



LOUISIANA NATIONAL GUARD

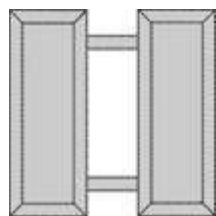
PROTECT WHAT MATTERSSM

SOLDIER MEDICAL READINESS



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Medical Readiness



State Surgeon's Office



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Medical Readiness Statistics

NGB MRC : 81.90%

MRC by DRU as of 11 Feb 2022	256 IBCT	225 EN	139 RSG	SAC	199 RTI	61 TC	JFHQ	LANG
DEPLOYABLE	95.53%	94.04%	95.15%	96.15%	87.61%	95.29%	90.21%	94.67%
MRC 1 - 2	2570	1450	1637	530	93	231	472	6983
MRC 1 - 2 %	82.66%	83.05%	87.26%	84.94%	82.30%	83.70%	75.76%	83.46%
MRC 3	271	207	157	45	20	21	80	801
MRC 3%	8.72%	11.86%	8.37%	7.21%	17.70%	7.61%	12.84%	9.57%
DL1 (Temp > 14)	86	75	65	17	11	10	47	311
DL2 (Dental)	142	99	64	19	6	9	20	359
DL3 (Pregnant)	11	3	8	3	1	1	3	30
DL4 (MAR 2)	3	5	1	0	0	0	1	10
DL5 (MEB)	24	16	10	1	1	1	8	61
DL6 (ND-PEB)	16	15	8	4	1	1	1	46
DL7 (PERM)	5	5	5	2	0	0	2	19
MRC 4	268	89	82	49	0	24	71	583
MRC 4%	8.62%	5.10%	4.37%	7.85%	0.00%	8.70%	11.40%	6.97%
Adjusted Strength	3109	1746	1876	624	113	276	623	8367
Deployable	2970	1642	1785	600	99	263	562	7921



MRC

MRC	Short Definition	Medical Definition	Commander Deployability Personnel Determination
MRC1	Medically Ready / Deployable	MRC 1 Meets all Medical Readiness Requirements and Dental Readiness Class 1 or 2 - Temp Profile for 7 days or <	Not Required
MRC2	Partially Medically Ready / Deployable, unless changed per Commander for SM's with temp profile duration of 15-30 days	MRC 2 <i>Soldier is deficient in one of the following:</i> - Temp profile between 8 and 30 days inclusive - Hearing Readiness Class 4 (current within 13 months) - Vision Readiness Class 4 (current within 15 months) - DNA (Drawn/on file with DoD Repository) - HIV (Drawn/Validated with DoD Repository) - Immunizations current or valid exception (Routine Adult Immunization Profile) - HepA, HepB, TDAP, MMR, Polio, Varicella, (Influenza seasonal) - Individual Medical Equipment (1MI, 2 pairs of eye glasses, MCEP-1, MWT, and Hearing Aid w/batteries if required)	Soldiers with temporary profiles of 15-30 days in duration, Commanders may use the Commanders Portal to change status to Non-deployable if deemed so
MRC3	Not Medically Ready / Non-Deployable (CDR determines Deployability for): Temp Profile > 30 days (DL 1) Dental Readiness Class 3 (DL 2)	MRC 3 <i>Soldier is deficient in one of the following:</i> DL 1 - Temp profile > 30 days DL 2 - Dental Readiness Class 3 DL 3 - Pregnancy or Post-Partum DL 4 - Permanent profile indicating a MOS Administrative Retention Review (MAR-2) needed DL 5 - Permanent profile indicating a MEB action is needed DL 6 - Permanent profile indicating a Non-Duty Related action is needed DL 7 - Permanent profiles with a deployment / assignment restriction code (F,V, or X)	Deployment Limiting Condition DL 1/2 is Not Medically Ready / Non-Deployable and Commander determines Deployability DL 3/4/5/6: Soldier cannot be deemed as deployable by Commander and by policy DL 7: Soldier cannot be deemed as deployable by the Commander. Upon receipt of assigned mission, may request COCOM waiver
MRC4	Soldier is deemed as deployable in Unit Status Report but PHA and Dental exams remain as annual requirements	MRC 4 <i>Status is unknown</i> <i>Soldier is deficient in one of the following:</i> Periodic Health Assessment (PHA) (Current within 15 months) Dental Readiness Class 4 (Current within 15 months)	Not Required



