teach RC ALS and PALS courses following only MTN authorized curriculum.

(2) Medical providers (AD, Reserve, National Guard, civilian, contractor) within the MHS will maintain currency in ALS and PALS (as outlined in the Table: Specialty Role). Other healthcare personnel may attend ALS and PALS training within an MTF on a space available basis.

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(3) All ALS and/or PALS instructors will also maintain RC provider level qualification. All instructors will have a biennial review conducted by a MTN approved IT and be found competent and current to maintain teaching credentials. Gaps of more than 24 months in teaching will require instructor to complete full instructor qualification process before resuming teaching duties.

(4) MTF ALS and/or PALS programs will serve as a training resource supporting operational units and operational readiness requirements as needed using MTN curricula and on a not-to-interfere basis. If Line/operational units choose to train with organizations outside MTN, Service funds for a contract will be required and it will be Service(s) responsibility to negotiate. DHP funds are not authorized for use in meeting Service requirements.

d. MTFs

(1) Facilities that do not have RC ALS and/or PALS Programs due to not meeting MTN requirements may continue to purchase those services using civilian life support platforms. MTFs must coordinate with Market E&T Lead and submit an ETP to DHA E&T via e-mail at: dha.jbsa.j7.mbx.mtn-reports@mail.mil. RC ALS and PALS will be utilized in lieu of other life support training programs if available in local geographic area.

(a) ETP will outline number of providers, their specialty, and specific requirement(s).

(b) DHP funds may be used for MTFs who currently fulfill ALS or PALS training utilizing civilian training sites if approved by DHA E&T. ETPs will cover entire MTF for specified training requested.

(c) ETP requests must be sent on MTF/Command letterhead and signed by authorized command representative (e.g., MTF Director, Chief of Staff, Chief Nurse, Director of Training). For those MTFs with markets (direct report and small markets), this request is to be sent via Market E&T Lead. An ETP template is provided in Enclosure 4.

(2) Naval vessels or satellites trainings sites affiliated with MTN are to maintain all requirements for teaching as put forth by RC and MTN. All RC training presentations, videos, and support information should be downloaded prior to deployment or mobilization. Acceptable alternatives are use of RC Presentation Manager or RC purchased Digital Versatile Disc. A course addendum will be maintained and entered into the RC database upon availability of internet access. Course addendum signed by lead instructor serves as a proof of training and must be loaded into RC database as stated above.

(3) All medical and non-medical personnel with BLS completion cards (BLS or CPR/AED), who are deployed or to be deployed, must maintain currency throughout duration of their deployment plus 60 days upon return to MTF. All medical personnel who are required by position or specialty to have ALS and/or PALS, who are deployed or are to be deployed, must maintain currency throughout duration of their deployment plus 60 days upon return to MTF.

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(4) Non-medical personnel, not assigned to the MTF, who were not qualified in CPR/AED prior to deployment are outside the scope of this DHA-PI and may be trained while assigned/working in a deployed or afloat status following service-specific guidance.

(5) MTF E&T units will track required life support currency of all personnel assigned to MTF. Personnel are required to in-process with E&T.

ENCLOSURE 4

EXCEPTION TO POLICY TEMPLATE

MTF/COMMAND LETTERHEAD
ADDRESS
CITY STATE ZIP-CODE

Date

MEMORANDUM FOR DEPUTY ASSISTANT DIRECTOR, EDUCATION AND
TRAINING, DEFENSE HEALTH AGENCY

SUBJECT: Request for Exception to Policy for Provider American Red Cross Courses and Certification

1. Request an exemption to policy for Insert site name to use an outside agency to train military members in life support in order to perform assigned duties at Click here to enter hospital name. This request for exemption to policy is due to (select as appropriate: *not having advanced life support (e.g.. ALS and/or PALS) program within the military medical treatment facility and local area, or a civilian facility where military members practice mandates American Heart Association certification for privileging for Graduate Medical Education.*)

2. Below are the number of personnel and their medical specialty requesting certification:

Medical Specialty	Number of Personnel
Specialty	#
Specialty	#
Specialty	#
Specialty	#
Specialty	#
Specialty	#
Total:	Total #

