

DEPARTMENT OF THE NAVY

OFFICE OF THE CHIEF OF NAVAL OPERATIONS 2000 NAVY PENTAGON WASHINGTON, DC 20350-2000

OPNAVINST 1500.75C N09F 22 Aug 2014

OPNAV INSTRUCTION 1500.75C

From: Chief of Naval Operations

Subj: POLICY AND GOVERNANCE FOR CONDUCTING HIGH-RISK TRAINING

Ref: (a) OPNAVINST 3500.39C

(b) OPNAVINST 5102.1D

(c) OPNAVINST 5450.180E

(d) OPNAVINST 5100.23G

(e) OPNAVINST 5100.19E

(f) CANTRAC

(g) OPNAVINST 6110.1J

Encl: (1) Definitions and Procedures

- (2) Command Screening Guide
- (3) Medical Officer's Interview Guide
- (4) Commanding Officer's Interview Guide
- (5) Risk Assessment and Management Matrix
- 1. <u>Purpose</u>. To establish policy and governance for all Navy high-risk training. This instruction has been revised to remove any ambiguity; to be more directive and restrictive; and to clearly state the requirements for all training agencies, training authorities, training executors and commands conducting unit-level training meeting the threshold of high-risk training. This instruction is a complete revision and should be read in its entirety.
- 2. Cancellation. OPNAVINST 1500.75B.

3. Scope and Applicability

- a. This instruction applies to all naval commands responsible for management, administration, oversight, and execution of high-risk formal, non-traditional, and unit level training as defined in enclosure (1).
- b. Per the responsibilities and authorities assigned by Executive Order 12344, codified at sections 2406 and 2511 of

title 50, United States Code, and to ensure consistency throughout the joint Navy and the Department of Energy Naval Propulsion Program, the Director, Naval Nuclear Propulsion Program (CNO NOON) should implement requirements and practices pertaining to this instruction for activities under the Director's cognizance, as appropriate.

- c. Personnel in initial or advanced flight training are subject to Office of the Chief of Naval Operations (OPNAV) instruction (OPNAVINST) 3710.7U, Naval Air Training and Operating Procedures Standardization (NATOPS) General Flight and Operating Instructions, and OPNAVINST 3750.6R, Naval Aviation Safety Program, and are exempt from the provisions of this instruction. Ancillary aircrew training must follow the provisions of this instruction.
- d. Fleet operational and training commands will use the operational risk management (ORM) process for all training events or evolutions per reference (a). When the training event or evolution meets the threshold for designation as high-risk training as defined in enclosure (1), fleet commands shall comply with this instruction as applicable and defined in subparagraphs 5e and 5f.

4. Policy

- a. Naval operations often require aggressive training programs to prepare personnel to perform mission essential high-risk tasks in a variety of environments. All leaders must recognize that risk cannot be mitigated merely through written procedures. Therefore, planning and execution of high-risk training shall incorporate the program elements and principles of ORM per reference (a). The expectation is to maximize the benefits of ORM where essential skills are practiced, perfected, and tested. While the goal is zero mishaps in training, it is understood that mitigating out all risk can reduce training value. Policy does not establish a requirement to eliminate all exposure to risk where valid training objectives are established.
- b. Participation in high-risk training does not imply that hazardous duty or incentive pay is justified or that the training is voluntary.

- c. All prospective high-risk instructors (military or civilian) shall be screened for professional, physical and psychological suitability per enclosures (2), (3) and (4) prior to assuming their duties as a high-risk training instructor. Physical requirements for civilians shall be clearly defined though position description (PD), memorandum of agreement (MOA), memorandum of understanding (MOU) or statement of work (SOW), as appropriate.
- d. Commander, Naval Safety Center (COMNAVSAFECEN) is the Navy authority for and provides safety staff support to Chief of Naval Operations, Commandant of the Marine Corps (CMC), Secretary of the Navy (SECNAV), and program sponsors in establishing safety and risk management policy, and coordinating, maintaining, and promoting naval safety programs for training safety (high-risk).

5. Responsibilities

- a. Chief of Naval Operations Special Assistant for Safety Matters (OPNAV N09F)/COMNAVSAFECEN shall:
- (1) Issue policy guidance and provide administrative oversight of the Navy's high-risk training safety program.
- (2) Analyze mishap data reported per reference (b) to determine program trends.
- (3) Provide a variety of safety and mishap data-related services for Navy and Marine Corps operating forces, field and fleet activities, and shore establishments, per reference (c).
- (4) Acquire an annual high-risk training evaluation schedule from each training agency or training authority responsible for the execution of high-risk training. Schedules should be used by COMNAVSAFECEN to schedule assisted evaluations with the training agency or training authority's representative.
- (5) Acquire an annual high-risk training evaluation schedule from commands not receiving oversight from their training agency or training authority. Schedules should be used by COMNAVSAFECEN to schedule an evaluation in support of high-risk training commands.

- (6) Provide teams to training commands upon request to conduct assist visits and evaluations (informal or formal). Training commands may request a high-risk training evaluation independent of their training agency or training authority.
- (7) Provide teams to evaluate training agencies or training authorities in the conduct of high-risk training and ensure program compliance with this directive.
- (8) Attend high-risk training safety evaluations or assessments upon request, or per annual schedule with the training agency's representatives.
- (9) Attend training safety related seminars, summits, and conferences as attendee or presenter when requested.
- (10) Host high-risk training safety policy reviews as warranted.
- (11) Support United States Marine Corps (USMC) Training and Education Command and CMC Safety Division with all evaluation and survey services provided for in USMC orders and directives per MOAs.
- b. Training Agencies. Naval Education and Training Command (NETC), Bureau of Medicine and Surgery (BUMED), Naval War College, U.S. Naval Academy, Naval Reserve Force, Naval Postgraduate School, or those specialized commands which establish mission essential training objectives and perform the duties and responsibilities of training agencies by proxy as defined in enclosure (1) for high-risk training, such as Commander, Naval Special Warfare Command and Commander, Navy Installations Command, shall:
- (1) Publish amplifying policy and procedural directives for training safety implementation including but not limited to: responsibilities for commands sending students to high-risk training, commands transferring personnel to high-risk training instructor duty, gaining commands receiving personnel for high-risk training instructor duty, commanding officers (CO) and officers in charge (OIC) of high-risk training activities, instructors, training safety officers, and or high-risk training safety officers.

