CRM LESSON PLAN REPORT

CASUALTY RESPONDER TRAINING- INTRODUCTION TO TACTICAL COMBAT CASUALTY CARE (TACTICAL FIELD CARE)
081-BT081014 / 1.1 ©

Approved
09 Jul 2020

Effective Date: 09 Jul 2020

SCOPE:

This eleven-hour lesson introduces trainees to the management of a casualty during the Tactical Field Care phase of Tactical Combat Casualty Care (TCCC). This is the second of five lesson plans which certifies trainees in TCCC all combatants. As a result of completing this lesson, the trainees will be familiar with the principles of TCCC and be able to perform medical treatments during the Tactical Field Care (TFC) phase of TCCC in support of the squad levels and above.

SECTION I. ADMINISTRATIVE DATA

All Course Masters/POIs Including This Lesson

Courses

Course Number	Version	Title	Phase	Status
None				

POIs

POI Number	Version	Title	Phase	Status
None				

Task(s) Taught(*) or Supported

Task Number	Task Title	Status
Individual		
081-COM-1005 (*)	Apply Preventive Measures to Control Shock	Approved
081-COM-0069 (*)	Apply an Occlusive Dressing	Approved
081-COM-1001 (*)	Evaluate a Casualty	Approved
081-COM-1007 (*)	Perform Casualty Burn Care	Approved
081-COM-1023 (*)	Open a Casualty's Airway	Approved
081-COM-1054 (*)	Apply an Emergency Bandage	Approved
081-COM-1055 (*)	Apply a Rigid Eye Shield	Approved
081-COM-0099 (*)	Apply a Hemostatic Dressing	Approved
081-COM-1003	Clear an Object Stuck in the Throat of a Conscious Casualty	Approved

Reinforced Task(s)

Task Number	Task Title	Status
071-COM-0502	Move Under Direct Fire	Approved
081-COM-1046	Perform Casualty Movement	Approved

Knowledge

Knowledge Id	Title	Taught	Required
081-TI-CMN-0001	Know when and where to seek medical aid.	Yes	Yes
081-TI-CMN-0005	Know signs/symptoms of neck or back injury.	Yes	Yes
081-TI-CMN-0008	Know how to check for breathing.	Yes	Yes
081-TI-CMN-0012	Know signs/symptoms of open and closed fractures.	Yes	Yes
081-TI-CMN-0009	Know how to check for bleeding.	Yes	Yes
081-TI-CMN-0010	Know how to locate entry and exit wounds.	Yes	Yes
081-TI-CMN-0011	Know signs/symptoms of shock.	Yes	Yes
081-TI-CMN-0013	Know signs/symptoms of burns.	Yes	Yes
081-TI-CMN-0016	Know signs/symptoms of good air exchange.	Yes	Yes
081-TI-CMN-0020	Know the correct sequence for evaluating a casualty.	Yes	Yes
081-TI-CMN-0055	Know when to apply a tourniquet.	Yes	Yes
081-TI-CMN-0154	Know when the neck drag can be used to transport a casualty.	Yes	Yes
081-TI-CMN-0155	Know when the cradle-drop drag can be used to transport a casualty.	Yes	Yes

Skill

Skill Id	Title	Taught	Required
081-TI-CMN-0011	Reassure/encourage a casualty.	Yes	Yes

Administrative/ Academic Hours

The administrative/academic (50 min) hours required to teach this lesson are as follows:

Academic	Resident Hours / Methods		
Yes	2 hrs	0 mins	Demonstration
Yes	8 hrs	35 mins	Practical Exercise (Hands-On/Written)
Yes	0 hrs	15 mins	Discussion (Small or Large Group)
Total Hours(50 min):	11 hrs	0 mins	

Instructor Action Hours

The instructor action (60 min) hours required to teach this lesson are as follows:

	Hours/Actions		
	0 hrs	10 mins	Class Welcoming/Farewell Exercises Prep
	0 hrs	5 mins	Classroom Setup
	0 hrs	10 mins	Training Event Clean-up/Breakdown (non-FTX)
Total Hours (60 min):	0 hrs	25 mins	

Test Lesson(s)

Hours	Lesson Number Version	Lesson Title
None		

Prerequisite Lesson(s)

Hours	Lesson Number Version	Lesson Title
None		

Training Material Classification

Security Level: This course/lesson will present information that has a Security Classification of: U - Unclassified.

Foreign Disclosure Restrictions

FD2. This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/U.S. Army Medical Center of Excellenc (MEDCoE). foreign disclosure officer. This training product can be used to instruct international military students when the country meets specific criteria. Specify requirement(s) that each country must meet (select all that are appropriate): 1) Must purchase equipment through FMS Not Applicable; 2) Must be a member of a specific group or coalition Joint Security Cooperation Education and Training Standards; AR12-15, SECNAVINST 4950.4B and AFI 16-105 ; 3) Must have an accepted clearance (must be authorized under an identified general security agreement with the US); 4) May not attend FD3 modules Not Applicable; 5) Other Must have an accepted clearance and identified under a general security agreement with the United States.

References

Number	Title	Date
0-323-06503-0	PHTLS Prehospital Trauma Life Support, Military 7th edition	01 Jan 2011
ATP 4-02.2	Medical Evacuation	11 Jul 2019
ATP 4-25.13	Casualty Evacuation	15 Feb 2013
CALL NO. 17-13	CALL Handbook, Tactical Combat Casualty Care	17 May 2017
STP 21-1-SMCT	SOLDIER`S MANUAL OF COMMON TASKS, WARRIOR SKILLS, LEVEL 1	07 Nov 2019
TRADOC PAM 600-4	The Soldiers Blue Book	01 Aug 2019

Student Study Assignment

None

Instructor Requirements

If active duty, must meet the height and weight standards of AR 600-9; meet Army Physical Fitness Test (APFT) standards within the last 12 months IAW AR 350-1 and FM 7-22; be a graduate of a TRADOC approved Army Basic Instructor Course, Instructor Training Course or Battle Focused Instructor Training Course and have been awarded the H or 8 skill identifier; hold the minimum rank of E-6; or be a qualified Civilian Instructor.

Instructors must be familiar with the information and method of instruction contained within this lesson plan. There will be one Drill Sergeant per specified group.

Support Personnel Requirements

None

Additional Support Personnel Requirements

Name	Student Ratio	Qty	Man Hours
None			

Equipment Required for Instruction

ID - Name	Student Ratio	Instructor Ratio	Spt	Qty	Exp
* 08-04 - War-Wound Moulage Set Remarks:	1:10				Yes
* 08-18 - Simulated Injury Moulage Set Remarks:	1:10				Yes
* 08-81 - Rescue Randy Adult Weight Trainer (MSTC) Remarks:	1:6				Yes
* GTA 43-01-067 - M149A2 Water Trailer, 400 Gallon Hot Weather/Desert Operations Remarks:	1:200				Yes
0000-00-0.C90981 - CAN, WATER 5 GAL Remarks:	1:10	0:0	No	0	Yes
2320-01-107-7155 - Truck Utility: Cargo/Troop Carrier 1-1/4 Ton 4x4 W/E (HMMWV): M998 Remarks:	1:200	0:0	No	0	Yes
2330-00-832-8801 - Trailer Water M149A1 Remarks:	1:200	0:0	No	0	Yes
4110-01-485-3626 - Chest, Ice Storage, White, 48 Quart Capacity 2S Remarks:	1:50	0:0	No	0	Yes
5820-01-017-3742 - Radio Set Base Station: L43BBB-3100AM Remarks:	1:200	0:0	No	0	Yes
5820-01-243-4960 - Radio 10 Channel, Portable, Motorola: MDL-Q2 Remarks:	1:200	0:0	No	0	Yes
6510-00-926-8884 - Durapore Tape, Silk, Woven, 3 Inches X 10 Yards Remarks:	1:1	1:1	No	0	Yes
6510-01-492-2275 - Emergency Dressing, 6 Inch Remarks:	2:1	2:1	No	0	Yes
6510-01-581-0553 - Dressing, Occlusive, Adhesive Remarks:	3:1	1:1	No	0	Yes
6515-01-521-7976 - Combat Application Tourniquet, TCCC Approved: C-A-T Remarks:	2:1	1:1	No	0	Yes
6530-01-504-9051 - Decontamination Litter, Black, 11 Pounds Remarks:	1:15	0:0	No	0	Yes
6532-01-524-6932 - Blanket, Survival: Blizzard Pack Reflexcell Remarks:	1:15	1:1	No	0	Yes
6532-01-525-4062 - Blanket, Heating, Disposable, 90 X 90 CM Remarks:	1:15	1:1	No	0	Yes
6545-01-530-0929 - Improved First Aid Kit (IFAK), Universal Color Remarks:	1:1	1:1	No	0	Yes
6665-01-103-8547 - Wet Globe Temperature Kit, Dial Thermometer Type, Mechanical Remarks:	1:200	0:0	No	0	Yes
6910-00-540-6378 - Moulage Set, War Wounds Remarks:	1:10	1:1	No	0	Yes
6910-01-445-5140 - Manikin, Trauma and Resuscitation Training, Terry, Adult, Full Size Remarks:	1:6	0:0	No	0	Yes
6910-01-512-8538 - TRAINING AID,BANDAGE,HEMORRHAGE Remarks:	1:4	1:1	No	0	Yes
6910-01-567-9738 - Training Gauze Inert, First Aid Remarks:	1:1	1:1	No	0	Yes

6910-01-C24-9225 - Rescue Randy, Manikin Remarks:	1:15	0:0	No	0	Yes
7210-00-081-1417 - Sheet, Bed, Cotton-Polyester, White, 104 X 72 Inches, Solid, Plain, Flat Remarks:	1:25	0:0	No	0	Yes
8960-01-430-4378 - Ice, 8 Pounds Remarks:	1:8	0:0	No	0	Yes

(Note: Asterisk before ID indicates a TADSS.)

