



**DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2748 WORTH ROAD  
JBSA FORT SAM HOUSTON, TEXAS 78234-6000**

REPLY TO  
ATTENTION OF

**OTSG/MEDCOM Policy Memo 14-062  
04 AUG 2014**

**MCPO-SA**

**Expires 4 August 2016**

**MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands**

**SUBJECT: US Army Medical Command Chemical, Biological, Radiological, and Nuclear and (High-Yield) Explosives (CBRNE) Training Policy**

**1. References.**

- a. Department of Defense Instruction 3020.52, Installation CBRNE Preparedness Standards, 18 May 2012.
- b. Health Affairs Policy, Chemical, Biological, Radiological, Nuclear, and (High-Yield) Explosives Training for Military Medical Personnel, 28 June 2007.
- c. Operation Plan 13-01, US Army Medical Command All Hazards Preparedness, 10 April 2013.
- d. Medical Command Regulation 350-4, MEDCOM Training and Leader Development, 16 June 2010.
- e. MEDCOM Training and Leader Development Guidance for Fiscal Year 2014.

**2. Purpose.** To provide updates to the Medical Command CBRNE training requirements, pending update of Department of Defense and Headquarters, Department of the Army (HQDA) policy, and to establish responsibilities for the training.

**3. Proponent.** The proponent for this policy is G-3/5/7, Health and Wellness Directorate.

**4. Policy.**

a. It is the policy of the OTSG and MEDCOM to provide CBRNE training to all Army Medical Department personnel in order to ensure the highest level of readiness and

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proficiency against current CBRNE threats. This policy also directs that all OTSG and MEDCOM leaders and supervisors from all MEDCOM Major Subordinate Commands (MSC) document completion of training.

b. For the MEDCOM to remain vigilant when responding to local and world events, such as the nuclear power plant crisis in Japan after the March 2011 earthquake and tsunami and unrest in Syria, MEDCOM military and civilian personnel must be trained ready to respond as individuals and team members.

#### 5. Responsibilities.

a. In accordance with MEDCOM Reg 350-4, the MEDCOM G3/Director of Healthcare Operations updates the MEDCOM Consolidated Training Requirements Matrix.

b. Commanders will ensure compliance with this memorandum.

#### 6. Procedures.

a. MEDCOM commanders and supervisors will assign and evaluate CBRNE training as a special emphasis area during initial, periodic and annual counseling, and when establishing/monitoring individual development plans for all military and civilian personnel.

b. Contractor personnel working in treatment facilities will complete a course appropriate for their duties and responsibilities. MEDCOM commanders will ensure that contracts include the requirement for contractor personnel to complete CBRNE training.

c. Commanders and leaders will use the MEDCOM approved course listing in Enclosure 1 when determining the appropriate CBRNE training for individuals and teams.

d. MEDCOM units will provide CBRNE training credit in the Digital Training Management System (DTMS) using HQDA DTMS task number DA-CMT07 as shown in Enclosure 2 for all of the MEDCOM CBRNE courses listed in Enclosure 1.

e. The following procedures are effective immediately:

(1) MEDCOM Commanders will:

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(a) Ensure all MEDCOM personnel complete at least one CBRNE training event listed at Enclosure 1 every three years.

(b) Verify completion of CBRNE training in DTMS during in-processing for newly assigned personnel and ensure new personnel complete an appropriate CBRNE course within 60 days of assignment/employment with the MEDCOM.

(c) Program funding for personnel to attend courses that are not centrally funded.

(d) Coordinate for mobile training teams as required.

(e) Assign, schedule, and document training completion in DTMS for all categories of personnel assigned: military, civilian, and contractor personnel.

(f) Train and maintain 90% or greater CBRNE training completion rate. Include percent CBRNE training compliance in training briefings.

(g) Provide a command representative to brief the command's improvement plan at the quarterly MEDCOM Command Management Review whenever the command falls below 70% in CBRNE training compliance.

(2) Commander, US Army Medical Department Center and School (AMEDDC&S), will:

(a) Coordinate with MSC Commanders to conduct assigned courses as required.

(b) Identify and approve courses for incorporation in CBRNE training curriculum.

(c) Provide oversight in CBRNE curriculum development.

(d) Identify gaps in training curriculum and modify/develop training to close these gaps.

(e) Incorporate CBRNE training into career development courses as appropriate.

(f) Include CBRNE training completion credit in the weekly DTMS batch upload for all personnel who complete AMEDDC&S formal and functional training courses

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listed in Enclosure 1. Use MEDCOM DTMS task number DA-CMT07 to document the course completion. Provide the initial data upload immediately.

(3) The US Army Medical Research and Materiel Command, in conjunction with AMEDDC&S, will coordinate with MSC to conduct assigned CBRNE courses.

FOR THE COMMANDER:

Encls  
as



ULDRIC L. FIORE JR.  
Chief of Staff