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Medical Readiness Smart Card

Deployable (Goal 95%)
MRCGo (MRC1 & MRC2) + DL2 + MRC4

Medically Ready (Goal 90%)
MRCGo (MRC 1 & MRC2)

Medical Readiness Codes	
MRC 1	Medical Ready / Deployable
MRC 2	Partially Medically Ready / Deployable
MRC 3 (DL1, 3-7)	Not Medically Ready / Non-Deployable
MRC3 (DL2)	Partially Medically Ready / Deployable
MRC 4	Medically Indeterminate (Expired PHA / Dental Exam) / Deployable

MRC3 Deployment Limitation (DL) Codes Explained		
DL1	Temp Profile 30 days+ (Deployable with Commander Determination)	"Fixable"
DL 2	Dental Treatment Required (DRC3)	
DL 3	Pregnancy	"Hard Down"
DL 4	MAR2 Board (MOS Retention Board)	
DL 5	Medical Evaluation Board (MEB)	
DL 6	Non-Duty Physical Evaluation Board (ND-PEB)	
DL 7	PERM Profile with Deployment/Assignment Restriction Codes (F,V,X) Possible COCOM Waiver	

Medically Ready Deployable	Not Medically Ready Non-Deployable	Partially Medically Ready Deployable	Medically Indeterminate / Deployable	Deployable with Commander Determination
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Senior Cdr Portal Home Page

MEDPROS
Logout

SENIOR COMMANDER PORTAL ▲

Dashboard

Manage Profiles

COMMANDER PORTAL ▼

Readiness Projection
Today | 7 Days | 30 Days | 60 Days | 90 Days
Export Dashboard | Print

916TH SPT BDE

916TH SPT BDE

89%

Overall Unit Readiness
3212 out of 3703 Soldiers

Readiness Projection

4% ↓ MRC4
133 Soldiers

10% ↓ MRC3
358 Soldiers

21% ↑ MRC2
792 Soldiers

65% ↑ MRC1
2420 Soldiers

Direct Report Unit Overview

Unit	Overall Unit Readiness	# Profiles	# Unviewed Profiles	% Deployable	# Pending Deployability Decision	# MNR Determined Deployable
916TH SPT BDE HHC	95% ↑ 20 out of 21 Soldiers	6	2	98%	0	2
HQ, NATIONAL TRAINING CENTER AND FORT IRWIN	87% ↑ 2710 out of 3098 Soldiers	150	22	89%	141	7
2916 AVN BN 916 SPT BDE	87% ↑ 229 OUT OF 261 Soldiers	53	13	84%	27	3
1916TH SUPPORT BATTALION	79% ↓ 227 out of 287 Soldiers	87	8	81%	31	1
NTC MCC	72% ↓ 26 OUT OF 36 Soldiers	8	4	63%	8	2

Manage Profiles

304	On Profile
49	Unviewed Profiles
27	>180 Days Temporary Consecutive Days on Profile

Deployability Summary

3703 Total Soldiers

Medically Deployable (3111)

Medically Not-Deployable (592)

Pending Decision (247)

Resources

MRAT Statistics

IDES



SR. CDR View of the Company CDR Dashboard

MEDPROS
Logout

SENIOR COMMANDER PORTAL ▲

Readiness Projection
Today
7 Days
30 Days
60 Days
90 Days

Export Dashboard
Print

916TH SPT BDE / 2916 AVN BN 916 SPT BDE / LOREM IPSUM / LOREM IPSUM / LOREM IPUSUM / LOREM IPSUM / 0293 MP CO COMBAT SUPPORT

0293 MP CO
COMBAT SUPPORT

87%

↑

Overall Unit Readiness
138 out of 161 soldiers

Readiness Projection

1%	⬇	MRC4 2 Soldiers
12%	⬇	MRC3 19 Soldiers
3%	⬆	MRC2 6 Soldiers
84%	⬆	MRC1 135 Soldiers

Manage Profiles

82	On Profile
5	Unviewed Profiles
0	>180 Days Temporary Consecutive Days on Profile

Action Items (12)

21 of 161 Soldiers with deficiencies for unit readiness

MRC	Name	Deficiencies
4	Cooper, Blain	PHA
4	Gonsalves, Anna	IMM, DRC4, PDHA
4	Shaefer, Alan	PHA
3	Eliot, Mac	PHA
3	Hawkins, Rick	PHA
3	Ramirez, Jorge	PHA
3	Sole, Billy	PHA
2	Cantrell, Leona	IMM
2	Harrigan, Mike	VRC, HRC
2	Hopper, Jim	IMM
1	Hall, Kevin	PDHA
1	Homer, Phillips	PDHA

[View all action items](#)

Messages (30)

Search messages...