3. Training Affiliation Agreement/Memorandum of Understanding expiration date: Enter date or indicate if not applicable.

4. Point of Contact for this memorandum is the undersigned at phone #, e-mail, duty position

Signed
Duty Position

Attachments (include non-acceptance letter from Training Affiliation Agreement/Memorandum of Understanding from facility mandating American Heart Association requirements)

1. Title of attachment 1
2. Title of attachment 2
3. Title of attachment 3

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	active duty
AED	Automated External Defibrillator
AHA	American Heart Association
ALS	Advanced Life Support
BLS	Basic Life Support
CPR	Cardiopulmonary Resuscitation
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHP	Defense Health Program
E&T	Education and Training
ETP	Exception to Policy
IT	Instructor Trainer
KPI	Key Performance Indicators
LSSAC	Life Support Strategic Advisory Council
MHS	Military Health System
MOU	Memorandum of Understanding
MTF	Military Medical Treatment Facility
MTN	Military Training Network
OIC	Officer in Charge
PALS	Pediatric Advanced Life Support
PD	Program Director
PS	Program Supervisor
RC	American Red Cross
SG	Surgeon General
SME	Subject Matter Expert
TAA	Training Affiliation Agreement

PART II. DEFINITIONS

ALS. Advanced training to assess, recognize, and provide high-quality care to adult patients experiencing life-threatening medical emergencies, including shock, cardiovascular, cerebrovascular, and respiratory events (Age: 18+ years).

BLS. Training in recognition and initiation of early management for airway, chest compressions, AED use, and opioid overdoses. (Age: Infant, Child, and Adult).

Blended Learning. Blended learning is a formal education program in which a student learns at least in part through delivery of content and instruction via digital and online media with some element of student control over time, place, path, or pace. Face-to-face classroom methods are combined with computer-mediated activities.

Challenge Course. The purpose of a challenge course is to give individuals the opportunity to demonstrate knowledge and skill competency outside a formal class setting. Participants have sole responsibility for preparing for the knowledge and skill evaluation.

Instructor Led Training. Instructor-led training is the practice of training and learning material between an instructor and learners, either individuals or groups. Instructors can also be referred to as a facilitator, who may be knowledgeable and experienced in the learning material, but can also be used more for their facilitation skills and ability to deliver material to learners.

KPI. Type of performance measurement used to evaluate the success of a program. KPI are a set of quantifiable measures that are used to gauge performance over time. These metrics are used to determine progress in achieving strategic and operational goals.

Line Unit. This is an operational unit under the direct authority, direction, and control of one of the four Services (Army, Navy, Air Force, Marine Corps). These units do not fall under the authority, direction, and control of the DHA or Services SGs.

MTN. The MTN is charged with executing basic, advanced, and pediatric life support training across the MHS. The staff is composed of Tri-Service military and DoD civilian personnel.

Mission Critical. Mission critical is defined as a factor essential to the business operation. Failure to satisfy the requirement will result in an extreme risk or high probability of catastrophic consequences (i.e., mission failure, potential loss of life or severe injury, or severe damage to property).

PALS. Advanced training to assess, recognize, and provide high-quality care to pediatric patients experiencing life-threatening medical emergencies, including shock, cardiac, and respiratory events; and provide care after the return of spontaneous circulation during a resuscitation effort (Age: 1 to 18 years).

PD. The PD is responsible for all aspects of their respective MTN program at their MTF or associated training sites. The PD is nominated by MTF Director and approved by the MTN.

PS. PSs are the primary liaisons between the MTN and the training sites. They are recognized SMEs in the individual programs and provide oversight to training sites.

Review Course. The purpose of the review course is to give participants the opportunity to review the course content within a formal class setting. The format optimizes a participant's ability to successfully complete the knowledge and skill evaluation. The responsibility for preparing for the testing scenarios and the final exam is shared by the instructor and the participant.

TAA. A no-cost, legal agreement for training between two or more institutions with the objective of a training outcome. Such agreement is placed prior to acceptance of students into such programs.