Materials Required

Instructor Materials:

a. This Training Support Package (TSP)

b. Observer's Checklist

NOTE: See Appendix

Student Materials:

None

Classroom, Training Area, and Range Requirements

ID - Name	Quantity	Student Ratio	Setup Mins	Cleanup Mins
17120-T-1920-60 Classroom, Traditional, 1920 Square Feet, 60 Students Remarks:		1:60	10	10
17710-1 Maneuver/Training Area, Light Forces, 1 Acre Remarks:		1:200	10	10

Ammunition Requirements

DODIC - Name	Exp	Student Ratio	Instruct Ratio	Spt Qty
None				

Instructional Guidance/ Conduct of Lesson

NOTE: Before presenting this lesson, instructors must thoroughly prepare by studying this lesson and identified reference material.

Instructors should make every effort to enforce the study assignments established in the Training Support Package in order to facilitate the training presented by Instructor Cadre and/or the Drill Sergeant.

Demonstrations - All demonstrations will be delivered by way of the "Whole-Part-Whole" technique. The instructor demonstrates the skill three times in a row to students before students practice the directed task:

1. Whole. The instructor demonstrates the entire skill, step by step, from beginning to end without commentary and under the condition specified in the standard.

2. Part. The instructor demonstrates the skill again step-by-step explaining each part in detail. It is important that the instructor select proper size "bites" of the skill and students be allowed to ask questions and clarify points. If the information is too specific, the learner can be overloaded with detail. Too broad and the learner may not be able to make the connection from step to step.

3. Whole. The last “whole” is done **by the instructor** at full speed IAW with the skill standard, from beginning to end without interruption and usually without commentary. If possible, as the skill would normally be completed “on the job." At this point, the student has seen the skill performed correctly three times in a row.

Practical Exercises - All practical exercises associated with this block of instruction will be delivered in sessions with groups (squad level or smaller).

Sessions:

Imitation Sessions

Similar to "by-the-numbers", these sessions have the Soldiers mirror the actions of the instructors and complete the task one-step at a time. The group includes a rescuer, an **instructor**, and a simulated casualty. Process: 1) **Instructor** reads a step in the task 2) Rescuer (student) performs it 3) **Instructor** reads the next step 4) This continues until the task is complete.

Why? The first time a task must be completed correctly. Learn it right the first time.

Manipulation Sessions

Peer-guided training. This form of practical exercise gives the students the ability to evaluate each other completing the task, still in a “by-the-numbers” fashion; however, they are giving

peer evaluation and correction to each other. This is also where the students will develop their own techniques as they begin to understand the skill. Instructors will stay with the group to facilitate the training and answer questions that may arise. Group includes the Rescuer, Casualty, and Reader (another student).

Process: 1) Reader recites steps 2) Rescuer performs skill on casualty 3) Reader provides critique. Why? Exploits the group dynamic & develops “muscle memory.”

Precision Sessions

Peer-guided training. This is performed similarly to “manipulation” sessions, however with added stress from scenarios or speed. Group includes: Rescuer, Casualty, and Reader (another student).

Process:
1) Reader recites steps
2) Rescuer performs skill on simulated casualty
3) Reader provides critique. This utilizes the group dynamic of training while giving peer review, which adds relevance to feedback and enhances understanding. The instructor serves as facilitator and simply guides the scenario and answers questions as they arise. Why? Develops “muscle memory” and the stress forces them to think outside the box.

Group Roles and Responsibilities

Rescuer– Primary skill performer, may be an individual or a team leader.
Casualty – Portrays signs and symptoms according to the scenario provided.
Reader – Uses a skill sheet and verbalizes each step to the rescuer/records steps as they are performed.

Proponent Lesson Plan Approvals

Name	Rank	Position	Date
Francis Cassidy	Not available	Approver	09 Jul 2020

SECTION II. INTRODUCTION

Method of Instruction:	Discussion (Small or Large Group)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:30) (68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:30) (Drill Sergeant Combat Lifesaver qualified.)
Time of Instruction:	5 mins

Motivator

Facilitator creates an interactive experience shared by the learner which relates directly to the learning objective (used to stimulate thought and emotion in the learner). By identifying instances in their own experience in which decisions were made — perhaps even by them — the students will realize the value of the learning that is about to occur and its importance of improving his or her own critical thinking and decision making skills.

VALUE NOTE: Providing lifesaving measures to a fellow human being is one of the purest examples of living up to the Army Values. It is our **Duty** to learn lifesaving measures, and our **Duty** to provide lifesaving measures to others. Whenever we provide lifesaving measures to any other person, we are living up to the Army Value of **Honor**, because your actions can save a human life, and that brings **Honor** to ourselves and to the United States Army.

VALUE NOTE: Performing lifesaving measures on a fellow human being is one of the better examples of conducting yourself with **Honor**. **Honor** is living up to all the Army Values. When you perform lifesaving measures, you are being loyal to other members of your unit, you are fulfilling your obligation to that Soldier, and you are showing that person the same respect you would expect from them. In most cases you are risking your own life, in a selfless way, to provide lifesaving measures. You are doing what's right and showing **Personal Courage**, both physically and morally.

Terminal Learning Objective

NOTE. Inform the students of the following Terminal Learning Objective requirements.

At the completion of this lesson, you [the student] will:

Action:	Perform Tactical Field Care
Conditions:	Given a single combat casualty under simulated battlefield conditions and an Improved First Aid Kit (IFAK).
Standards:	1) Control bleeding in the proper sequence and without error. 2) Open the airway in the proper sequence and without error. 3) Perform a casualty assessment in the proper sequence and without error. 4) Perform first aid for an open chest wound in the proper sequence and without error. 5) Apply measures to control shock in the proper sequence and without error.
Learning Domain - Level:	Psychomotor - Precision
No JPME Learning	

Areas Supported:	None

Safety Requirements

In a training environment, leaders must perform a risk assessment in accordance with ATP 5-19, Risk Management. Leaders will complete a DD Form 2977, Deliberate Risk Assessment Worksheet, during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC).

Safety Requirements

Safety is of the utmost importance in any training environment. During the training process, commanders will use the five step composite risk management process to determine the safest and most complete method to train. Every precaution will be taken during training and while replicating realistic battlefield conditions.

Safety is everyone's responsibility to recognize, mitigate and report hazardous conditions.

Instructor Note: The instructor will brief the students on the unit/facility SOP for classroom contingencies and the unit composite risk management worksheet for all potential contingencies encountered during the training period, i.e. classroom exit strategy, severe weather, fire, evacuation routes, rally points, etc.

Risk Assessment Level

Low - Risk Assessment to be produced locally IAW FM 5-19, July 2006.

Assessment: Hazards will be assessed locally.

Controls: Hazard controls will be created and implemented locally.

Leader Actions:

Environmental Considerations

NOTE: Instructor should conduct a risk assessment to include environmental considerations IAW the current environmental considerations publication, and ensure students are briefed on hazards and control measures.

Environmental considerations for this lesson have little to no impact on mission accomplishment.

NOTE: It is the responsibility of all Soldiers and DA civilians to protect the environment from damage.

a. Based on its commitment to environmental protection, the Army will conduct its operations in ways that minimize environmental impacts. The Army will—

(1) Comply with all environmental laws and regulations. This includes federal, state, local, and Host Nation laws, some of which are outlined in ATP 3-34.5 *Environmental Considerations*, August 2015 Appendix B.

(2) Prevent pollution at the source by reducing, reusing, and recycling material that causes pollution.

(3) Conserve and preserve natural and cultural resources so that they will be available for present and future generations.

b. Units and installations will prepare an environmental risk assessment using the environmental-related hazard identification chart found in ATP 3-34.5, Appendix C. The chart should supplement local and state environmental regulations applicable to your area.

Instructional Lead-in

On the battlefield, rapid and thorough assessment of a casualty increases the likelihood that life- threatening injuries are identified and quickly treated. If life- threatening injuries are found during the assessment, life saving treatment can be started immediately. This lesson discusses the steps to evaluate and treat the casualty while following the principles of tactical combat casualty care.

SECTION III. PRESENTATION

NOTE: Inform the students of the Enabling Learning Objective requirements.

A. ENABLING LEARNING OBJECTIVE

ACTION:	Perform a Casualty Assessment
CONDITIONS:	Given a casualty in an operational environment and an Improved First Aid Kit (IFAK).
STANDARDS:	1) Perform care under fire without error. 2) Perform a blood sweep without error. 3) Position the casualty without error. 4) Check breathing and chest injuries without error. 5) Check circulation and shock without error. 6) Prevent hypothermia without error.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO A - LSA 1. Learning Step / Activity ELO A - LSA 1. Perform an initial assessment

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant Combat Lifesaver qualified.)
Time of Instruction:	5 mins
Media Type:	Actual Equipment / Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: During this demonstration, the casualty will not have any injuries when assessed and the instructor will not perform any treatment. Instructor will only perform the initial assessment IAW Appendix D (Evaluate a Casualty). The class is broken down into groups IAW instructor/student ratios. One instructor will lead one group through the demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Refer to the Instructor Guidance section or additional information. Use enclosed skill sheet (Appendix D) for correct skill sequence.

NOTE: The following information will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. General Overview

a. Basic lifesaving steps on the battlefield include stopping the bleeding, clearing the airway, restoring breathing, protecting the wound, and treating/preventing shock. These are the Hemorrhage, Airway, Breathing, and Circulation (HABC) measures that apply to all injuries. Another acronym that follows the same measures and that you

may hear throughout your training is MARCH for Massive Bleeding, Airway, Circulation, and Hypothermia. Certain types of wounds and burns will require special precautions and procedures when applying these measures. When properly applied, these techniques will save Soldier's lives.

b. In tactical field care, you and the casualty are not under effective enemy fire and you are free to provide care to the best of your ability (based on the tactical leader's guidance). However, medical equipment and supplies are limited to that carried by the rescuer and by individual Soldiers.

c. Step 1 of evaluating a casualty is performed in Care Under Fire (CUF).