(2) Ensure subordinate commands perform risk assessments of training per reference (a). OPNAV 1500/54 Deliberate Risk Assessment may be used in conjunction with reference (a) to perform a basic risk assessment. Designate high-risk training courses under their cognizance and maintain a list of these courses by title and course identification number. All training agencies shall provide an updated list of all high-risk training courses to COMNAVSAFECEN. Update this list when courses are developed, discontinued, or modified. Forward a copy of the high-risk course list to COMNAVSAFECEN at least annually:

Commander
Naval Safety Center
Attn: High-Risk Training Safety (Code 41)
375 A Street
Norfolk, VA 23511-4399

- (3) Include applicable safety requirements of references (d) and (e), personnel qualification standards (PQS), technical manuals, NATOPS, job qualification requirements (JQR), and other curricula source documentation in all high-risk courses conducted by subordinate commands.
- (4) Standardize curricula, including safety precautions, when the same course of instruction is taught at more than one site. If standardized training is not feasible because of training site variations, administrative, physical, environmental or otherwise, the training site in question shall have approval for curriculum variation via their curriculum control authority.
- (5) Develop and implement safety oversight criteria that meet at least the minimum requirements of this instruction, and any further requirements, as the training environment may dictate to ensure subordinate activities comply. Include a self-assessment program, which quantitatively and qualitatively evaluates the effectiveness of the established oversight program. Self-assessment frequency shall be determined by the training agency.
- (6) Establish qualification requirements for military, civilian, and contracted training safety officers; high-risk training safety officers; and assistant training safety officers at subordinate training activities as applicable.

- (7) Incorporate ORM, as applicable, and safety awareness training into instructor training. Training shall include all three levels of ORM per reference (a); safety policy and directives per references (d) and (e) as applicable; precautions in technical manuals and publications; and lessons learned from training related mishaps and injuries or best practices provided by COMNAVSAFECEN and other appropriate data sources.
- (8) Analyze and forward all training-related reportable mishaps to COMNAVSAFECEN via the appropriate reporting system per reference (b).
- (9) Ensure the CO, OIC, or director of training activities conducts safety reviews, as defined in enclosure (1). Convene safety reviews subsequent to major curriculum changes, major course revisions, technical training equipment upgrades, or replacements. Active senior leadership involvement is imperative to the success of these reviews and consideration of leadership's planned rotations or transfers is highly encouraged, as many mishaps occur relatively close to turnover periods. Maintain documentation for subsequent evaluations for a minimum of 3 years.
- (10) Training agencies shall provide an annual high-risk training safety evaluation schedule to COMNAVSAFECEN no later than 30 September for the forthcoming fiscal year. This schedule will be used by COMNAVSAFECEN to schedule assisted evaluations with the training agency or training authority's representative. Training commands not receiving oversight from their training agency or training authority shall provide an annual high-risk training schedule to COMNAVSAFECEN no later than 30 September for the forthcoming fiscal year. This schedule will be used to schedule high-risk training evaluations independent of the command's training agency or training authority.
- (11) Conduct training and high-risk evolutions following only approved course curricula and only to the extent required to meet graduation criteria or unit level training requirements. Ensure all training includes specific and related ORM training per reference (a).
- (12) Establish an instructor certification process for all high-risk instructors, (military or civilian). These

qualifications, certifications, and licenses shall be documented via a course unique instructor-training plan or equivalent. Examples of items for inclusion are: cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), emergency action plan (EAP), completion of approved training course, standard operating procedure (SOP), mishap reporting procedures, training time out, drop on request, bloodborne pathogens, course indoctrination, course prerequisites, first aid, attending course as a student, special licensing, course training equipment, under instruction instructor observations, practice teaching, emergency services, and any additional requirements set by learning center course curriculum writers, training safety officer, or CO.

- (13) Establish an evaluation program that assesses high-risk instructors in classroom, laboratory, or field settings on a recurrent basis, in percentages commensurate with the amount of time spent instructing in those environments. Maintain documentation for subsequent evaluations for 3 years.
- (14) Ensure subordinate commands review EAP monthly, conduct procedural walk-through(s) quarterly, and fully exercise all EAPs annually. All emergency responders shall participate in the annual exercises where practicable. EAPs shall meet the minimum requirements of enclosure (1). Commands shall maintain documentation of quarterly walk-through(s) and annual exercises for subsequent evaluations for 3 years.
- (15) Include training safety officer procedures in all high-risk course curricula. Include drop on request procedures in all voluntary high-risk curricula. Ensure training time out procedures are briefed to students prior to commencing training daily and prior to continuing training, until course completion, regardless of length.
- (16) Provide policy for the qualification and designation of the training safety officer or high-risk training safety officer as desired. COs or OICs may assign high-risk training responsibilities to the training safety officer or designate a high-risk training safety officer. The designated training safety officer or high-risk training safety officer should be directly responsible to the CO or OIC for the safe

conduct of high-risk training. The current CO shall designate the training safety officer or high-risk training safety officer responsible for high-risk training in writing.

- (17) Establish a mishap analysis program to examine near miss or hit, mishap data, student critiques, and any unsafe conditions or practices identified in high-risk training courses. Mishap analysis should be closely aligned with the training staff to enable "lessons learned" or "best practices" to be expeditiously incorporated into the conduct of high-risk training. Guidance on mishap analysis is provided in reference (b).
- (18) Ensure students meet Navy standards and complete medical screening and other prerequisites as prescribed in reference (f) before beginning training. When high-risk training is to be conducted and formal requirements are not yet specified, the risk factor screening required for participation in the physical training assessment will be utilized per reference (g). Ensure students who answer "yes" to a risk factor screening question receive medical evaluations and counseling before beginning training.
- (19) Ensure high-risk course instructor candidates (military or civilian) have completed all training and certification requirements, including AED as required, safety awareness, CPR, and first aid training before assuming instructor responsibilities. First aid, CPR and AED certifications must be from an accredited source, such as the American Red Cross or the American Heart Association. Maintain completion and certification documentation in training records for subsequent surveys and evaluations.
- (20) Ensure personnel (military and civilian) identified as high-risk instructors meet suitability requirements outlined in enclosures (2) through (4). Suitability and unsuitability shall be documented in the member's service or training record via a NAVPERS 1070/613 Administrative Remarks page 13 entry. For military personnel especially, it is highly recommended the gaining command designate a senior member to liaison with the detaching command, prior to member's transfer to ensure success of the screening process.