1-3 of 30 unread messages

- Shaefer, Alan**
From: COL Smith, John
Received on 2015/12/08 at 0900
Regarding: ale

I need clarification on the timeframe for the Soldiers required physical therapy.
- Shaefer, Alan**
From: COL Smith, John
Received on 2015/12/07 at 0900
Regarding: Left Ankle

Additional detail has been added to the profile in regards to the requirements for physical therapy.
- Cooper, Blain**
From: MAJ Cook, Sally
Received on 2015/12/01 at 0900
Regarding: Concussion

Please confirm that the concussion is moderate as indicated on the profile. I am concerned due to the length of the profile.

Manage Deployability

161 Total Soldiers

Medically Deployable (140)	<div style="background-color: #2e7d32; height: 10px; width: 86%;"></div>
Medically Not-Deployable (15)	<div style="background-color: #2e7d32; height: 10px; width: 9%;"></div>
Requires Decision (6)	<div style="background-color: #2e7d32; height: 10px; width: 4%;"></div>

Resources

- MRAT Statistics
- IDES

Help



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Medical Readiness Updates (Medical Support)



State Surgeon's Office



Individual SM Responsibility

Key Requirements IAW AR 40-501:

Unit Commanders and ISGs must understand it is the individual SM's responsibility to maintain medical readiness and report changes to command.

1. Maintenance of physical and medical fitness is an individual military responsibility, particularly with reference to preventable conditions and remediable defects.
2. SMs have an obligation to maintain themselves in a state of good physical condition so that they may perform their duties efficiently.
3. SMs are responsible to seek medical care and report such medical care to their unit commanders. This reporting includes civilian health care. Civilian health records documenting a change which may impact their readiness status will be placed in the reserve component Soldier's military health record.
4. Non-duty related medical cases are the SM's responsibility and he/she **must** provide the appropriate medical consults from his/her civilian physician (for Medical Readiness Determination (MRD)/Physical Profiles).



LANG 68W Distribution

Louisiana ARNG has 360 68W's

68W Distribution by DRU

256 IBCT – 191 Medics

139 RSG – 50 Medics

225 EN – 43 Medics

SAC – 22 Medics

JFHQ – 39 Medics (MED-DET – 31 Medics)




61 TC – 11 Medics

199 REGT – 4 Medics

Unclassified



Periodic Health Assessments

- Annual Requirement
 -  Green = completed within 12 months – meets the standard
 -  Amber = completed within 12-15 months – meets the standard
 -  Red = completed greater than 15 months – DOES NOT meet the standard
- Monitor Unit Medical Readiness to prevent delinquencies
 - MEDPROS scrub 30-60-90 days out
- Purpose of a PHA is to serve as a preventative screening tool used to identify and increase visibility of a SMs Individual Medical Readiness
 - Profiles may be created through the PHA process, including Case Management, to further identify SMs with significant medical limitations or issues
 - Commanders and Readiness NCOs are encouraged to obtain e-Profile access to maintain full visibility of current profiles



Dental Readiness

- Annual Requirement
- Dental Readiness Classes:
 - ■ DRC 1
 - Completed within 12 months – meets the standard
 - No anticipated dental issues within the next year
 - Available/Deployable
 - ■ DRC 2
 - Completed within 12-15 months – meets the standard
 - Non-urgent treatment requirements
 - Available/Deployable
 - ■ DRC 3
 - Completed within 12-15 months, but urgent/emergent treatment is required – DOES NOT meet the standard
 - Severe pain, trauma or active infection
 - Asymptomatic condition that will likely be emergent within 12 months
 - Unavailable/Non-deployable
 - ■ DRC 4
 - Completed greater than 15 months ago – DOES NOT meet the standard
 - Unknown Status – requires exam
 - Unavailable/Non-deployable