2. Steps in the assessment process

a. Perform care under fire.

1) Return fire and take cover until fire suppression is achieved.

2) Direct the casualty to return fire, move to cover, and administer self-aid (stop bleeding), if possible.

NOTE: If the casualty is unable to move and shows no sign of life, the casualty can be tended to after the area is secure. If the casualty shows signs of life but is unable to move, you are unable to move to the casualty, and the casualty is still under direct enemy fire, have the casualty "play dead."

CUE: Enemy fire has been suppressed.

3) In a battle-buddy team, approach the casualty (use smoke or other concealment if available) using the most direct route possible.

NOTE: Your battle-buddy will pull security while you stop life threatening bleeding (if applicable) on the casualty. You and your battle-buddy will then move the casualty to a secure position before continuing assessment and treatments required.

4) Casualties should be removed from burning vehicles or buildings and moved to places of relative safety. If casualty is burning do what is necessary to stop the burning process.

DANGER: Only life threatening bleeding controllable by a tourniquet is addressed during the Care Under Fire (CUF) phase. Other treatments take too much time and can expose personnel to enemy fire.

5) Administer life-saving bleeding control.

(a) Determine the relative threat of enemy fire versus the risk of the casualty bleeding to death. You may need to move the casualty to cover before applying a tourniquet.

(b) If the casualty has or you suspect severe, life-threatening bleeding from an extremity or has an amputation of an extremity, administer lifesaving bleeding control by applying a tourniquet from the casualty's IFAK before moving the casualty.

6) Move the casualty, his weapon, and mission-essential equipment to cover.

CUE: You are now behind cover and are not under hostile fire.

b. Perform Tactical Field Care.

NOTE: When evaluating and/or treating a casualty, seek medical aid as soon as possible. Do NOT stop treatment. If the situation allows, send another person to find medical aid.

NOTE: This is the Initial Assessment which can be conducted using the Acronym M.A.R.C.H. MARCH stands for (Massive bleeding, Airway, Respirations (breathing), Circulation (Shock prevention) and Hypothermia prevention.

1) Casualties with an altered mental status should have weapons and communications equipment taken away immediately.

2) Check for responsiveness if not already established.

(a) Ask in a loud, but calm, voice: "Are you okay?" Gently shake or tap the casualty on the shoulder.

(b) Determine the level of consciousness by using AVPU: A = Alert; V = responds to Voice; P = responds to Pain; U = Unresponsive.

NOTE: To check a casualty's response to pain, squeeze the first or second toe or finger over the nail. Alternately pinch the casualty's nose or earlobe.

(c) If the casualty is conscious, ask if his body feels different than usual, or where it hurts.

3) Identify and control Massive bleeding (M in M.A.R.C.H.).

(a) Perform a blood sweep of the extremities, neck, armpits, and groin areas. Exposure is only necessary if bleeding is detected.

NOTE: For life threatening bleeding to an extremity (not previously controlled during the CUF phase) or an amputation, apply a tourniquet directly on the skin 2-3 inches above the wound. If bleeding is not controlled with the first tourniquet, apply a second tourniquet side-by-side with the first. For life threatening bleeding where a limb tourniquet cannot be applied, use Combat Gauze.

(b) Reassess any tourniquets placed during Care Under Fire to ensure they are still effective.

NOTE: If wound or amputation is still bleeding; 1) Attempt to further tighten the tourniquet until bleeding stops. 2) If wound or amputation continues to bleed place a second tourniquet side-by-side but above the other tourniquet. Do not cover tourniquet sites and clearly mark time of application with a permanent marker.

c. Position the casualty and open the Airway (A in M.A.R.C.H.).

1) Unconscious casualty without airway obstruction. Open the airway with a head-tilt/chin-lift method or if suspected spinal/neck injury jaw-thrust method. Insert a Nasopharyngeal airway (NPA) and place the casualty in the recovery position.

2) Casualty with an airway obstruction. Open the airway with head-tilt/chin-lift method or jaw-thrust method and insert a NPA. Allow conscious casualties to assume position best for their comfort. Unconscious casualties place in the recovery position. If

measures are unsuccessful, refer to a medic immediately.

d. Assess Respirations, breathing and chest injuries (R in M.A.R.C.H.).

1) Look, listen, and feel for respiration.

2) Expose the chest, check for equal rise and fall of the chest, and for any wounds.

(a) If the casualty has a penetrating chest wound and is breathing or attempting to breathe, stop the evaluation to apply an occlusive dressing.

(b) Check for an exit wound, if found, apply an occlusive dressing.

(c) Position and transport the casualty with the affected side down, if possible.

e. Check Circulation. (C in M.A.R.C.H.)

1) treat bleeding that was not addressed earlier with an emergency bandage.

2) Assess for shock from blood loss (hemorrhagic shock).

NOTE: Altered mental status and absent or weak radial pulses are key indicators for shock.

(a) If casualty is in shock or develops shock, begin treatment and refer to medic.

(b) If casualty is not in shock, fluids may be given by mouth if casualty is alert and able to swallow. Reassess frequently for onset of shock.

f. Prevent onset of hypothermia.

1) Minimize casualty's exposure to elements but keep protective gear on or with casualty.

2) Replace wet clothing with dry if possible.

3) Apply Hypothermia Prevention and Management Kit (HPMK) IAW manufacturers directions. If HPMK is not available Ready Heat Blanket, Blizzard Survival Blanket, sleeping bag, or other blankets may be used.

g. Assess and treat penetrating eye trauma.

1) Perform a gross eye examination.

2) Cover casualty's eye with a rigid eye shield.

h. Assess for and treat any additional wounds found.

i. Check the casualty for burns.

1) Look carefully for reddened, blistered, or charred skin. Also check for singed clothes.

2) If burns are found begin treatment immediately.

j. Communicate with the casualty if possible. Encouragement and reassurance are helpful to the casualty. Explain all assessments and treatments.

k. Administer pain medications and antibiotics (the casualty's combat pill pack) if available.

NOTE: Each Soldier will be issued a combat pill pack before deploying on tactical missions.

l. Document the injuries and the treatment given on the casualty's own Tactical Combat Casualty Care Card DD 1380 (found in casualty's IFAK).

m. Supply information for lines 3-5 of the 9-Line Medical Evacuation (MEDEVAC) request to your tactical leader.

3. Continually reassess casualty until a medical person arrives or the patient arrives at a military treatment facility (MTF).

Check on Learning:

QUESTION:

1)At what point does treatment enter tactical field care from care under fire?

1) ANSWER: When the Casualty is moved behind cover.

ATP 4-25.13 Casualty Evacuation

2) QUESTION: What are some ways to determine the casualty's level of consciousness?

2) ANSWER: AVPU: A = Alert; V = responds to Voice; P = responds to Pain; U = Unresponsive.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Review casualty assessment.

ELO A - LSA 2. Learning Step / Activity ELO A - LSA 2. Perform an casualty assessment

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Actual Equipment / Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

NOTE: Scenarios are not used during this initial phase of skill training. Information below contains training minimums, eight to ten additional sessions will be conducted throughout this phase of training. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized.

1. Imitation Session – The students will perform the steps from Care Under Fire through Tactical Field Care. No less than two imitation sessions will be performed per student.

2. Manipulation Session - no less than two manipulation sessions per student.

3. Precision Session - The following drills may be completed based on the time available.

a. Sensory Blocking Drills.

1) Timed competition using the critical criteria.

2) The rescuer performs an initial assessment in a low light environment.

b. Casualty Pick-up Drills - Small groups of students are seated in a circle around one casualty or mannequin and one rescuer. The rescuer begins an assessment at Care Under Fire. Randomly during the assessment, the instructor chooses different

students to become the rescuer and to pick up the assessment where the previous rescuer left off. Rescuers should be swapped until the assessment is complete. Conduct an AAR after each completed assessment to allow student critique of personal performance and the performance of their peers.

c. Nonsequential Assessment

1) Recall all sub tasks to assess a casualty's airway.

2) Recall all sub tasks to assess a casualty's breathing.

3) Recall all sub tasks to assess a casualty's circulation.

Check on Learning:

1) QUESTION: What are some ways to determine the casualty's level of consciousness?
1) ANSWER: AVPU: A = Alert; V = responds to Voice; P = responds to Pain; U = Unresponsive.
ATP 4-25.13 Casualty Evacuation

Review Summary:

Describe the procedures from Care Under Fire through Tactical Field Care.

CHECK ON LEARNING (ELO A):

1) QUESTION: At what point does treatment enter tactical field care from care under fire?
1) ANSWER: When the Casualty is moved behind cover.
ATP 4-25.13 Casualty Evacuation

2) QUESTION: What are some ways to determine the casualty's level of consciousness?
2) ANSWER: AVPU: A = Alert; V = responds to Voice; P = responds to Pain; U = Unresponsive.
ATP 4-25.13 Casualty Evacuation

3) QUESTION: What are some signs and symptoms of shock?
3) ANSWER: A weak or absent Radial pulse AND altered mental status.
ATP 4-25.13 Casualty Evacuation

REVIEW SUMMARY(ELO A):

Describe the procedure for initial assessment.