- (21) Ensure all equipment utilized in the conduct of high-risk training is maintained per applicable Navy monitoring and or preventative maintenance programs, to include manufacturer's maintenance and repair guidelines. Maintenance records shall be maintained for 3 years.
- (22) Publish amplifying procedural directives for cold and heat stress environmental mitigation relative to high-risk training events. NAVMED P-5010, Manual of Naval Preventive Medicine, provides technical guidance for command policy documents.
- (23) Publish amplifying procedural directives for physical training programs. Physical training is fundamental to many high-risk training skills and tasks. A specific physical enhancement curriculum designed to improve physical training in order to meet a required skill or set of skills should be reviewed for elements of risk based on the participant's fitness baseline. Fitness requirements exceeding the scope of reference (g) must be accessed through the application of reference (a). Ensure COs and OICs assess the physical demands of the task or skill in the high-risk event and weigh them against the physical conditioning of the staff and student.

<u>Notes</u>: Requirements for contractor instructors shall address contractor responsibility for its employees' safety, for example, requiring contractor:

- 1. Compliance with directives applicable to military personnel and civilian employees instructing similar training.
- 2. Provision of personal protective equipment (PPE) and medical support and surveillance to its employees.
- 3. A safety plan for its employees.
- 4. Pre-screening of individuals proposed by the contractor for instructor duties.

(24) Establish a process to ensure that all requirements of this instruction are adopted during curricula develop phase and that a course is not taught to students during the piloting phase until instructors are certified, and a risk assessment and EAP have been developed.

c. BUMED shall:

- (1) Conduct high-risk instructor screening as requested by the gaining or detaching command CO or OIC and forward a report of medical screening to the requesting command.
- (2) Periodically review OPNAV 1500/53 Medical Questionnaire for relevancy and forward any amendment recommendations to COMNAVSAFECEN or forward an endorsement triennially.
- (3) Provide medical guidance on the use of over the counter medications and nutritional supplements by participants during high-risk training.
- d. Fleet Training Authorities. Commander, United States Fleet Forces Command (COMUSFLTFORCOM); Commander, Pacific Fleet (COMPACFLT); numbered fleet commanders (Commanders, 3rd, 4th, 5th, 6th, and 7th Fleets); and type commanders (TYCOM) (Commander, Naval Surface Forces Atlantic/Pacific (COMNAVSURFLANT/COMNAVSURFPAC); Commander, Naval Air Forces Atlantic/U.S. Pacific Fleet (COMNAVAIRLANT/COMNAVAIRPAC); Commander, Submarine Forces Atlantic/U.S. Pacific Fleet (COMSUBLANT/COMSUBPAC); Naval Network Warfare Command; Naval Meteorology and Oceanography Command; Navy Expeditionary Combat Command; and Military Sealift Command (MSC)) are designated fleet training authorities and shall:
- (1) Address high-risk training in their respective training instructions or manuals.
- (2) Direct subordinate fleet training executors to assess their training courses, events, and evolutions and determine if the training is high-risk using reference (a) and enclosure (5). If training is determined to be high-risk the requirements of subparagraphs 5c(1) through 5c(24) shall apply.

- (3) Conduct reviews of high-risk training programs annually, when new courses are brought online that are evaluated as "high-risk," or when significant changes are made to existing high-risk training courses.
- e. <u>Fleet Training Executors</u> e.g., Commander, Strike Force Training Atlantic (COMSTRKFORTRALANT) and Commander, Strike Force Training Pacific (COMSTRKFORTRAPAC); afloat training groups (ATG); tactical training groups (TTG); expeditionary warfare training groups (EWTG); explosive ordnance disposal (EOD) training evaluation units (TEU); and Seabee readiness groups (SRG) and all training commands operating independent of training authorities or training agencies shall:
- (1) Using reference (a) and enclosure (5), determine if the training being conducted is high-risk.
- (2) If training efforts are determined to be high-risk, establish a local high-risk program meeting the requirements of subparagraphs 5c(1) through 5c(24) as applicable.

f. CO and OIC shall:

- (1) Ensure prospective students meet administrative and physical prerequisites as prescribed in references (f) and (g) for high-risk training courses. Suitability or unsuitability shall be documented in the member's service or training record via a NAVPERS 1070/613 page 13 entry.
- (2) Ensure only volunteers are sent to high-risk training courses designated as voluntary training per reference (f).
- (3) Ensure all personnel (military and civilian) nominated for high-risk training instructor duty are screened and meet suitability requirements per the Military Personnel Manual, articles 1301-202, 1301-226, 1306-953 and 1306-900, and enclosures (2) through (4) of this instruction. Ensure special programs screening is documented and appropriate messages are generated. Physical requirements for civilians shall be clearly defined though a PD, MOA, MOU or SOW, as appropriate.

g. Training Safety Officer shall:

- (1) Be familiar with high-risk training curricula objectives, including approved training procedures, safety precautions, emergency procedures training facilities and equipment.
- (2) Complete a qualification process that includes familiarization with all applicable references, instructions, and subject matter doctrine.
- (3) Observe high-risk training evolutions at frequency intervals as required by the hazards associated with the training being conducted. Specifically observe instructor to student interaction and compliance with all safety and emergency procedures. Confer with the CO or OIC to establish the minimum frequency intervals required to ensure a safe high-risk training program.
- (4) Ensure all training mishaps, near misses or hits, and injuries are investigated and reported per reference (b).
- (5) Maintain a record of all mishaps for additional analysis from the training safety officer perspective in addition to records maintained by the command safety manager.
- (6) In conjunction with the command safety manager, keep the CO or OIC advised of all training mishap or injury investigation results and recommended corrective action.
- (7) Ensure assistant training safety officers are properly trained and completely familiar with their responsibilities for training safety.
- (8) Ensure contracted and civilian instructors comply with all directives for high-risk training. Requirements shall be clearly defined though a PD, MOA, MOU or SOW, as appropriate. Review employment criteria annually to validate contractor and civilian employment requirements.
- (9) Assist training agencies and training authorities with the scheduling and execution of surveys, evaluations and inspections. Training commands not receiving training agency

and training authority oversight may request high-risk training evaluations to meet 3-year evaluation and inspection requirements.

6. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual (M-) 5210.1 of January 2012.

