



REPLY TO
ATTENTION OF
DASG-ZA

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258

01 SEP 2005

MEMORANDUM FOR Deputy Chief of Staff, G-3, 400 Army Pentagon, Washington, DC 20310-0400

SUBJECT: Operational Needs Statement (ONS) for Medical Simulation Training Centers for Combat Lifesavers (CLS) and Tactical Combat Casualty Care (TC3) Training

1. Problem: The current Died Of Wounds (DOW) rate for OIF is 11%, a historically low rate. The low death rate can be attributed to Individual Body Armor and the enhanced capabilities of the Combat Medic. Despite this perceived success, Soldiers continue to die from three main causes: hemorrhage, airway compromise, and tension pneumothorax. It is the treatment given in the first ten minutes which will have the greatest impact on the outcome of the Soldier. That period has become known as "The Platinum Ten Minutes." Operations in Iraq and Afghanistan have identified an institutional gap in medical training of Combat Medics and Combat Lifesavers performing their mission of medical support to the warfighter. The cornerstone of Combat Medic training is the Department of Transportation Emergency Medical Technician-Basic (EMT-B). While EMT-B is an appropriate foundation for Combat Medics, standardized, battle-focused training in TC3 is needed at or near the installation level. Additionally, new equipment such as the Combat Application Tourniquet and the Improved First Aid Kit will be minimally effective if not implemented via standardized training. Furthermore, Soldiers who are deployed for extended periods require sustainment of medical skills and CLS recertification.

2. Justification: The Vice Chief of Staff of the Army has directed the establishment of Medical Simulation Training Centers at 18 Army installations. The Army leadership believes that the development of Medical Simulation Training Centers, augmented by Mobile Training Teams, will provide a properly resourced, standardized platform for training TC3 and CLS programs of instruction. Development and fielding of Medical Simulation Training Centers will provide a dedicated staff resourced with the necessary equipment and facilities to provide training in the essential combat medical skills and new equipment to the Combat Medics and CLS providing the greatest degree of success during the platinum ten minutes. Fielding at the installation level will allow commanders the greatest flexibility in creating training relevant to Contemporary Operating Environment and the unit's Mission Essential Task List. The main emphasis of the Medical Simulation Training Centers and the Mobile Training Teams is hemorrhage control, airway control, and the treatment of tension pneumothorax, to counteract the primary causes of death on the battlefield.

DASG-ZA

SUBJECT: Operational Needs Statement (ONS) for Medical Simulation Training Centers for Combat Lifesavers (CLS) and Tactical Combat Casualty Care (TC3) Training

3. System Characteristics: The Medical Simulation Training Centers will be capable of training the critical tasks for the CLS and the TC3 courses of instruction. The Centers will provide a relevant mix of medical training aids to include computer based training, part task trainers, and patient simulators. The relevancy of all equipment will be evaluated against the training objectives of the referenced courses. In addition to the training aids, each Medical Simulation Training Center will require medical equipment comparable to the systems used by the Combat Medic and the CLS. A quantity of expendable items such as Class VIII medical supplies and replaceable parts for the simulators will be required to replace those used in training. A cadre of four permanent civilian instructor/operators and one administrative technician will be required at each center to perform the course instruction and on-site management and maintenance of the training assets. Life cycle support of the centers will be the responsibility of the Program Manager. The Medical Simulation Training Center concept will include a deployable capability which is required to provide this necessary training to accommodate all components, regionally as well as worldwide.

4. Operational Concept: Medical Simulation Training Centers meet an operational requirement and will initially be established at 18 sites across the Army: Fort Bliss, Fort Bragg, Fort Drum, Fort Hood, Fort Stewart, Fort Carson, Fort Lewis, Fort Wainwright, Camp Humphries, 7th ATC, Fort Campbell, Fort Riley, Schofield Barracks, Fort McCoy, Camp Shelby, Camp Parks, Balad and Tikrit. A deployable set of training equipment will be located at Fort Sam Houston. Medical Simulation Training Centers will support critical training tasks associated with the TC3 and the CLS courses. The critical training tasks are:

- Injury prevention
- Kinematics of trauma
- Trauma patient assessment and management
- Advanced airway management and ventilation, surgical cricothyroidotomy
- Multi-systems trauma management
- Recognition of a tension pneumothorax; needle chest decompression
- Hemorrhage control, tourniquet application
- Shock and fluid resuscitation
- Environmental injuries
- Point of wounding care
- Tactical combat casualty care
- Initiate a Saline Lock/IV:
- Transport a casualty on a Skedco or improvised poleless litter
- Initiate a Field Medical Card
- Prepare a MEDEVAC request
- Triage mass casualty incident
- Geneva Convention requirements

DASG-ZA

SUBJECT: Operational Needs Statement (ONS) for Medical Simulation Training Centers for Combat Lifesavers (CLS) and Tactical Combat Casualty Care (TC3) Training

The target training population of the Medical Simulation Training Centers are the approximately 33,000 Combat Medics throughout all components of the Army and all Soldiers designated to perform combat lifesaving functions. The medical training that will be conducted is based on lessons learned from OIF/OEF. The Medical Simulation Training Centers will have a deployable capability.

5. Organizational Concept: This ONS seeks to gain approval for a solution that can be utilized at home station, mobilization sites, and while deployed. Units preparing for deployment can train the required critical tasks in realistic conditions that incorporate simulation of battlefield casualties. The concept will include a Mobile Training Team component that can project the Medical Simulation Training Centers' capabilities.


6. Procurement Objective: The Medical Simulation Training Centers will be established at 18 Army installations. The numbers and types of training devices will be determined by the training requirements identified in the programs of instruction.

7. Support Requirements: This program requires a logistical support package that includes contractor logistics support at all locations. This program intends to minimize logistics costs by leveraging the Program Executive Office for Simulation, Training, and Instrumentation Virtual Training worldwide Life Cycle Contractor Support contract. Site surveys will identify availability of existing facilities, the need for military construction, and/or deployable shelters.

8. Availability: No standardized training capability exists. The Medical Simulation Training Centers will fill the identified capability gap with current and emerging technologies.

9. Recommendation: Recommend immediate approval and funding to establish these Medical Simulation Training Centers to further decrease the DOW rate for current and future operations.

10. For more information, contact LTC Danylo Rudakevych, DSN 471-7294, (210) 221-7294, or e-mail danylo.rudakevych@amedd.army.mil.


KEVIN C. KILEY, M.D.
Lieutenant General
The Surgeon General