B. ENABLING LEARNING OBJECTIVE

ACTION:	Control bleeding.
CONDITIONS:	Given a casualty in an operational environment, who has life-threatening bleeding. The casualty has an Improved First Aid Kit (IFAK), a hemostatic dressing, a pressure dressing and a combat application tourniquet.
STANDARDS:	Control bleeding with a hemostatic dressing without error. Control bleeding with a pressure dressing without error. Control bleeding with a Combat Application Tourniquet (CAT) without error.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision

No JPME LEARNING AREAS SUPPORTED:	None

ELO B - LSA 1. Learning Step / Activity ELO B - LSA 1. Apply Hemostatic Dressing(Combat Gauze)

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	10 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

1. Combat Gauze® is the trade name for Hemostatic Dressing. Combat Gauze is a 4 yard long roll of gauze about 3-inches wide, used to control hemorrhage. The material has a chemical in it that causes a clot to form when it comes into contact with the blood called Kaolin. This action, along with the pressure of packing it into a bleeding wound and applying manual pressure, causes the wound to stop bleeding.
2. Combat Gauze® is used for serious arterial bleeding. Instructions for applying the Combat Gauze® are as follows:

a. Open the clothing around wound.

b. If possible, remove any excess pooled blood from the wound while preserving any clots that have already formed.

c. Locate the source of most active bleeding.

d. Pack the Combat Gauze® tightly into wound and directly onto the source of the bleeding.

e. More than one Combat Gauze® may be required to stop the blood flow.

f. Combat Gauze® may be repacked or adjusted into the wound to ensure proper placement.

g. Quickly apply manual pressure until the bleeding stops. It is recommended that you apply continuous pressure for at least three minutes.

h. Reassess for proper and effective placement.

i. Apply a pressure bandage to the wound to secure the Combat Gauze® in the wound.

NOTE: Each IFAK should be appropriately stocked with Combat Gauze®; therefore the casualty's gauze should be used first.

Check on Learning:

1) QUESTION: What is Combat Gauze?

1)ANSWER: is a 4 yard long roll of gauze about 3-inches wide, used to control hemorrhage. The material has a chemical in it that causes a clot to form when it comes into contact with the blood called Kaolin. This action, along with the pressure of packing it into a bleeding wound and applying manual pressure, causes the wound to stop

bleeding.

CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary:

Describe the hemostatic dressing (Combat Gauze).

ELO B - LSA 2. Learning Step / Activity ELO B - LSA 2. Apply a Hemostatic Dressing

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The following scenarios can be completed in any order. The scenarios should begin in care under fire with no obvious bleeding and continue into tactical field care. The instructor will end the scenario once the student reaches the airway portion of the assessment. Information below contains training minimums, eight to ten additional sessions will be conducted throughout this phase of training. See Instructor Guidance for additional
information. For all aspects of this practical exercise, student groups will be utilized.

1. Imitation Session - no less than two imitation sessions per student. Instructors should consider using a slightly different wound location while staying in the same area for each imitation session.
2. Manipulation Session - no less than two manipulation sessions per student.
3. Precision Session - The following drills may be completed based on the time allotted.
   a. Wound packing for speed.
   b. Wound packing for durability.

Check on Learning:

1) QUESTION: What is Combat Gauze?

1) ANSWER: is a 4 yard long roll of gauze about 3-inches wide, used to control hemorrhage. The material has a chemical in it that causes a clot to form when it comes into contact with the blood called Kaolin. This action, along with the pressure of packing it into a bleeding wound and applying manual pressure, causes the wound to stop bleeding.

CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary:

Describe Hemostatic Dressing (Combat Gauze).

ELO B - LSA 3. Learning Step / Activity ELO B - LSA 3. Control bleeding with a pressure dressing

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction

Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	10 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX D) for correct skill sequence.

NOTE: The following information will be presented in a discussion format it will not be read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. The Emergency Bandage can be used on any bleeding wound. It can be used both as a field dressing and as a pressure dressing.
2. In applying an Emergency Bandage the below steps should be followed.
   a. Remove the bandage from the pouch and packaging.

NOTE: If possible, put on examination gloves (found in the Soldier's Improved First Aid Kit) to reduce contamination. Use the gloves in the casualty's IFAK, if possible. This also applies to the Combat Gauze and other items found in the IFAK.

   b. Place the pad (dressing) directly on the wound.
   c. Wrap the elastic bandage around the wounded extremity.
   d. Insert the elastic bandage completely into the pressure bar.
   e. Pull the elastic bandage back over the top of the pressure bar (reversing direction forces the bar down onto the pad).
   f. Wrap the elastic bandage tightly over the pressure bar.
   g. Continue to wrap the elastic bandage around the limb so that all edges of the pad are covered.
   h. Secure the hooking end of the closing bar into the elastic bandage. The bandage is now secure.

Check on Learning:

1) QUESTION: How can the Emergency Bandage be used?

1) ANSWER: Can be used on any bleeding wound. It can be used both as a field dressing and as a pressure dressing.

CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary: Describe the Emergency Bandage (pressure dressing).

ELO B - LSA 4. Learning Step / Activity ELO B - LSA 4. Control bleeding with a pressure dressing

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The scenario should begin in care under fire and continue into tactical field care. The instructor will end the scenario once the student reaches airway portion of the assessment. The casualty will have no conditions that require intervention of the airway or breathing. All bleeding will be non-arterial requiring a trauma bandage. Information below contains training minimums. Eight to ten additional sessions will be conducted throughout this phase of training. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized.

1. Imitation Session - no less than two imitation sessions per student.
2. Manipulation Session - no less than two manipulation sessions per student.
3. Precision Session - The following drills may be completed based on the time allotted. A minimum of two precision sessions must be completed per student.
   a. Apply a trauma bandage to non-arterial bleeding of the upper extremity.
   b. Apply a trauma bandage to non-arterial bleeding of the lower extremity

Check on Learning: 1) QUESTION: How can the Emergency Bandage be used?

1) ANSWER: Can be used on any bleeding wound. It can be used both as a field dressing and as a pressure dressing.

CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary: Describe the Emergency Bandage (pressure dressing).

ELO B - LSA 5. Learning Step / Activity ELO B - LSA 5. Control bleeding with a tourniquet

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	5 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX D) for correct skill sequence.

NOTE: The following information will presented in a discussion format it will not be read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. General. If the bleeding continues despite proper application of a field dressing and a pressure dressing or an emergency bandage, or if the wound is a partial or complete amputation of the arm or leg, you will need to apply a tourniquet on the injured extremity.

NOTE: A CAT® tourniquet is not used for wounds to the head, neck, or trunk (chest and abdominal area).

2. Steps for applying a CAT®

a. Remove the Combat Application Tourniquet® (CAT®) from the casualty's IFAK.

b. Slide the wounded extremity through the loop formed by the tourniquet band.

c. Position the CAT® so the tourniquet band is two inches above the wound.

d. Apply the tourniquet around the limb as tightly as possible and securely fasten the tourniquet band back on itself.

e. Adhere the tourniquet band around the limb tightly, while ensuring that it does not cover the rod-locking clip.

f. Twist the windlass rod to tighten the tourniquet band. Continue tightening until the bleeding has stopped.

g. Place the windlass rod inside the rod-locking clip, locking the rod in place and preventing the tourniquet from loosening.

h. Check to make sure that the arterial bleeding has not started again and the pulse is still absent. If arterial bleeding has resumed or the pulse is present, remove the windlass rod from the clip, tighten the tourniquet band until the bleeding and/or pulse are absent, and replace the rod in the clip.

NOTE: If the initial tourniquet does not eliminate a pulse, a second tourniquet needs to be applied an inch above the original tourniquet and tightened appropriately to eliminate the pulse.

i. Adhere the end of the tourniquet band over the rod, inside the clip, and fully around the limb.

j. Secure the windlass rod and tourniquet band with the rod-securing strap.

k. The CAT® is now properly applied and the casualty is ready for transport. If the

casualty cannot be transported at this time, check the tourniquet periodically.

Check on Learning:

1) QUESTION: What is the difference in applying a tourniquet in Tactical Field Care from Care Under Fire?
1) ANSWER: A tourniquet applied in Care Under Fire (CUF) is high and tight over the clothing. A tourniquet applied in Tatical Field Care (TFC) is applied 2-3 inches above the wound, directly over the skin.

CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary:

Describe the tourniquet.

ELO B - LSA 6. Learning Step / Activity ELO B - LSA 6. Control bleeding with a tourniquet-PE

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The following scenarios can be completed in any order. The scenarios should begin in Care Under Fire with no obvious bleeding and continue into tactical field care. The instructor will end the scenario once the student reaches the airway portion of the assessment.

1. Imitation Session - no less than two imitation sessions per student. Instructors should consider using a slightly different wound location while staying in the same area for each imitation session.
2. Manipulation Session - no less than two manipulation sessions per student.
3. Precision Session - The following drills may be completed based on the time allotted.
   a. Apply a deliberate tourniquet to an upper extremity during tactical field care.
   b. Apply a deliberate tourniquet to a lower extremity during tactical field care.

Check on Learning:

1) QUESTION: What is the difference in applying a tourniquet in Tactical Field Care from Care Under Fire?
1) ANSWER: A tourniquet applied in Care Under Fire (CUF) is high and tight over the clothing. A tourniquet applied in Tatical Field Care (TFC) is applied 2-3 inches above the wound, directly over the skin.
CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary:

Describe the tourniquet.

CHECK ON LEARNING (ELO B):

1) QUESTION: What are the three ways to effectively control bleeding in Tactical Field Care?
1) ANSWER: Using a combat Application *Tourniquet* (CAT), a pressure dressing and a hemostatic dressing.
CALL HANDBOOK 17-13
2) QUESTION: What is the difference in applying a tourniquet in Tactical Field Care from Care Under Fire?
2) ANSWER: A tourniquet applied in Care Under Fire (CUF) is high and tight over the clothing. A tourniquet applied in Tatical Field Care (TFC) is applied 2-3 inches above the wound, directly over the skin.
CALL HANDBOOK 17-13
3) QUESTION: How far above the wound should the tourniquet be placed on an injured limb?
3) ANSWER: 2-3 incehs above the wound.
CALL HANDBOOK 17-13
4) QUESTION: How long should you hold pressure on the Combat Gauze to stop the bleeding?
4) ANSWER: 3-5 minutes.
CALL HANDBOOK 17-13

REVIEW SUMMARY(ELO B): Idnetify the three ways to effectively control bleeding.