7. Reports Control and Forms

- a. Reporting requirements
- (1) Reporting requirement contained in subparagraph 5c(8) is assigned to OPNAV RCS 3750-20.
- (2) Reporting requirements contained within subparagraphs 5c(9), 5c(10), and 5e(3) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraphs 7j and 7n.
- b. The following forms are available on Naval Forms Online, https://navalforms.documentservices.dla.mil/web/public/home:
 - (1) OPNAV 1500/53 Medical Questionnaire
 - (2) OPNAV 1500/54 Deliberate Risk Assessment
 - (3) NAVPERS 1070/613 Administrative Remarks Page 13
- (4) SF 513 Medical Record Consultation Sheet (BUMED use)

J. NORTON

Special Assistant for Safety
Matters

Distribution:

Electronic only, via Department of the Navy issuances Web site: https://domi.documentservices.dla.mil

DEFINITIONS AND PROCEDURES

- 1. Administrative Control. Any procedure or practice that limits exposure through control or manipulation of the training schedule or manner in which training is performed. An example of an administrative control is limiting exposure to heat stress by adjusting training hours to conclude prior to a black flag condition.
- 2. Assistant Training Safety Officer. Commanders, COs, or OICs of training activities conducting high-risk courses may designate additional assistant training officers when the training safety officers responsibilities require assistance due to physical locations, type, or quantities of training conducted at specific sites. The assistant training safety officer will be qualified by course at site-specific training safety officer JQR and act as the training safety officer in the absence of the training safety officer. (See also: training safety officer)
- 3. Assist Visit. A command requested review process to determine compliance with regulations, directives, instructions, and standards through physical visits of training sites, operations, and facilities. Assist visit reports are made directly to the CO or OIC of a training activity. The purpose is to aid the requesting command in enhancing training safety.
- 4. <u>Course Unique Instructor Training</u>. A written plan to identify all qualifications, certifications, prerequisites, training, and licensing needed by a prospective instructor prior to assuming the duties as a high-risk instructor.
- 5. <u>Drop on Request</u>. When any student in a voluntary, as identified in reference (g), high-risk training course desires to quit or drop on request, the student need only make such intentions known. The student shall be immediately and expeditiously removed from the training area. A written summary of action taken is documented on NAVPERS 1070/613 page 13 and entered in the student's service record and a copy is also maintained in the command's permanent records.

6. Emergency Action Plan (EAP)

a. An internal plan to be implemented immediately upon advent of a mishap to aid involved persons and to control and

safeguard the scene. This plan shall be developed for all high-risk training evolutions and must include at a minimum: primary and alternate communications; telephone numbers; radio channels; call signs; locations of emergency response personnel; locations of emergency equipment; equipment shutdown procedures; muster site and methods to maintain control of the scene; non-affected personnel; and all immediate emergency procedures. The EAP should be a simple checklist or sequential list of responses of expected and immediate actions by personnel in control of the event to aid and extract mishap victims from the scene.

Note: The CO or OIC must ensure the EAP complies with locally established emergency procedures as directed by the regional and local emergency response manager. The external response from emergency personnel may already be covered in a regional scenario and failure to include or practice with the emergency response personnel may result in increasing the severity of a mishap at the individual's command.

- b. The EAP may be combined with the pre-mishap plan. Incorporating pre-mishap plan actions at the immediate response level will complicate the control at the scene. The priorities for the EAP are to aid and extract victims from the scene while the pre-mishap plan would preserve the scene and ensure proper reporting after the event.
- 7. <u>Evaluation</u>. The process of ascertaining or judging the value or adequacy of an action or an outcome by careful appraisal of previously specified data in light of the particular situation, and the goals or objectives previously established. (See also: inspection)
- 8. <u>Evaluator</u>. An individual who has obtained the required training and experience, as evaluated by the cognizant authority, to make an independent judgment or assessment of situational conditions to validate the worth or value against a set of standards, instructions, directives, etc.
- 9. <u>First Aid</u>. Any initial, one-time treatment and any follow-up visit for observation of minor scratches, cuts, burns, splinters, minor reactions or irritants from the training environment, etc., that does not ordinarily require medical

- care. Such one-time treatment and follow-up visit for observation is considered first aid, even though it may be provided by a physician or medical professional.
- 10. Fleet Training Authorities. Echelon 2 and 3 level headquarters exercising command of and providing policy, direction, or resources to some portion of the Navy's Fleet Response Training Plan or 7th Fleet Training Plan. These headquarters include: COMUSFLTFORCOM; COMPACFLT; numbered fleet commanders (Commanders, 3rd, 4th, 5th, 6th, and 7th Fleets); and TYCOMS (COMNAVSURFLANT/COMNAVSURFPAC, COMNAVAIRLANT/COMNAVAIRPAC, COMSUBLANT/COMSUBPAC, Naval Network Warfare Command, Naval Meteorology and Oceanography Command, Navy Expeditionary Combat Command, and MSC).
- 11. <u>Fleet Training Executors</u>. Commands responsible for the execution and sustainment of fleet training. They include training commands, school houses, and immediate superior in commands (ISIC) (e.g., COMSTRKFORTRALANT, COMSTRKFORTRAPAC, ATGs, TTGs, EWTGs, EOD TEUs, and SRGs).
- 12. <u>Formal Training</u>. Training conducted in a classroom, laboratory, or field exercise for which a course identification number is assigned.
- 13. High-Risk (See also: high-risk training)
- a. A term to describe a known or unknown condition or state where an elevated probability of loss or an increased level of severity is likely or imminent.
- b. A term used to describe situations that require special attention and intervention to prevent a declining situation.
 - c. May imply a dangerous situation.
- 14. <u>High-Risk Training</u>. All basic or advanced, individual or collective training in a traditional or non-traditional environment which exposes the crew, staff, students and or assets to the potential risks of death, permanent disability, or loss during training.
- a. 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 (D)" or "may occur-in-time (C)," must be considered high-risk training.

- b. A RAC 3 in severity level III (minor injury or damage) or severity level IV (minimal threat) should receive a cognizant authority review to confirm the assessment and reduce any ambiguity about the subjectivity of the assessment (i.e., an event scored as a C, II is a RAC 3 and is a high-risk event, while an event scored as B, III is also a RAC 3, not high-risk by definition, but should be closely reviewed by cognizant authority, 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).
- c. Some examples of high-risk training are: visit board search and seizure; survival (aviation, water, land); parachute; fire-fighting; damage control; jungle; desert; small arms; law enforcement; physical security; disaster preparedness; blaster; diver; EOD; basic underwater demolition; improvised explosive device defeat; sea-air-land; aircrew; survival escape and resistance; aviation water survival; and rescue swimmer schools, etc.
- 15. Imminent Danger. Conditions or practices in any site or area, classroom, or laboratory that pose a danger that reasonably could be expected to cause death or permanent or partial disability; significant mission degradation; system or asset loss; or major property or environmental damages expected in a relatively short period of time, and before such dangers could be eliminated through normal procedures.

16. Injury (See also: first aid)

a. A wound or other condition of the body caused by external force or deprivation (exposure, cold, dehydration, stress, or strain, etc.) to include the conditions leading to suffocation and drowning. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event or incident, or series of events or incidents.

b. Traumatic bodily harm, such as a cut, fracture, burn, or poisoning, caused by a single exposure to an external force, toxic substance, or physical agent.