Dental Readiness

Jan 2022	Class 1 & 2	%	Class 3	%	Class 4	%	AVS Vouchers	LHI Review	LHI WKG scheduled	No Contact SM need to access LHI care	Pending Set Up Appt	Appt Scheduled	Total
JFHQ	526	83.90	18	2.87	83	13.20		1	0	0	1	2	4
225 th EN BN	1592	90.80	99	5.65	62	3.50		1	0	3	0	2	6
256 th IBCT	2751	88.60	155	4.95	199	6.40		0	0	1	0	2	3
139 th	1754	92.90	60	3.51	73	3.90		0	0	0	0	1	1
204 th	560	89.50	20	3.19	46	7.30		0	0	0	0	1	1
199 th REG	106	93.80	6	5.31	1	0.90		0	0	0	0	0	0
61 st	254	92.00	10	3.62	12	4.30		0	0	0	0	1	1
AGR	701	89.20	22	2.80	63	8.00							

Medical Events							
Event	Class 3s	Converted to DRC2	Remained Class 3	Voucher Issued	Using Own Insurance	Refusals	Attending Next Event
165 th CSSB North/Army Band/ 1022nd PHA 8-9 Jan 22	51	15	36	6	29	0	0
2-156/256 HHC BDE PHA 8-9 Jan 22	17	0	17	2	5	0	1



Dental Readiness

Options to Correct Dental Deficiencies:

1st Option: DD Form 2813 completed by civilian dentist

- Submit completed form and xrays to BN MRNCO or SSO to upload into DENCLASS NLT 30 days prior to PHA/Dental Readiness Event

2nd Option: Army SELRES Dental Readiness System (ASDRS) Vouchers

- Coordinate with BN MRNCO or SSO to create voucher
- Each voucher created allocates \$87 per exam and/or \$618 per treatment – unused or expired vouchers cause allocated money to be lost

3rd Option: Attend unit PHA/Dental Readiness Event

4th Option: SSO Direct Pay for emergency use only



Annual Training Support

- Troop Medical Clinics (TMC) and SSO/MEDCOM medical staff are available to support unit annual training with advanced notice and coordination
 - TMC Facility Request Only – NLT 60 days prior to requested dates
 - Staff and TMC Facility Request – NLT 90 days prior to requested dates
 - Units **must** use all available internal medical assets prior to requesting additional support
 - Service members suspected of COVID infection will be processed for quarantine by unit command in coordination with SSO; they will not report to the TMC
 - TMC SOP will be provided to unit leadership prior to requested dates
- TMCs are not staffed for day to day operations
- Units must request any medical support required for annual training through their BN-DRU who will coordinate with SSO Operations



LODI

- **LODI:** Line of Duty Investigation.
- Requested from the SSO to the SM's Unit.
- Requested for any medical condition that fails to meet AR 40-501 Ch. 3 standards if the condition appears duty related with no previous LOD completed.
- Requesting LODI memo, medical documents, and temporary profile sent to the unit to input into the LOD (eMPPS) module.
- 45 day time frame given to initiate the LOD for the SM.
- Once completed and determination is made, SSO can continue preparation for the medical board process.



Soldier Treatment Records

- When medical records received, it should immediately be scanned into HRR. Once scanned, document should be stamped, “Scanned into HRR” with the initials and date of person that completed the scanning.
- When the medical record is turned in to SSO records, all loose paperwork should be secured into the folder.
- When entering documents into HRR, please note the date of the document, NOT the date you are scanning them in.
- Each MRNCO will sign for HRR Stamp and MOI



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Medical Readiness Updates (Behavioral Health)



State Surgeon's Office



Behavioral Health Program

- Provide Behavioral Health assessments, evaluations, individual and family intervention and referrals for LANG Soldiers and families
- Provide 24/7 on call Behavioral Health crisis service
- Makes recommendations to unit commanders for courses of action for available services and resources
- Provide clinical case management for compliance with plans of care
- Provide critical incident event management services
- Provide bereavement services to LANG units
- Assist in Behavioral Health training for LANG units



LANG BEHAVIOR HEALTH PERSONNEL

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Behavioral Health Awareness

- First line leaders may be the first to recognize symptoms and/or risk factors that indicate a SM may need referral to behavioral health care
- Risk Factors include:
 - Expresses hopelessness
 - Persistent symptoms of depression or anxiety
 - Loss and/or absence of support within family or intimate relationships
 - Excessive use of alcohol or drugs
 - Loss of physical health capacity, especially resulting in potential separation of the military
 - Loss or lack of social support
 - Presence of multiple negative life events
 - Giving away items of significant emotional value
 - Exposure to significant physical or psychological trauma during deployment
- If risk factors are present:
 - ASK the SM calmly and directly, “Are you having thoughts of killing yourself or someone else?”
 - Intervention is required if the SM indicates **any** type of affirmative answer, to include passive or evasive answers.