C. ENABLING LEARNING OBJECTIVE

ACTION:	Open the airway
CONDITIONS:	Given a simulated casualty that does not appear to be breathing, a nasopharyngeal airway and an Improved First Aid Kit (IFAK)
STANDARDS:	Open the airway without error following all three techniques: the head tilt chinlift, jaw thrust maneuver, and nasopharyngeal airway (NPA).
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO C - LSA 1. Learning Step / Activity ELO C - LSA 1. Open the Airway

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	5 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through

demonstration of the task 3 times in a row using the "Whole-Part-Whole" method.
Please refer the Instructor Guidance section for additional information.
Use enclosed skill sheet (APPENDIX D) for correct skill sequence.

NOTE: The following information will presented in a discussion format. It will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. When a casualty becomes unconscious, all of his muscles may relax. This relaxation may cause the casualty's tongue to slip to the back of his mouth and block his airway. Removing the blockage (moving his tongue forward) may allow the casualty to resume breathing on his own.
2. Steps for opening the casualties airway using the head-tilt-chin-lift method.

NOTE: Even if the casualty is still breathing, the head-tilt/chin-lift will help to keep the airway open and help the casualty to breathe easier.

a. Kneel beside the casualty’s shoulders and roll casualty onto back (if not already there).
b. Place the palm of one hand on the casualty’s forehead and the index and middle fingers of the other hand on the bony part of the jaw below the chin.

CAUTION: Do not use the thumb to lift the lower jaw or press deeply into the soft tissue under the chin with the fingers as this could close the casualty’s airway.

c. Tilt the casualty's head backward gently.
d. Release pressure on the chin to allow the mouth to open slightly once the head is tilted backward.
e. If you see something in the casualty's mouth (such as foreign material, loose teeth, dentures, facial bone, or vomit) that could block his airway, use your fingers to remove the material as quickly as possible.
3. If a spinal or neck injury is suspected use the jaw-thrust method.
a. Kneel above the casualty's head (looking toward the casualty's feet).
b. Rest your elbows on the ground or floor.
c. Place hands on each side of the casualty's lower jaw at the angle of the jaw, below the ears.
d. Use the index and middle fingers to push the angles of the casualty's lower jaw forward.

NOTE: If the casulty's lips are still closed after the jaw has been moved forward, use your thumbs to retract the lower lip and allow air to enter the casualty's mouth.

CAUTION: Do not tilt or rotate the casualty's head.

4. Check for breathing.

a. While maintaining the open airway position, place an ear above the casualty's mouth and nose, looking toward the chest and stomach.

b. Look for the chest to rise and fall.

c. Listen for air escaping during exhalation.

d. Feel for the flow of air on the side of your face.

e. Count the number of repirations for 15 seconds, multiply that number by 4 to get the rate of breaths per minute.

CAUTION: DO NOT use the NPA if there is clear fluid (cerebrospinal fluid- CSF) coming from the ears or nose. This may indicate a skull fracture.

f. If the casualty is unconscious, if respiratory rate is less than 2 in 15 seconds, and/or if the the casualty is making snoring or gurgling sounds insert the NPA.

Check on Learning:

1) QUESTION: What is the technique to manually open an airway called?

1) ANSWER: Head-tilt chin-lift maneuver

ATP 4-02.2 Medical Evacuation

Review Summary:

Describe the techniques to open the airway.

ELO C - LSA 2. Learning Step / Activity ELO C - LSA 2. Open the airway.

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The scenarios should begin in Care Under Fire and continue into Tactical Field Care. The instructor will end the scenario once the student reaches the breathing and chest injuries portion of the assessment. The casualty will have no conditions that require hemorrhage control or breathing interventions. Attention will be focused in the area of opening the airway of the casulty, ensuring the following steps are utilized.

1. When a casualty becomes unconscious, all of his muscles may relax. This relaxation may cause the casualty's tongue to slip to the back of his mouth and block his airway. Removing the blockage (moving his tongue forward) may allow the casualty to resume breathing on his own.

2. Steps for opening the casualties airway using the head-tilt-chin-lift method.

NOTE: Even if the casualty is still breathing, the head-tilt/chin-lift will help to keep the airway open and help the casualty to breathe easier.

a. Kneel beside the casualty's shoulders and roll casualty onto back (if not already there).

b. Place the palm of one hand on the casualty's forehead and the index and middle fingers of the other hand on the bony part of the jaw below the chin.

Caution: Do not use the thumb to lift the lower jaw or press deeply into the soft tissue under the chin with the fingers as this could close the casualty's airway.

c. Tilt the casualty's head backward gently.

d. Release pressure on the chin to allow the mouth to open slightly once the head is tilted backward.

e. If you see something in the casualty's mouth (such as foreign material, loose teeth, dentures, facial bone, or vomit) that could block his airway, use your fingers to remove the material as quickly as possible.

3. If a spinal or neck injury is suspected use the jaw-thrust method.

a. Kneel above the casualty's head (looking toward the casualty's feet).

b. Rest your elbows on the ground or floor.

c. Place hands on each side of the casualty's lower jaw at the angle of the jaw, below the ears.

d. Use the index and middle fingers to push the angles of the casualty's lower jaw forward.

NOTE: If the casulty's lips are still closed after the jaw has been moved forward, use your thumbs to retract the lower lip and allow air to enter the casualty's mouth.

Caution: Do not tilt or rotate the casualty's head.

4. Check for breathing.

a. While maintaining the open airway position, place an ear above the casualty's mouth and nose, looking toward the chest and stomach.

b. Look for the chest to rise and fall.

c. Listen for air escaping during exhalation.

d. Feel for the flow of air on the side of your face.

e. Count the number of repirations for 15 seconds, multiply that number by 4 to get the rate of breaths per minute.

Caution: DO NOT use the NPA if there is clear fluid (cerebrospinal fluid- CSF) coming from the ears or nose. This may indicate a skull fracture.

f. If the casualty is unconscious, if respiratory rate is less than 2 in 15 seconds, and/or if the the casualty is making snoring or gurgling sounds insert the NPA.

Information below contains training minimums, additional sessions should be conducted based on the needs of the students. Eight to ten additional repititions will be conducted throughout this phase of training to allow the trainee maximum time to become familiar with the task. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized.

1) Imitation Session - no less than two imitation sessions per student

2) Manipulation Session - no less than two manipulation sessions per student.

Check on Learning:

1) QUESTION: What is the technique to manually open an airway called?

1) ANSWER: Head-tilt chin-lift maneuver

ATP 4-02.2 Medical Evacuation

Review Summary:

Describe the techniques to open the airway.

ELO C - LSA 3. Learning Step / Activity ELO C - LSA 3. Insert a Nasopharyngeal Airway

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	10 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX D) for correct skill sequence.

NOTE: The following information will presented in a discussion format, it will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. A nasopharyngeal airway provides an open airway and helps to keep the tongue from falling to the back of the mouth and blocking the airway.

a. If there is a history of head trauma and the roof of the casualty's mouth is broken or brain matter is exposed a nasopharyngeal airway should NOT be used.

b. Do not use the nasopharyngeal airway if there is clear fluid (CSF) coming from the ears or nose as this could mean a possible skull fracture.

2. Steps for initiating a nasopharyngeal airway

a. Keep the casualty in a face-up position.

b. Lubricate the tip of the NPA with a water-based lubricant.

c. Push the tip of the casualty's nose upward gently.

d. Position the tip of the NPA so that the bevel (pointed end) of the airway faces toward the septum (the strip of skin inside the nose that separates the nostrils).

e. Insert the airway into the nostril, at a perpendicular angle with the curvature towards the lungs not towards the top of the head. Advance it until the flange rests against the nostril.

CAUTION: Never force the airway into the casualty’s nostril. If resistance is met, pull the tube out and attempt to insert it in the other nostril. If neither nostril will

accommodate the airway, place the casualty in the recovery position and seek medical aid.

f. Secure the airway in place with a piece of tape, do not place tape directly over the opening of the NPA.

g. Place the casualty in the recovery position, if breathing normally (12-20 breaths per minute).

h. Notify your tactical leader of the need for medical help and send a battle buddy to find the medic or combat lifesaver.

Check on Learning:

1) QUESTION: What device is used to maintain an open airway in an unconscious casualty?

1) ANSWER: A Nasopharyngeal airway (NPA)

ATP 4-02.2 Medical Evacuation

Review Summary:

Describe the techniques to open the airway.

ELO C - LSA 4. Learning Step / Activity ELO C - LSA 4. Insert a Nasopharyngeal Airway

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The scenarios should begin in Care Under Fire and continue into Tactical Field Care. The instructor will end the scenario once the student reaches the breathing and chest injuries portion of the assessment. The casualty will have no conditions that require hemorrhage control interventions. The trainee will follow the steps outlined below in order to open the airway and insert a NPA.

NOTE: The following information will presented in a discussion format, it will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. A nasopharyngeal airway provides an open airway and helps to keep the tongue from falling to the back of the mouth and blocking the airway.

a. If there is a history of head trauma and the roof of the casualty's mouth is broken or brain matter is exposed a nasopharyngeal airway should NOT be used.

b. Do not use the nasopharyngeal airway if there is clear fluid (CSF) coming from the ears or nose as this could mean a possible skull fracture.

2. Steps for initiating a nasopharyngeal airway

a. Keep the casualty in a face-up position.

b. Lubricate the tip of the NPA with a water-based lubricant.

c. Push the tip of the casualty's nose upward gently.

d. Position the tip of the NPA so that the bevel (pointed end) of the airway faces toward the septum (the strip of skin inside the nose that separates the nostrils).

e. Insert the airway into the nostril, at a perpendicular angle with the curvature towards the lungs not towards the top of the head. Advance it until the flange rests against the nostril.

CAUTION: Never force the airway into the casualty's nostril. If resistance is met, pull the tube out and attempt to insert it in the other nostril. If neither nostril will accommodate the airway, place the casualty in the recovery position and seek medical aid.

f. Secure the airway in place with a piece of tape, do not place tape directly over the opening of the NPA.

g. Place the casualty in the recovery position, if breathing normally (12-20 breaths per minute).

h. Notify your tactical leader of the need for medical help and send a battle buddy to find the medic or combat lifesaver.