17. Inspection (See also: evaluation)

- a. The process of determining compliance with regulations, directives, instructions, and standards by qualified persons through surveys of training sites, operations, and facilities.
- b. Careful and critical workplace monitoring for safety hazards and deficiencies. Results of inspections are usually reportable to the ISIC.

<u>Note</u>: Remote monitoring of command records or reviewing reports by headquarters or ISIC is considered a management evaluation function vice an inspection in the context of this instruction.

- 18. <u>Job Qualification Requirements (JQR)</u>. Locally prepared JQRs are modeled after PQS. Developed specifically for those instances where qualified personnel operators are required and no PQS exists. The unit's subject matter experts usually develop the JQR.
- 19. <u>Mishap</u>. Any unplanned or unexpected event, or series of events, causing death, injury, occupational illness; or damage, including days away from work, job transfer, or restriction; or causing materiel or assets to be lost or damaged, where if some or all causal factors that might have been corrected were corrected, the event or series of events would have been unlikely to occur. (See also: training mishap)
- 20. <u>Mishap Probability</u>. An assessment of the likelihood that, given exposure to a hazard, which is expected to be controlled by risk mitigation, e.g., engineering or administrative controls, or use of PPE, a mishap will likely result. (See also: probability and mishap)
- 21. Near-Hit or Near-Miss. Interchangeable word sets to identify a chance mishap event avoidance. An act or event that may have resulted in a mishap where the death, injury, illness or loss of asset was avoided merely by chance. Near misses constitute the greatest number of incidents Navywide. When the

event is recognized as a near-miss it may be debriefed as a near-hit to emphasize the severity of the event. Analyzing the near-miss patterns will likely lead to areas where improved risk mitigation controls are needed. Under-reporting is prevalent throughout the Navy. Therefore, everyone must be encouraged to report near-misses or near-hits, and commands must investigate and analyze the circumstances surrounding the near-incident to determine if additional mitigation is necessary.

- 22. <u>Non-traditional Training</u>. Formal training that is conducted by private sector personnel at contractor owned and operated facilities. The training agency or subordinate command responsible for sending students to non-traditional training sites must evaluate the liability for personnel safety in these facilities.
- 23. Operational Risk Management (ORM). The Navy's primary process to assess the potential for mission failure, inadequate force protection, and practices of personal risk. ORM is a decision-making tool used by all personnel to increase effectiveness by identifying hazards and reducing the risk associated with each hazard, which in turn greatly increases the probability of mission success. ORM is exceptionally suitable for reducing the inherent risk in high-risk training. The three levels in-depth, deliberate, and time-critical are used throughout training development to mission execution.
- 24. <u>Parent Service or Command</u>. The service or command to which personnel are permanently assigned.
- 25. <u>Pre-mishap Plan</u>. A command's internal plan of action to respond to a mishap event. It identifies key personnel actions and responsibilities to preserve the evidence and the scene for investigation and to identify reporting requirements. The premishap plan may be incorporated into the EAP, but commands must ensure the EAP's immediate actions are clear and the command's mishap investigation plan does not complicate the immediate actions.
- 26. <u>Qualified Safety Officer</u>. A graduate of any formal specific force safety officer course, or an equivalent compilation of safety courses, PQS or JQR, which meets the level

of experience and competence as judged by the designating authority, such as when assigning a qualified safety officer as a training safety officer.

- 27. Residual Risk. Risk remaining after mitigation controls have been identified, selected, and put into place to reduce, transfer, or adjudicate the associated risk. (See also: risk transfer)
- 28. Review. The process of technical consideration and assessment of the course content, or supporting documents, and programs by appropriately experienced and trained personnel.

29. Risk

- a. The possibility of suffering harm or loss as expressed in terms of hazard probability and severity; danger.
- b. A factor, thing, element, or course involving uncertain danger or hazard.
 - c. The danger or probability of loss.
- d. Chance of adverse outcome or bad consequence; such as injury, illness, or loss.
- e. A measure of the possibility that the future may be surprisingly different from what is expected.
- f. A composite of the nature of the hazard, degree of exposure to the hazard, time-duration of exposure to the hazard, degree of control exercised over the hazard; hazard whose potential for producing harm has been evaluated:
- (1) Low safety risk infrequent exposure to hazards that are not likely to cause fatalities or serious injury, such as those found in offices.
- (2) Moderate safety risk infrequent exposure to hazards that are likely to cause fatalities or permanent serious injuries, or have frequent exposure to hazards that are unlikely to cause fatalities or serious injuries, but are of a nature that is commonly recognized such as those found in light

materials handling or warehousing, light industrial or assembly operations not involving power machinery, and light construction not involving power machinery.

- (3) High safety risk frequent or regular exposure to hazards that are likely to cause fatalities or permanent serious injuries such as those found in manufacturing facilities; ordnance operations; shipyards; construction; electrical and electronics maintenance; elevated working environments; under water environments (diving and salvage); major warehousing or materials handling or weight lifting; stevedoring or dock work; and hazardous materials transportation, etc.
- 30. Risk Assessment. A structured process to identify and assess hazards. An expression of potential harm, described in terms of severity or mishap probability and exposure to hazard. (See also: hazard severity, mishap probability, RAC, and job hazard analysis)
- 31. Risk Assessment Code (RAC). An expression of the risk associated with a hazard that combines the hazard severity or mishap probability into a single Arabic numeral value or a value otherwise defined by policy, instruction, or regulation. A common risk assessment matrix is identified in enclosure (5).
- 32. <u>Risk Decision</u>. The decision to accept or not accept the risk(s) associated with an action. The decision is made by the commander, supervisor, or individual performing the action within the constraints of authority and law (i.e., SOPs or other directives) to comply with ORM principles.
- 33. Risk Management. The Department of the Navy's principle structured risk reduction process used to assist leaders in identifying and controlling hazards and making informed decisions. Risk management is a looped process that involves identifying hazards; assessing hazards to personnel, equipment, and mission; developing controls; making risk decisions to eliminate all unnecessary risks; implementing controls; and supervising and evaluating the appropriateness of established controls and making necessary adjustments. Risk management prepares personnel to make decisions during the mission and includes assessing the situation, balancing available resources, communicating their intentions, executing the mission, and

debriefing the events. Preparing personnel for the possibility that future evolutions may include continually changing events requires appropriate risk management training.