** Intervention steps are located in the “Information Binder” **



LANG Suicide Attempt and Completion Rate

- CY 2016: 11 total – 5 attempt, 6 completions
 - 5 completion by gun shot wound
 - 1 completions by hanging
 - 2 attempt by hanging
 - 2 attempts by overdose
 - 1 attempt by chemical ingestion
- CY 2017: 5 total – 2 attempts, 3 completion
 - 2 completions by GSW
 - 1 completion by hanging
 - 1 attempt by cutting
 - 1 attempt by overdose
- CY 2018: 0 attempts, 4 completions
 - 3 completions by GSW
 - 1 completion by overdose
- CY 2019: 0 attempts, 1 completions
 - 1 completions by GSW
- CY 2020: 0 attempts, 3 completions
 - 3 completions by GSW

*Data received from Suicide Prevention Program



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Serious Incident Reporting

In the event of any emergent

Behavior Health referral: Unit leadership, after contacting the on-call Behavioral Health Officer, will initiate a Serious Incident Report (SIR) and notify JFHQ Line of Duty State Administrator for assistance.



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Medical Readiness Updates (Traumatic Brain Injury)



State Surgeon's Office



Traumatic Brain Injury

- A traumatic brain injury (TBI) can be classified as mild, moderate, severe or penetrating. The severity is determined at the time of injury.
- A TBI is a blow or jolt to the head that disrupts the normal function of the brain. It may knock you out briefly or for an extended period of time, or make you feel confused or “see stars” (alteration of consciousness).
- Not all blows or jolts to the head result in a TBI.
- The most common form of TBI in the military is mild. Concussion is another word for a mild TBI.
- In the military, the leading causes of TBI both deployed and non-deployed are (in no particular order):
 - Blasts
 - Bullets
 - Fragments
 - Falls
 - Motor vehicle – crashes and rollovers
 - Sports
 - Assaults
- In the deployed setting, blasts are the leading cause of TBI.



Traumatic Brain Injury

- First line leaders may be the first to recognize symptoms and/or risk factors that indicate a SM may have a TBI
- Ensure that all SMs are wearing protective devices, including helmet and eye protection when there is risk for head injury
- In the event of a serious head injury or blast exposure, ensure that the SM is referred for appropriate medical evaluation – early screenings may mean the difference of life or death.
- The following are signs that an immediate referral is warranted:
 - Loss of consciousness, even if only briefly
 - Any period of amnesia, or loss of memory for the event
 - Feeling dazed or confused
 - Headache
 - Vomiting
 - Seizure



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Medical Readiness Updates (HIV Program)



State Surgeon's Office

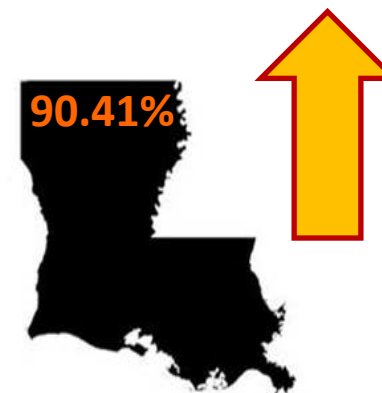


LAARNG HIV TESTING SURVEILLANCE

CD4 STATISTICS	
< FY 2012	2
FY 2013-2014	8
FY 2015-2016	15
FY 2017-2018	5
FY 2019-2020	13



FY 2015: 5
FY 2016: 10
FY 2017: 4
FY 2018: 1
FY 2019: 5
FY 2020: 8



Grand Total of CD4 Cases: 43
Total # of Active Cases: 13
36 Discharged
1 Deceased