NOTE: Information below contains training minimums, additional sessions should be conducted based on the needs of the students. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized.

1. Imitation Session - no less than two imitation sessions per student
2. Manipulation Session - no less than one manipulation session per student.

Check on Learning:	Check on learning and review should be performed throughout the lesson.
Review Summary:	Check on learning and review should be performed throughout the lesson.

CHECK ON LEARNING (ELO C):

1) QUESTION: What is the technique to manually open an airway called?
1) ANSWER: Head-tilt chin-lift maneuver
ATP 4-02.2 Medical Evacuation
2) QUESTION: What device is used to maintain an open airway in an unconscious casualty?
2) ANSWER: A Nasopharyngeal airway (NPA)
ATP 4-02.2 Medical Evacuation

3) QUESTION: What nostril should the NPA be inserted first?
3) ANSWER: the Right nostril
ATP 4-02.2 Medical Evacuation

REVIEW SUMMARY(ELO C):

Describe the techniques to open the airway.

D. ENABLING LEARNING OBJECTIVE

ACTION:	Treat an open chest wound
CONDITIONS:	Given a casualty who has an open chest wound in an operational environment. The casualty has an Improved First Aid Kit (IFAK).
STANDARDS:	Treat an open chest wound without error. Apply an occlusive dressing without error. Check for exit wounds without error.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO D - LSA 1. Learning Step / Activity ELO D - LSA 1. Apply an occlusive dressing

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	10 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX D) for correct skill sequence.

NOTE: The following information will be presented in a discussion format. It will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. The body has two lungs. Each lung is enclosed in a separate airtight area within the chest. These areas are under negative pressure. If an object punctures the chest wall, air may be allowed to enter the chest. If air enters into one of these airtight areas, the lung within that area begins to collapse. In order for both lungs to collapse, both sides of the chest would have to be punctured. Any degree of collapse however interferes with the casualty's ability to breathe and reduces the amount of oxygen available for the body to use. The lung does not collapse immediately, but does so gradually as air enters and remains in the chest cavity. You must recognize the signs and symptoms of major chest injuries and provide appropriate care. Open chest injuries can be the result of a motor vehicle accident, a bullet, fragmentation, falls, or a blunt force. These injuries are serious and, unless treated immediately and correctly, can result in severe injury and possibly death.
2. Steps for applying an occlusive dressing.

a. Identify signs and symptoms of an open chest wound. An open chest wound can be caused by the chest wall being penetrated by a bullet, knife blade, shrapnel, or other object. If you are not sure if the wound has penetrated the chest wall completely, treat the wound as though it were an open chest wound. Some of the signs and symptoms of an open chest wound are given below.

1) Sucking or hissing sounds coming from chest wound. When a casualty with an open chest wound breathes, air goes in and out of the wound. This air sometimes causes a "sucking" sound. Because of this distinct sound, an open chest wound is often called a "sucking chest wound."

NOTE: In order for a wound to become a “sucking chest wound” it must be at least 2/3 the width of the trachea. Therefore, unless it is relatively large it may not be an actual “sucking chest wound.”

2) Casualty coughing up blood.

3) Frothy, foamy blood coming from the chest wound. (The air going in and out of an open chest wound causes bubbles in the blood coming from the wound.)

4) Shortness of breath or difficulty in breathing.

5) Chest not rising normally when the casualty inhales.

6) Pain in the shoulder or chest area that increases with breathing.

7) Bluish tint of lips, inside of mouth, fingertips, or nail beds. This color change is caused by the decreased amount of oxygen in the blood.

8) Signs of shock such as a rapid and weak heartbeat.

NOTE: If you are not sure the wound has penetrated the chest wall completely, treat the wound as though it were an open chest wound.

b. Expose the wound.

1) Expose the area around the open chest wound by removing, cutting, or tearing the clothing covering the wound.

2) If clothing is stuck to the wound, do not try to remove the stuck clothing as this may cause additional pain and injury.

3) Cut or tear around the stuck clothing.

4) Do not try to clean the wound or remove objects from the wound.

5) Do not remove clothing in a chemical environment. Only uncover enough to treat the wound, then replace clothing.

c. Seal the open chest wound

1) Apply occlusive dressing from the casualty's IFAK over the wound. (First wound found, first wound treated)

(a) If a commercial seal is not available be aware that because air can pass through most dressings and bandages, you must seal the open chest wound with plastic, cellophane, or other nonporous, airtight material to prevent air from entering the chest and collapsing the lung. The wrapper from an Emergency Bandage or a field first aid dressing can be used. The following step assume that the wrapper from an Emergency Bandage is being used. However, the same general steps can be used with any airtight material.

(b) Prepare the plastic wrapper. Use your scissors or other sharp instrument to cut open one end of the plastic wrapper of an Emergency Bandage. Remove the inner packet and put it aside. Continue to cut around the edges of the plastic wrapper until a flat surface is created. This plastic wrapper will be used to make the airtight seal. You can prepare these dressings prior to the mission. The Emergency Bandage remains sterile as long as the inner package remains sealed.

NOTE: If there is both an entry wound and an exit wound, the plastic wrapper may be cut to make two seals if the wounds are not too large. The edges of the sealing material should extend at least two inches beyond the edges of the wound.

2) Have the casualty exhale (breathe out). The casualty will exhale and hold his breath. This forces some of the air out of the chest wound. The more air that can be forced out of the chest before the wound is sealed, the better the casualty will be able to breathe after the wound is sealed.

NOTE: The casualty can resume normal breathing after the wound is sealed.

NOTE: If the casualty is unconscious or cannot hold his breath, place the plastic wrapper over the wound after his chest falls but before it rises.

3) Place the occlusive dressing or the inside surface of the plastic wrapper (the side without printing) directly over the hole in the chest to seal the wound.

4) Check to the edges of the occlucsic dressing and/or the plastic wrapper to ensure that it extends at least two inches beyond the wound edges in all directions. If the wrapper does not have a two-inch margin, it may not form an airtight seal and may even be sucked into the wound. If the wrapper is not large enough or is torn, use foil, material from a poncho, cellophane, or other airtight material to form the seal, if necessary.

5) If utilizing a plastic wrapper or other improvised item tape down three edges of the plastic wrapper to the casualty's chest, leaving the the bottom edge of the dressing open/untapped toward the ground depending on the casualty's position. Use the tape from their IFAK.

CAUTION: If an object is protruding from the chest wound, do not try to remove it. Place occlusive dressing around the object. Stabilize the object by placing a bulky dressing made from the cleanest material available around the object. Apply improvised bandages to hold the sealing material and dressings in place. Do not wrap the bandages over the protruding object.

6) Seal other open chest wounds.

7) Place a conscious casualty in the sitting position or on his side (recovery position) with his injured side next to the ground.

NOTE: The casualty may be able to breathe easier when sitting up than when lying on his side. If he wishes to sit up, have him to sit with his back leaning against a tree, wall, or other support. If he becomes tired, place him on his injured side in the recovery position.

8)Place an unconscious casualty in the recovery position on his injured side.

Check on Learning:

1) QUESTION: What happens to the lungs if too much air is allowed to enter the chest?

1) ANSWER: The lung collapses.

ATP 4-02.2 Medical Evacuation

Review Summary:

Identify the sign and symptoms of an open chest wound.

ELO D - LSA 2. Learning Step / Activity ELO D - LSA 2. Apply an occlusive dressing

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The scenario should begin in Care Under Fire and continue into Tactical Field Care. The instructor will end the scenario once the student reaches the end of the breathing portion of the assessment. The casualty will have no conditions that require hemorrhage control. Trainees will follow the below steps when applying an occlusive dresssing to the simulated casualty. Information below contains training minimums, eight to ten additional sessions will be
conducted throughout this phase of training. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized.

1. Apply gloves.
2. Expose the wound.

a. Expose the area around the open chest wound by removing, cutting, or tearing the clothing covering the wound.

b. If clothing is stuck to the wound, do not try to remove the stuck clothing as this may cause additional pain and injury.

c. Cut or tear around the stuck clothing.

d. Do not try to clean the wound or remove objects from the wound.

e. Do not remove clothing in a chemical environment. Only uncover enough to treat the wound, then replace clothing.

3. Seal the open chest wound.

a. Apply occlusive dressing from the casualty's IFAK over the wound. (First wound found, first wound treated)

NOTE: If a commercial seal is not available be aware that because air can pass through most dressings and bandages, you must seal the open chest wound with plastic, cellophane, or other nonporous, airtight material to prevent air from entering the chest and collapsing the lung. The wrapper from an Emergency Bandage or a field first aid dressing can be used. The following step assume that the wrapper from an Emergency Bandage is being used. However, the same general steps can be used with any airtight material.

b. Prepare the plastic wrapper. Use your scissors or other sharp instrument to cut

open one end of the plastic wrapper of an Emergency Bandage. Remove the inner packet and put it aside. Continue to cut around the edges of the plastic wrapper until a flat surface is created. This plastic wrapper will be used to make the airtight seal. You can prepare these dressings prior to the mission. The Emergency Bandage remains sterile as long as the inner package remains sealed.

NOTE: If there is both an entry wound and an exit wound, the plastic wrapper may be cut to make two seals if the wounds are not too large. The edges of the sealing material should extend at least two inches beyond the edges of the wound.

c. Have the casualty exhale (breathe out). The casualty will exhale and hold his breath. This forces some of the air out of the chest wound. The more air that can be forced out of the chest before the wound is sealed, the better the casualty will be able to breathe after the wound is sealed.

NOTE: The casualty can resume normal breathing after the wound is sealed.