- 34. Risk Management Integration. The processes by which individuals and organizations embed risk management processes and principles into all that they do.
- 35. <u>Risk Transfer</u>. The act of transferring risk to individuals, activities, or organizations by use of select mitigation mediums and controls. The product of risk transfer is residual risk. (See also: residual risk)
- 36. Risky. Behaviors, practices, or actions involving risk or danger; hazardous.
- 37. <u>Safety Awareness Training</u>. Relevant safety program, system, or specific hazard training sufficient to enable assigned personnel to actively and effectively support programs in their specific areas of responsibility.
- 38. <u>Safety Review</u>. A comprehensive review of high-risk training conducted by training, safety, and, as appropriate, medical personnel to ensure courses are being taught with minimum risk to students and instructors. Safety reviews include mishap data, curriculum and instructional techniques, and safety requirements incorporated into course curricula. Additionally, training records, student critiques, and instructor qualifications and evaluations are examined. Safety reviews are conducted at least annually by COs and OICs of training activities and may be combined with other safety and training programs as long as all criteria are met.
- 39. <u>Self-Assessment</u>. Performing an internal review of processes and practices that are normally assessed by an external organization.
- 40. <u>Site Survey</u>. The process of determining programmatic compliance with regulations, directives, instructions, and standards through physical surveys of training sites, operations, and facilities.
- 41. <u>Staff</u>. Military or civilian personnel serving in the role of management, administration, or oversight of high-risk

training. Staff members include command leadership, facilitators, trainers, training officers, command safety officers, instructors, training safety officers, etc.

42. Standard Operating Procedure (SOP)

- a. The required document providing detailed, step-by-step instructions for conducting a procedure (in this case safe training), which ensures compliance and or includes safety precautions from, but not limited to the following:
 - (1) Technical manual requirements.
 - (2) Military and preventive medicine manuals.
 - (3) Aviation training and operation procedures.
 - (4) PQS.
 - (5) JQR.
- (6) Federal, State, local environmental protection standards.
 - (7) Security or physical security.
- b. The SOP is an example of an in-depth risk mitigation process to produce both an administrative control and a resource to be called upon during execution of training.
- 43. <u>Student</u>. Any person enrolled in or required by cognizant authority to participate in training. Examples of students include: crews, crew members, teams, team members, units, unit members, boarding teams, individuals, etc.
- 44. <u>Time-Critical Risk Management</u>. One of the three levels of ORM. A risk mitigation tool used during execution of a mission.
- 45. <u>Traditional Training</u>. Formal training conducted by naval personnel or contractors at a Navy owned and operated facility.
- 46. <u>Training Agency</u>. An office, bureau, command, or headquarters exercising command of or providing support or oversight to a Navy or fleet training activity (i.e., NETC,

BUMED, Naval War College, U.S. Naval Academy, Naval Reserve Force, Naval Postgraduate School), or those specialized commands which establish mission essential training objectives and perform the duties and responsibilities of training agencies for the purpose of providing training policy and or guidance.

- 47. <u>Training Mishap</u>. Any mishap that occurs to instructors, students, or assets while conducting formal, traditional, nontraditional, or unit level training as a result of the curriculum or the environment (including training devices, materiel, equipment, etc.) as identified in reference (c).
- 48. Training Safety Officer. Commanders, COs, or OICs of training activities conducting high-risk courses must designate a qualified safety officer as the command's training safety officer. Training safety officers shall be further qualified by site specific JQR. Training safety officers are those individuals who oversee training but are not involved with the actual training event as an instructor. Training safety officers are concerned with every aspect of providing safe training, evaluation, and monitoring, and in performing safety reviews, investigations, and proper mishap reporting. (See also: assistant training safety officer)
- 49. <u>Training Time Out</u>. In any situation when students or instructors express concern for personal safety or a need to clarify procedures or requirements, they shall call a training time out. Training will immediately cease until the situation or condition is returned to a safe state. Then and only then will training resume.

50. Unit Level Training

- a. Command-sponsored training designed to meet formal training requirements in specific and unique areas where a valid requirement to train and develop proficiency exists.
- b. Training performed by a unit to maintain the operational capabilities required to accomplish the command mission. Any training meeting the definition of high-risk must be reported to the cognizant unit commander, CO, or OIC.

Note: Unit level high-risk training has the potential to be more dangerous than any formal training primarily due to the demand for oversight and frequency of the training. The cognizant commander, CO, or OIC must be made aware of the preparation to provide any unit level training that meets the definition of, or risk assessment equivalent to, designated high-risk training. These leaders bear the responsibility to mitigate the risk for instructor, student, and asset. All are essential to mission success, and, therefore, a deliberate risk assessment must be completed and reviewed for each high-risk training evolution. level training following approved curriculum, where a course identification number is assigned, must follow the Navy's schools management manuals for administration and control.

- c. At a minimum, high-risk unit level training must follow the policy and procedures contained within this instruction for the following areas:
 - (1) EAPs.
 - (2) Training time out procedures.
 - (3) Risk management.
- d. Unit level physical training for general fitness enhancement is not deemed high-risk if it is performed to meet requirements as stipulated by reference (g).
- 51. <u>Validation</u>. A demonstration that the curriculum or SOP is effective and will result in a safe, effective, and efficient operation. (See also: inspection; evaluation)
- 52. <u>Voluntary Training</u>. Formal high-risk training that is designated as "voluntary."

COMMAND SCREENING GUIDE

1. Objective. Training activity COs are ultimately responsible for ensuring high-risk instructor candidates are screened for professional, physical, and psychological suitability. This guide will assist COs in conducting screenings appropriate to the training environment and risk or stress level. While the instructor screening process must begin at the detaching activity, it is the responsibility of the gaining activity to inform the detaching activity that the candidate will teach high-risk curricula and the level of screening required. The outline below describes the screening process and identifies the majority of physical and psychological factors that could disqualify someone for high-risk instructor duty.

2. Screening and Interview Sequence

- a. Upon identifying a candidate for high-risk instructor duty, the gaining activity shall contact the detaching activity and provide appropriately tailored screening requirements and forms for recording screening milestones. The candidate shall be fully screened to the standards outlined below. Training activity COs may wish to repeat portions of the screening, but all training activities shall interview incoming instructor candidates. Subparagraphs 2b(3)(a) through 2b(3)(c) provide some helpful guidelines in determining suitability.
- b. All high-risk instructor candidates shall have the following procedures completed:
- (1) Service Record Review. Any adverse administrative entries, below average performance evaluations, non-judicial punishment, etc., shall be brought to the CO's attention prior to the interview. The training activity CO may delegate record screening authority to a subordinate within the command. Instructions for online service record accounts can be found at http://www.npc.navy.mil/CareerInfo/RecordsManagement or https://nsips.nmci.navy.mil, and additional assistance may be obtained at the Navy Standard Integrated Personnel System Help Desk 1-877-589-5991 or e-mail NSIPSHELPDESK@NAVY.MIL.
- (2) <u>Physical Requirements</u>. The candidate must meet general duty physical readiness requirements per reference (g),

and any special duty qualifications required by chapter 15 of the Manual of Medical Department (MANMED), such as diver, flight, or firefighter requirements.