HIV Positive Test

- HDRL notifies the Deputy State Surgeon and HIV program manager with a copy of the initial results or service member self reports findings
- HIV Director/Manager and the Company CDR is identified and demographic information is verified on the results
- Program Manager contacts the SM's CDR to coordinate a face to face notification w/ the SM and Deputy State Surgeon
- HIV confirm draw kit is ordered by the HIV program manager in order to complete a confirmatory draw during face to face notification
- Counseling forms are prepared by the program manager and a notification appointment is scheduled for the CDR & service member with the Deputy State Surgeon; SM and CDR must be on official military orders at the time of notification
- Confirmatory draw, face to face consult, and behavioral evaluations are conducted during confirmatory consult; specimen is sent to lab for testing
- After confirmatory draw results are received, the service member is notified of the result and counseling's are sent to J-1 Health Services for administrative action
- IAW Regulations:
 - AR 600-110 Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus



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Medical Readiness Updates (68 W's & Training)



State Surgeon's Office



Sustainment Training Update

How to Register for DHA Medical Readiness Transformation Courses on JKO

- Step 1: Log into JKO
- <https://jkodirect.jten.mil/Atlas2/faces/page/login/Login.seam>
- Step 2: Click on Course Catalog
- Step 3: Type in the Course Number in the “Partial Course #” or Course Title in the “Title Key Word” field and click “Search”. Go to Step 6.
- Step 4: (If you do not know the course number) - Open the “ALL” drop down box below the word “Search” and select “DHA” from list of choices
- Step 5. Click “Search”
- Step 6. Locate course, then select “Enroll”

DHA-US062: Personnel Readiness Transformation Training

DHA-US063: Healthcare Team Readiness Transformation Training

Commander’s Portal Access Authority (CPAAs):

256 IBCT: WO1 Lanclos

225 EN: CW2 Nomey

139 RSG: CPT Fitzner

SAC: WO1 Kirby

199 REGT: MSG Groh

61 TC: MAJ Wilson

JFHQ: CPT A. Jones

Master Trainers: COL K. Lloyd / SFC Bushey



Medical Readiness Portal Training

COMMANDER/SENIOR NCO PORTAL TRAINING – training grants access to the Commander Portal

- **Course: DHA-US062 Medical Readiness Commander Portal Training**
- View and take action on Soldiers requiring medical deployable determinations
- Track and manage communication with Providers regarding Soldiers on profile
- Access links to unit Medical Readiness Assessment Tool (MRAT) and IDES

SENIOR LEADER/CSM PORTAL TRAINING – training grants access to the Senior Leader Portal

- **Course: DHA-US062 Medical Readiness Commander Portal Training**
- Provides deployable summary and shows Soldier pending deployable decision
- View Soldiers on profiles, medically deployable, and non-ready Soldiers
- View messages between Company Commanders and Providers

HEALTHCARE PORTAL TRAINING – training grants access to the Healthcare Portal

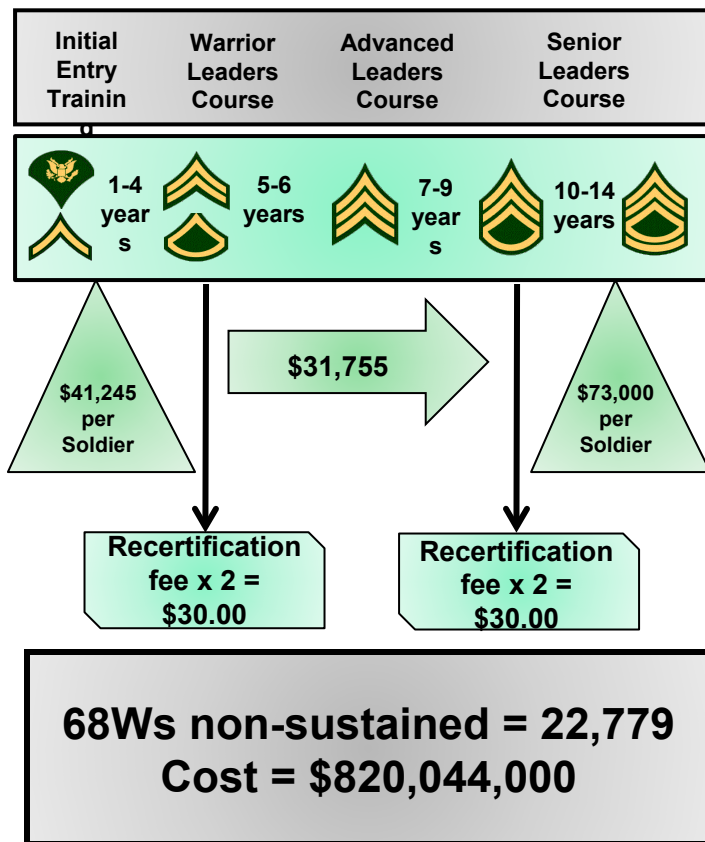
- **Course: DHA-US298 Medical Readiness Healthcare Portal Training**
- View Soldier IMR data, profiles, and Medical Health Assessments
- Communicate with Commanders: initiate and receive messages
- Provides a categorized list of items (e.g. profile conditions) requiring action