NOTE: If the casualty is unconscious or cannot hold his breath, place the plastic wrapper over the wound after his chest falls but before it rises.

d. Place the occlusive dressing or the inside surface of the plastic wrapper (the side without printing) directly over the hole in the chest to seal the wound.

e. Check to the edges of the occlucsic dressing and/or the plastic wrapper to ensure that it extends at least two inches beyond the wound edges in all directions. If the wrapper does not have a two-inch margin, it may not form an airtight seal and may even be sucked into the wound. If the wrapper is not large enough or is torn, use foil, material from a poncho, cellophane, or other airtight material to form the seal, if necessary.

f. If utilizing a plastic wrapper or other imporvised item tape down three edges of the plastic wrapper to the casualty's chest, leaving the the bottom edge of the dressing open/untapped toward the ground depending on the casualty's position. Use the tape from their IFAK.

CAUTION: If an object is protruding from the chest wound, do not try to remove it. Place occlusive dressing around the object. Stabilize the object by placing a bulky dressing made from the cleanest material available around the object. Apply improvised bandages to hold the sealing material and dressings in place. Do not wrap the bandages over the protruding object.

4. Seal other open chest wounds.
5. Place a conscious casualty in the sitting position or on his side (recovery position) with his injured side next to the ground.

NOTE: The casualty may be able to breathe easier when sitting up than when lying on his side. If he wishes to sit up, have him to sit with his back leaning against a tree, wall, or other support. If he becomes tired, place him on his injured side in the recovery position.

6. Place an unconscious casualty in the recovery position on his injured side.
7. For all aspects of this practical exercise, student groups will be utilized.
   a. Imitation Session - no less than two imitation sessions per student.
   b. Manipulation Session - no less than one manipulation session per student.
   c. Precision Session – The following drills may be completed based on the time

allotted.

1) Apply an occlusive dressing to a single wound to the chest, given a conscious combat casualty. Ensure the casualty is able to remain in a position of comfort.

2) Apply an occlusive dressing to an entrance and exit wound to the chest, given an unconscious combat casualty. Ensure the casualty, when transported, is placed injured side down or in the recovery position.

Check on Learning:

1) QUESTION: How far beyond the edges of the open chest wound should the airtight material extend in order to be effective?
1) ANSWER: Two inches.
ATP 4-02.2 Medical Evacuation

Review Summary:

Identify the signs and symptoms of an open chest wound and how to treat the wound.

CHECK ON LEARNING (ELO D):

1) QUESTION: What happens to the lungs if too much air is allowed to enter the chest?
1) ANSWER: The lung collapses.
ATP 4-02.2 Medical Evacuation
2) QUESTION: When during the casualty's breathing cycle (inhaling or exhaling) should you apply the chest seal?
2) ANSWER: After the casualty exhales.
ATP 4-02.2 Medical Evacuation
3) QUESTION: How far beyond the edges of the open chest wound should the airtight material extend in order to be effective?
3) ANSWER: Two inches.
ATP 4-02.2 Medical Evacuation

REVIEW SUMMARY(ELO D):

Identified the signs and symptoms of an open chest wound and how to treat the wound.

E. ENABLING LEARNING OBJECTIVE

ACTION:	Treat a casualty.
CONDITIONS:	Given a casualty with burns in an operational environment. The casualty has an Improved First Aid Kit (IFAK).
STANDARDS:	Treat a casualty for burns without error. Treat a casualty for shock without error. Treat a casualty for hypothermia without error.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO E - LSA 1. Learning Step / Activity ELO E - LSA 1. Treat a burn casualty

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	10 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX D) for correct skill sequence.

NOTE: The following information will be presented in a discussion format. It will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. Before providing lifesaving measures for burns, evaluate the casualty as instructed in the lesson “Evaluate a Casualty.” Once you have determined that the casualty has a burn, you must treat it.
2. Steps in treating a burn casualty.
   a. Eliminate the source of the burn.

1) Thermal burns. Remove the casualty from the source of the burn. If the casualty's clothing is on fire, cover the casualty with a field jacket or any large piece of non-synthetic material and roll him on the ground to put out the flames.

CAUTION: Synthetic materials, such as nylon, may melt and cause further injury.

2) Electrical burns. If the casualty is in contact with an electrical source, turn the electricity off, if the switch is nearby. If the electricity cannot be turned off, use any nonconductive material (rope, clothing, or dry wood) to drag the casualty away from the source.

WARNING: Do not touch the casualty or the electrical source with your bare hands,“you could be injured too!”

WARNING: High voltage electrical burns from an electrical source or lightning may cause temporary unconsciousness, difficulties in breathing, or difficulties with the heart (irregular heartbeat).

3) Laser burns. Move the casualty away from the source while avoiding eye contact with the beam source. If possible, wear appropriate laser eye protection.

4) Chemical burns.

(a) Remove liquid chemicals from the burned casualty by flushing with as much water or other nonflammable fluid as possible.

(b) Remove dry chemicals by carefully brushing them off with a clean, dry cloth. If large amounts of water are available, flush the area. Otherwise, do not apply water.

(c) Smother burning white phosphorus with water, a wet cloth, or wet mud. Keep the area covered with the wet material.

WARNING: Blisters caused by a blister agent are actually burns. Do not try to decontaminate skin where blisters have already formed. If blisters have not formed, decontaminate the skin.

b. After the casualty has been removed from the source of the burn.

1) Uncover the burn.

WARNING: Do NOT uncover the wound in a chemical environment. Exposure could cause additional harm.

(a) Cut clothing covering the burned area.

WARNING: Do NOT attempt to remove clothing that is stuck to the wound. Additional harm could result.

(b) Gently lift away clothing covering the burned area.

CAUTION: Do not pull clothing over the burns.

(c) If the casualty's hand(s) or wrist(s) have been burned, remove jewelry (rings, watches) and place them in his pockets.

2) Apply dressing from the casualty’s IFAK to the burn.

NOTE: If the burn is caused by white phosphorus, the dressing must be wet.

CAUTION: Do not break blisters, or apply grease or ointments to the burns.

(a) Apply the dressing/pad, white side down, directly over the wound.

(b) Wrap the tails (or the elastic bandage) so that the dressing/pad is covered and both sides are sealed.

(c) For a field dressing, tie the tails into a nonslip knot over the outer edge of the dressing, not over the wound. For an emergency bandage, secure the hooking ends of the closure bar into the elastic bandage.

(d) Check to ensure that the dressing is applied lightly over the burn but firmly enough to prevent slipping.

NOTE: Electricity often leaves entry and exit burns. Both burns should be treated.

NOTE: If the casualty is conscious and not nauseated, give him small amounts of water to drink.

3) Monitor the casualty closely for life-threatening conditions, check for other injuries (if necessary), and treat for shock. Continually monitor the casualty for conditions that may require basic lifesaving measures.

4) Seek medical personnel.

Check on Learning:

1) QUESTION: What are the four (4) types of burns?

1) ANSWER: first degree burn, second degree burn, third degree burn and fourth degree burn.

CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary:

Identify the signs and sypmtoms of burns.

ELO E - LSA 2. Learning Step / Activity ELO E - LSA 2. Treat a burn casualty

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	40 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The scenario should begin in Tactical Field Care. The scenario may contain conditions that require hemorrhage control, but the main focus of the casualty play should center on burns and burn complications utlizing the following steps.

1. General. Before providing lifesaving measures for burns, evaluate the casualty as instructed in the lesson “Evaluate a Casualty.” Once you have determined that the casualty has a burn, you must treat it.

2. Steps in treating a burn casualty.

a. Eliminate the source of the burn.

1) Thermal burns. Remove the casualty from the source of the burn. If the casualty's clothing is on fire, cover the casualty with a field jacket or any large piece of non-synthetic material and roll him on the ground to put out the flames.

CAUTION: Synthetic materials, such as nylon, may melt and cause further injury.

2) Electrical burns. If the casualty is in contact with an electrical source, turn the electricity off, if the switch is nearby. If the electricity cannot be turned off, use any nonconductive material (rope, clothing, or dry wood) to drag the casualty away from the source.

WARNING: Do not touch the casualty or the electrical source with your bare hands, “you could be injured too!”

WARNING: High voltage electrical burns from an electrical source or lightning may cause temporary unconsciousness, difficulties in breathing, or difficulties with the heart (irregular heartbeat).

3) Laser burns. Move the casualty away from the source while avoiding eye

contact with the beam source. If possible, wear appropriate laser eye protection.

4) Chemical burns.

(a) Remove liquid chemicals from the burned casualty by flushing with as much water or other nonflammable fluid as possible.

(b) Remove dry chemicals by carefully brushing them off with a clean, dry cloth. If large amounts of water are available, flush the area. Otherwise, do not apply water.

(c) Smother burning white phosphorus with water, a wet cloth, or wet mud. Keep the area covered with the wet material.

WARNING: Blisters caused by a blister agent are actually burns. Do not try to decontaminate skin where blisters have already formed. If blisters have not formed, decontaminate the skin.

b. After the casualty has been removed from the source of the burn.

1) Uncover the burn.

WARNING: Do NOT uncover the wound in a chemical environment. Exposure could cause additional harm.

(a) Cut clothing covering the burned area.

WARNING: Do NOT attempt to remove clothing that is stuck to the wound. Additional harm could result.

(b) Gently lift away clothing covering the burned area.

CAUTION: Do not pull clothing over the burns.

(c) If the casualty's hand(s) or wrist(s) have been burned, remove jewelry (rings, watches) and place them in his pockets.

2) Apply dressing from the casualty's IFAK to the burn.

NOTE: If the burn is caused by white phosphorus, the dressing must be wet.

CAUTION: Do not break blisters, or apply grease or ointments to the burns.

(a) Apply the dressing/pad, white side down, directly over the wound.

(b) Wrap the tails (or the elastic bandage) so that the dressing/pad is covered and both sides are sealed.

(c) For a field dressing, tie the tails into a nonslip knot over the outer edge of the dressing, not over the wound. For an emergency bandage, secure the hooking ends of the closure bar into the elastic bandage.

(d) Check to ensure that the dressing is applied lightly over the burn but firmly enough to prevent slipping.

NOTE: Electricity often leaves entry and exit burns. Both burns should be treated.

NOTE: If the casualty is conscious and not nauseated, give him small amounts of water to drink.