(3) <u>Medical Officer Evaluation</u>, <u>Record Review</u>, and <u>Questionnaire</u>

- (a) Candidates shall complete OPNAV 1500/53. This questionnaire shall be forwarded as an enclosure with the request for medical screening and interview (refer to the sample provided on page 5 of this enclosure).
- (b) Competent medical authority (i.e., medical officer, nurse practitioner, physician assistant or independent duty corpsman) shall conduct the medical record review.
- (c) All prospective high-risk instructor candidates shall have a psychological evaluation conducted by a competent medical authority. Areas of concern and suggested questions are provided in enclosure (3). Training activities shall provide these questions as an enclosure with the request for medical screening and interview for high-risk instructor candidates only.
- (d) The medical activity completing the review shall forward the results to the requesting CO or OIC utilizing the sample "results of medical screening" provided on page 4 of enclosure (3).
- (4) <u>CO's Interview</u>. The CO's interview is required for high-risk instructor candidates. The interview shall be conducted following the service and medical record review, and medical officer evaluation. The CO's interview must assess how specific factors have affected and will likely affect a candidate's performance in a high-risk training environment. This interview is the final factor in determining suitability for high-risk instructor duty. The areas of concern, with suggested questions, are provided in enclosure (4). The training activity CO may delegate interviewing authority to a qualified, designated subordinate within the command.

3. Determination of Suitability

- a. The following criteria outline serious risk issues that provide cause for disqualification for high-risk or instructor duty:
- (1) Chronic medical condition, which hampers the candidate's ability to perform training duties.
- (2) In-service hospitalization for a major mental disorder such as a psychotic disorder, bipolar disorder, major depression, or suicide ideation or behavior.
- (3) In-service diagnosis of personality or impulse control disorder.
- (4) Any confirmed incident of child or spousal abuse (by member).
- b. The following criteria outline risk issues that must be closely investigated, would likely require specialty referral for expert evaluation, and may be cause for disqualification from consideration as a high-risk instructor:
- (1) Disciplinary problems or adverse service record NAVPER 1070/613 page 13 entries.
 - (2) Poor work performance trends.
 - (3) Incident resulting in referral to family advocacy.
- (4) Medically noted traits of a personality disorder not sufficient to support diagnosis of personality disorder.
- (5) Treatment for a substance use disorder within the last 2 years (still in the aftercare period).
- (6) In-service outpatient treatment for evaluation or therapy for suicide ideation, threats to harm others, or other mental health problems.
- c. Candidates must meet any specific guidelines in the MANMED, chapter 15, for general duty criteria and any special duty qualifications.

- d. Based on screening results, the detaching CO shall recommend, via NAVPER 1070/613 page 13, by official Navy message to the Bureau of Naval Personnel (BUPERS) and the gaining command, whether or not the candidate should be assigned to high-risk instructor duty.
- e. If the gaining activity declines the candidate based on the detaching activity's negative recommendation for high-risk instructor duty, the detaching activity shall request that BUPERS reassign the candidate to other than high-risk instructor duty.
- f. If the gaining activity accepts the candidate, they shall interview the candidate and review the results of the screening.
- g. A NAVPERS 1070/613 page 13 shall be made indicating the candidate's suitability or unsuitability for high-risk instructor duty. This entry shall be signed by the training activity CO or designated representative. The NAVPERS 1070/613 page 13 service record entry shall not identify reasons for unsuitability.

REQUEST FOR MEDICAL SCREENING

			(Date)
From:	Commanding Officer,		
To:	OIC,	Branc	h Medical Clinic
Subj:	REQUEST FOR MEDICAL SCRI	EENING FOR HIGH-RI	SK INSTRUCTOR
Ref:	(a) OPNAVINST 1500.75C		
Encl:	(1) OPNAV 1500/53 (Oct 2)(2) Medical Officer's In (3) Results of Medical 3	nterview Guide	tionnaire
assist	quest you conduct the for us with screening subjection igh-risk instructor per	ct named member fo	
	For High-Risk Instructoure (1) and submit to med		
presend office:	Screen medical record oce. Screening must be cor, nurse practitioner, plorpsman.	onducted either by	a medical
the med provide	Enclosure (2) is provious dical record screening as ed to assist in reporting squalifying factors are provided to the squalifying factors.	nd interview. Enc g a determination	losure (3) is
reveals must be	e reviewer may request as a need for it. The rese e forwarded to the requestate's medical record.	sults of the medic	al screening
3. Му	point of contact is		·
	(Na	ame)	(Phone)
		(Signature)	

MEDICAL OFFICER'S INTERVIEW GUIDE

The following are suggested topics for the medical interview. For any issues that are not resolved to the medical officer's satisfaction during the interview, refer for specialty consult or evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

1. Interpersonal Relationships and Job Adjustment

- a. "Have you ever been referred to a physician or chaplain due to personal or work-related stress that adversely affected your performance?"
- b. "Have you any history of spousal or child abuse or suicidal behavior?"
- c. "Have you experienced any anxieties or phobias that have caused you to be removed from a particular work environment?"

2. Mental and Physical Health

- a. "Have you consulted a civilian health care provider within the past year?" (As appropriate, the medical reviewer should obtain records from the civilian physician.)
- b. "Are you currently taking prescription medications?"
 "Will the condition affect your ability to perform duties?"
- c. "Have you ever gone before a medical board?" (A copy must be available in the candidate's health record.)
- d. "Is there any documented history of psychological or physiological reaction to stress, tension, vascular headaches (recurrent), upper respiratory symptoms, or unstable hypertension?" (Explore any history of emotional problems that would suggest vulnerability to maladaptive stress coping, such as adjustment (situational) disorders, depressive episodes, or recurrent anxiety.)
- e. "Have you ever been concerned at any time about your emotional health or ability to cope with stress?"

- f. "Have you ever sought psychological counseling by a physician, psychologist, priest, social worker, etc.?"
- g. "Have you threatened suicide or any other self-destructive behavior?"
 - h. "Have you ever threatened to hurt another individual?"
- i. "Have you ever experienced persistent irrational fear or phobias such as flying, high places, confined spaces, water, etc.?"
- j. "Do you have a problem with anger, recurrent anger, or controlling anger?"