ADMIN PORTAL TRAINING – training grants access to the Admin Portal

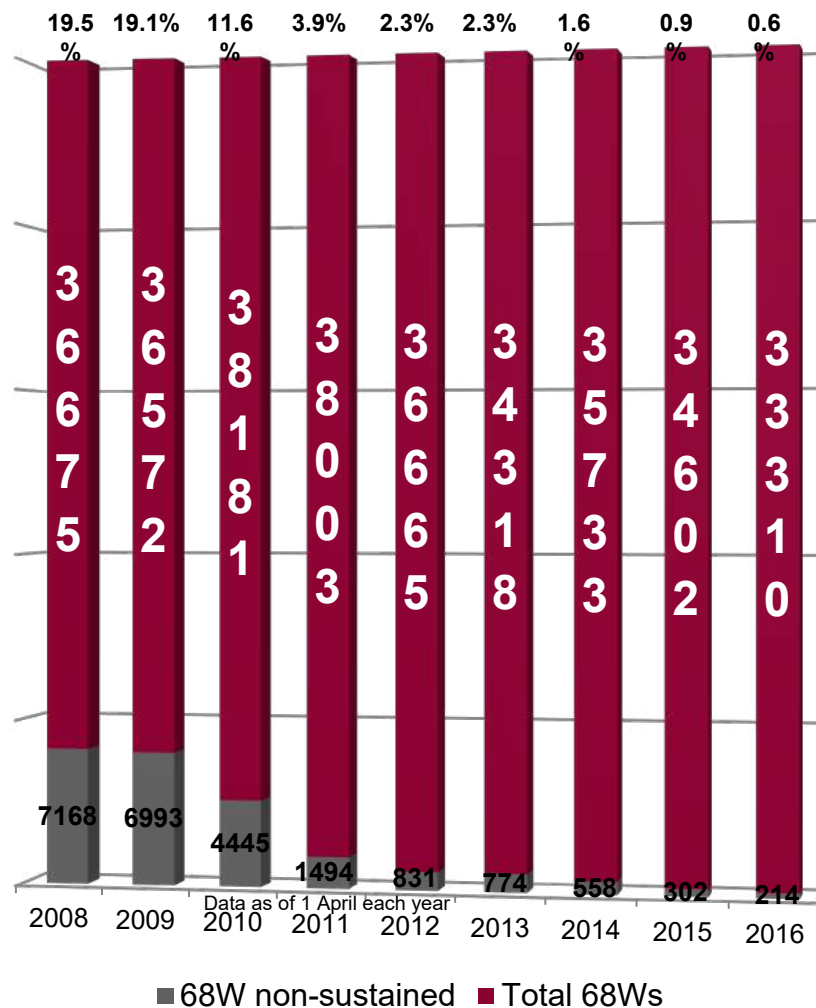
- **Course: DHA-US299 Medical Readiness Administrative Portal Training**
- Provides overview of Action Items and quick links to reports
- Provides categorized lists of items needing action (e.g. MAR2 adjudication)
- Create and manage “Task Forces” in the Admin Portal



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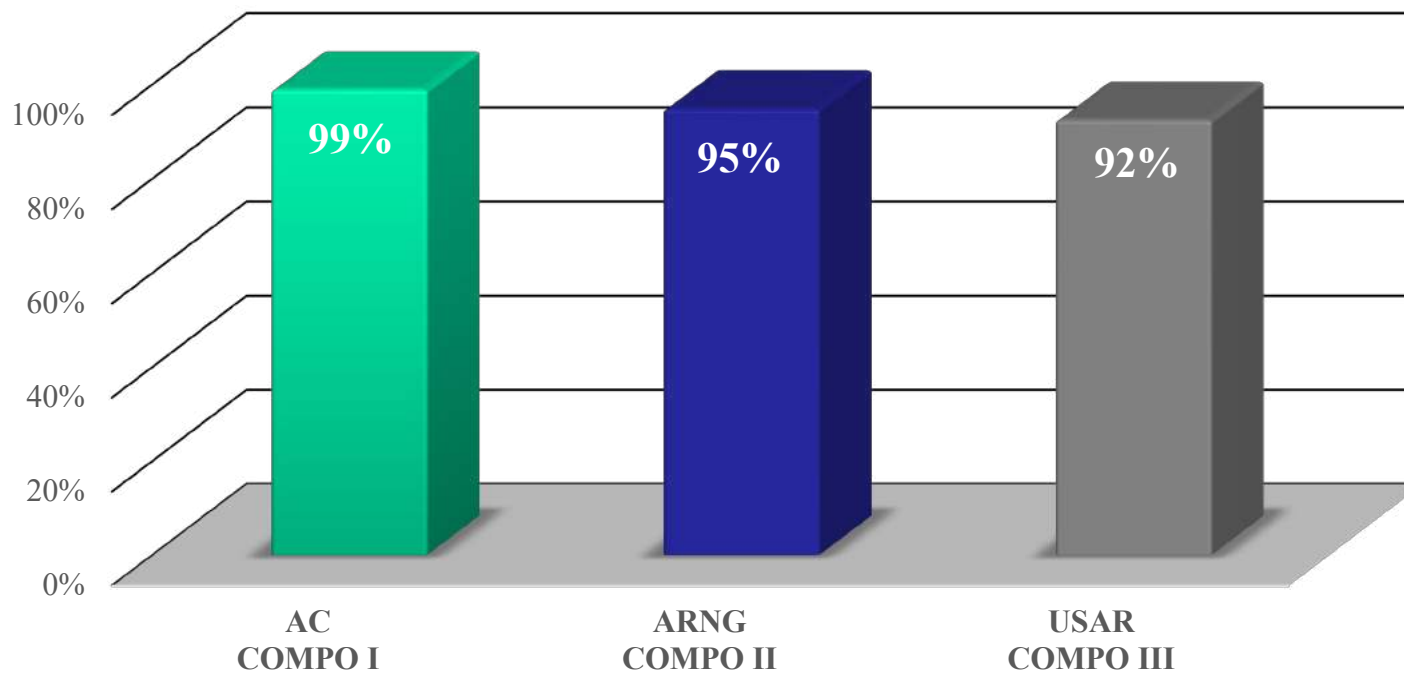


US Army EMS





2018 NREMT Recertification Results 2018 Recertification Stats



Due 2018	6550	5479	2382
Complete	6478	5195	2202
Remaining	72	284	180

Data Source: MODS
As of 22 April 2018



68W RECERTIFICATION REQUIREMENTS

You must complete Army approved continuing education through TC 8-800 (48 hours). You may count education received in lectures, standardized courses (ACLS, PEPP, PALS, PHTLS, ITLS, college courses) once approved by Army EMS for additional CE hours. Up to 24 of the additional hours may be completed through Distributive Education with Relias Health. Advanced EMTs and Paramedics have additional requirements.

68W Recertification Requirements	EMT	AEMT	Paramedic
TC 8-800 MEDIC	X	X	X
BLS	X	X	X
Skills Validation	X	X	X
24 Additional Hours	X	X	X
PEPP /PALS		X	X
ACLS			X

68Ws (regardless of ASI) are to remain Tactical Combat Casualty Care (TC3) proficient and demonstrate Combat Casualty Care skills proficiency by completing 68W Training Circular 8-800 (TC 8-800), Medical Education and Demonstration of Individual Competence (MEDIC) annually.

TC 8-800 has been cross walked by Army EMS to fulfill NREMT refresher requirements and fulfills the Combat Casualty Care skills proficiency requirement. The Advanced Level EMT must also meet additional requirements. ACLS completes the NRP Airway, Breathing and Circulation requirements. PEPP or PALS meet the additional Obstetric and Pediatric requirements for both AEMT and Paramedic.





NREMT Felony Policy





Access

- Commanders Portal
- e-Profile
- Medical Events

<https://gko.portal.ng.mil/states/LA/State%20Surgeon%20General/SitePages/Home.aspx>



Medical Readiness