3. Substance Abuse

- a. "Have you ever consumed alcohol during work hours or come to work hung over, requiring a referral for competency for duty?"
- b. "Have you ever been referred for evaluation for substance abuse?"
- c. "Have you ever been involved in an alcohol-related incident?"
- d. "Have you ever had concern about your drinking pattern or experienced guilt or remorse for behavior that occurred while drinking?"
- e. "Has alcohol ever caused any family, personal, or work difficulties?" (Specifically address driving under the influence, fights, guarrels, and tardiness or missing work.)
 - f. "Do you have a history of drinking excessively?"
 - q. "Do you drink early in the day?"
- h. "Has anyone criticized your drinking pattern or advised you to change your drinking pattern?"
 - i. "Have you ever experienced blackouts?"

4. <u>Interpersonal Relationships.</u> Was the candidate abused as a child (physically, emotionally, or sexually)?

5. Documented History of Impulsive Behavior

- a. Is there any evidence of untreated alcohol abuse or alcohol dependence? (At least 1-year post treatment with an adequate documented recovery program is required prior to accepting orders as a high-risk instructor).
- b. Is there any psychiatric diagnosis of personality disorders? (Applicable in the case of any psychiatric diagnosis requiring medication or hospitalization unless symptom-free for 1 year and declared fit for full duty by a formal medical board.)

RESULTS OF MEDICAL SCREENING

		(Date)
From: To:	OIC, Branch Clinic Commanding Officer,	
Subj:	RESULTS OF MEDICAL SCREENING FOR HIGH-RISK DUTY ICO:	INSTRUCTOR
Informa disqual	quested screening and interview have been contion does or does not indicate that there a lifying factors in the instructor's medical ate is or is not suitable for high-risk inst	re potentially history. The
Comment	zs:	
		<u> </u>
	(Signatu	re)

COMMANDING OFFICER'S INTERVIEW GUIDE

The following are suggested topics for the CO's interview. For any issues that are not resolved to the CO's satisfaction during the interview or commented on by the medical reviewer, refer the candidate to the local health care facility for specialty consult and evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

1. Interpersonal Relationships and Job Adjustment

- a. "Have marital problems, financial problems, or family advocacy issues ever adversely affected your work performance?"
- b. "Have you ever had problems relating to your supervisors?"
- c. "Have you been a supervisor?" "Are you comfortable in that role?" "Have you had problems dealing with subordinates?"
- d. "Have you had disciplinary problems or lost your temper in the work place?"
- e. "Do you understand and adhere to guidelines for sexual harassment, core values, and personal discrimination?"
- f. "Have you switched rates or had problems advancing in rate?"
- g. "Have you ever been counseled for fighting, writing bad checks, indebtedness, or unauthorized absence?"
- h. "Since enlistment or commissioning, have you ever been arrested?"
- 2. <u>Interpersonal Relationships</u> (Using information obtained from service records review or interview, address the following areas.)
- a. How many times has the candidate been engaged, married, or divorced? (more than twice should raise concern).

- b. Does the candidate have broken active duty? If yes, explore the reasons.
 - c. How many times has the candidate been fired from a job?
- d. During broken service, was the candidate unemployed for 6 or more months?
- 3. <u>Documented History Of Impulsive Or Aggressive Behavior</u>. (This information may be substantiated by service record review.)
- a. Since entering the naval service, has the candidate ever been involved in a fight or physical altercation? If so, how many? These must be thoroughly evaluated. This is especially important if injuries occurred.
- b. The candidate must be specifically asked about civilian arrests and asked to provide information. More than one misdemeanor arrest or any felony arrest must be fully evaluated.
- c. Has the candidate ever been suspended or expelled from school? More than once may be significant. The interviewer must explore the number of times and the reason. Concern should be raised if this occurred during his or her high school years.
- d. Does the candidate do things without thought that get him or her into trouble? (Examples might include impulsive spending, speeding tickets, going unauthorized absence or saying things in anger that later have to be retracted).
- e. Is there a documented history of unreliability or has there been a concern about irresponsible behavior?
- f. Is there any documented history of recurrent indebtedness, gambling, or misuse of personal funds significant enough to be drawn to command attention?

Note: When instructor candidate is referred to the local medical facility for a mental health evaluation, it must entail, at the minimum, a standard diagnostic interview conducted by a qualified mental health professional. Hospital corpsmen or other such individuals are not satisfactory for this purpose. Any

OPNAVINST 1500.75C 22 Aug 2014

indicated psychometric testing may be utilized. The mental health professional must report on the SF 513 Medical Record - Consultation Sheet any diagnoses using criteria of DSM-III-R, Diagnostic and Statistical Manual of Mental Disorders, third edition, revised. A professional opinion must be rendered regarding the psychological suitability of the candidate for the proposed high-risk instructor billet.

RISK ASSESSMENT AND MANAGEMENT MATRIX

(Read process procedures in OPNAVINST 3500.39C before using this matrix) (Department of the Navy Standard)

RISK MANAGEMENT MATRIX OPNAVINST 3500.39C		PROBABILITY				
		FREQUENCY OF OCCURRENCE OVER TIME				
		A	В	С	D	
EFFECTS OF MISHAP		Likely	Probable	May	Unlikely	
SEVERITY	I Death, Loss of Asset	1	1	2	3	
	II Severe Injury, Damage	1	2	3	4	
	III Minor Injury, Damage	2	3	4	5	
	IV Minimal Threat, Injury or Damage	3	4	5	5	

RISK ASSESSMENT CODES (RAC): 1-critical, 2-serious, 3-moderate, 4-minor, 5-negligible

- 1. $\underline{\text{Hazard Severity}}$ The expected consequences of an event in terms of degrees of injury, property damage, or other mission-impairing factors.
- I: May cause DEATH, LOSS of facility or asset, or MISSION FAILURE.
- II: May cause SEVERE injury, illness, property DAMAGE, or SIGNIFICANT MISSION DEGRADATION.
- III: May cause minor injury, illness, property damage, or SOME MISSION DEGRADATION.
- IV: Minimal threat or little to NO IMPACT on MISSION ACCOMPLISHMENT.
- 2. <u>Hazard Probability</u> The likelihood an event will occur.
 - A = Likely: Likely to occur immediately or within a short period of time.
 - B = Probable: Probably will occur in time.

- C = May: May occur in time.
- D = Unlikely: Unlikely to occur.

3. RAC

- 1 = Critical
- 2 = Serious
- 3 = Moderate
- 4 = Minor
- 5 = Negligible

 $\underline{\text{Note}}\colon$ Bold borders in the risk assessment matrix indicate a RAC meeting the threshold for designation as high-risk training. RAC 1, 2 inclusive and RAC 3 in severity levels I and II.