3) Monitor the casualty closely for life-threatening conditions, check for other injuries (if necessary), and treat for shock. Continually monitor the casualty for conditions that may require basic lifesaving measures.

4) Seek medical personnel.

Check on Learning:

1) QUESTION: What are the four (4) types of burns?

1) ANSWER: first degree burn, second degree burn, third degree burn and fourth degree burn.

Review Summary:

Identify signs and sypmtoms of burns.

ELO E - LSA 3. Learning Step / Activity ELO E - LSA 3. Perform first aid to prevent or control shock.

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	10 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX D) for correct skill sequence.

NOTE: The following information will presented in a disucssion format. It will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. If your casualty loses a lot of blood or suffers from a significant injury, he may exhibit signs and symptoms of shock. Shock is the body’s response to this injury and an attempt to maximize the use of the oxygen and blood that the body has remaining. There are some steps that we can take to assist the body’s response.
2. Steps in treating a casualty for shock and preventing hypothermia
   a. Check the casualty for signs and symptoms of shock.
      1) Sweaty but cool skin
      2) Pale skin
      3) Restlessness or nervousness
      4) Thirst
      5) Severe bleeding
      6) Confusion
      7) Rapid breathing
      8) Blotchy blue skin
      9) Nausea and/or vomiting

NOTE: The first step in preventing or controlling shock is to stop the bleeding. You have already taken steps to control bleeding by applying dressings and tourniquets as needed to control external bleeding, that is, bleeding that you can see on the outside of the body. The casualty may also have internal bleeding, such as bleeding into the abdominal or chest cavities, which you cannot treat. This requires rapid evacuation.

   b. Position the casualty.
      1) Move the casualty under a permanent or improvised shelter to shade him

from direct sunlight.

2) Lay the casualty on his back or in the recovery position (on his side) unless a sitting position will allow the casualty to breathe easier.

c. Loosen clothing at the neck, waist, or anywhere it is binding.

WARNING: DO NOT loosen clothing if in a chemical area.

d. Prevent the casualty from getting chilled or overheated.

1) Cover the casualty to avoid loss of body heat and, in cold weather, place cover under as well as over the casualty. Ensure no part of the casualty is touching the ground, as this increases the loss of body heat. Use a blanket or clothing, or improvise a cover.

2) Ensure the patient is kept warm by removing wet clothing and covering the casualty with a blanket.

e. Calm and reassure the casualty.

WARNING: If you must leave the casualty, turn his head to the side to prevent choking if vomiting occurs.

f. Watch the casualty closely for life-threatening conditions and check for other injuries, if necessary.

g. Seek medical aid.

Check on Learning:

1) QUESTION: What are the signs and symptoms of shock?

1) ANSWER: Sweaty but cool skin, Pale skin, Restlessness or nervousness, Thirst, Severe bleeding, Confusion, Rapid breathing, Blotchy blue skin, Nausea and/or vomiting.

CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary:

Describe the signs and sypmtoms for shock.

ELO E - LSA 4. Learning Step / Activity ELO E - LSA 4. Perform first aid to prevent or control shock

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	35 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The scenarios should begin in Tactical Field Care. The casualty will have no conditions that require hemorrhage control or airway/breathing interventions. The following steps will be utlized in treating shock and preventing hypothermia.

1. If your casualty loses a lot of blood or suffers from a significant injury, he may exhibit signs and symptoms of shock. Shock is the body's response to this injury and an attempt to maximize the use of the oxygen and blood that the body has remaining.

There are some steps that we can take to assist the body's response.

2. Steps in treating a casualty for shock and preventing hypothermia

a. Check the casualty for signs and symptoms of shock.

1) Sweaty but cool skin

2) Pale skin

3) Restlessness or nervousness

4) Thirst

5) Severe bleeding

6) Confusion

7) Rapid breathing

8) Blotchy blue skin

9) Nausea and/or vomiting

NOTE: The first step in preventing or controlling shock is to stop the bleeding. You have already taken steps to control bleeding by applying dressings and tourniquets as needed to control external bleeding, that is, bleeding that you can see on the outside of the body. The casualty may also have internal bleeding, such as bleeding into the abdominal or chest cavities, which you cannot treat. This requires rapid evacuation.

b. Position the casualty.

1) Move the casualty under a permanent or improvised shelter to shade him from direct sunlight.

2) Lay the casualty on his back or in the recovery position (on his side) unless a sitting position will allow the casualty to breathe easier.

c. Loosen clothing at the neck, waist, or anywhere it is binding.

WARNING: DO NOT loosen clothing if in a chemical area.

d. Prevent the casualty from getting chilled or overheated.

1) Cover the casualty to avoid loss of body heat and, in cold weather, place cover under as well as over the casualty. Ensure no part of the casualty is touching the ground, as this increases the loss of body heat. Use a blanket or clothing, or improvise a cover.

2) Ensure the patient is kept warm by removing wet clothing and covering the casualty with a blanket.

e. Calm and reassure the casualty.

WARNING: If you must leave the casualty, turn his head to the side to prevent choking if vomiting occurs.

f. Watch the casualty closely for life-threatening conditions and check for other injuries, if necessary.

g. Seek medical aid.

3. Information below contains training minimums, additional sessions should be conducted based on the needs of the students. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized.

a. Imitation Session - no less than two imitation sessions per student

b. Manipulation Session - no less than one manipulation session per student.

Check on Learning:

1) QUESTION: What are the signs and symptoms of shock?
1) ANSWER: Sweaty but cool skin, Pale skin, Restlessness or nervousness, Thirst, Severe bleeding, Confusion, Rapid breathing, Blotchy blue skin, Nausea and/or vomiting.
CALL HANDBOOK 17-13 Tactical Combat Casualty Care

Review Summary:

Describe the signs and sypmtoms for shock.

CHECK ON LEARNING (ELO E):

1) QUESTION: What are the four (4) types of burns?
1) ANSWER: first degree burn, second degree burn, third degree burn and fourth degree burn.
CALL HANDBOOK 17-13 Tactical Combat Casualty Care

2) QUESTION: What is the first step in treatment of a burn casualty?
2) ANSWER: Remove the source of the burn.
CALL HANDBOOK 17-13 Tactical Combat Casualty Care

3) QUESTION: What is the primary cause of shock on the battlefield?
3) ANSWER: blood loss or hypovolemia.
CALL HANDBOOK 17-13 Tactical Combat Casualty Care

4) QUESTION: What are the signs and symptoms of shock?
4) ANSWER: Sweaty but cool skin, Pale skin, Restlessness or nervousness, Thirst, Severe bleeding, Confusion, Rapid breathing, Blotchy blue skin, Nausea and/or vomiting.
CALL HANDBOOK 17-13 Tactical Combat Casualty Care

REVIEW SUMMARY(ELO E):

Describe the types of burns, signs and sypmtoms of shock and hypothermia.

F. ENABLING LEARNING OBJECTIVE

ACTION:	Apply a Rigid Eye Shield
CONDITIONS:	Given a casualty who has an eye injury in an operational environment. The casualty has an Improved First Aid Kit (IFAK).
STANDARDS:	Perform a visual acuity examination in the proper sequence and without error. Apply a rigid eye shield without error.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO F - LSA 1. Learning Step / Activity ELO F - LSA 1. Apply a rigid eye shield

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	15 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each Instructor lead will their group through the demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer to the Instructor Guidance section for additonal information.
NOTE: The following information will be presented in a discussion format, it will not be briefed or read to the students. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all warning associated with this task.

1. The rigid eye shield is a malleable and light weight perforated metal screen that is frequently placed over an injured or postoperative eye.
2. Although ocular injuries are not often encountered, they must be considered whenever there is facial or orbital trauma suspected. Foreign bodies protruding from the eye or orbit should be left in place and safely immobolized during evacuation.

a. Perform a rapid gross visual acuity examination.

1) Cover the casualty's uninjured eye and have the casualty read print from a newspaper/magazine sized test. If the casualty is unable to read text move to the next step.

2) Cover the casualty's uninjured eye and have the casualty count the number of fingers you hold up. Record the furthest distance at which the fingers can be counted correctly (example: 4 feet). If the casualty is unable to count fingers move to the next step.

3) Cover the casualty's uninjured eye and wave your hand within 1 to 2 inches of the casualty's injured eye to assess his ability to detect hand motion. If the casualty is unable to detect hand motion move to the next step.

4) Cover the casualty's uninjured eye and check to see if the casualty can detect light using a light sourse such as a flashlight or pen light.

b. Position the casualty with head supported.

c. Ask the casualty to close both eyes.

d. Apply garter shield cover or tape to edges of the rigid eye shield.

NOTE: Garter or tape can be applied prior to injury and stored in IFAK at the ready.
CAUTION: Covering both eyes, even if only one eye is injured, is not recommended in a combat environment. A casualty with both eyes covered is rendered defensless against the enemy. Additionally, the casualty is completely dependent on others.

e. Place the rigid eye shield over the injured eye.

NOTE: The rigid eye shield is designed to rest on the bony support of the face arching

over the ocular structures.

f. Secure the rigid eye shield with one or more strips of tape to the casualty's cheek and forehead.

NOTE: In the absence of a rigid eye shield other objects can effectively perform the same function. Sam splint, paper cup or an intact set of protective eyewear secured in place.

CAUTION: To ensure that your casualty does not have an allergic reaction or go into anaphylactic shock, check medication allergies by asking the casualty if they have any medication allergies or by checking for allergy tags.

g. Administer the 400 Milligrams (mg) Moxifloxacin tablet from the casualty's combat pill pack.

NOTE: Moxifloxacin is the anitbiotic found in the casualty's combat pill pack, it should only be administered to a casualty that is conscious and able to swallow.

h. Document treatment, visual acuity and medication administered to the casualty on the Department of Defense (DD) Form 1380 Tactical Combat Casuatly Care (TCCC) Card. Ensure the DD 1380 is transported with the casualty.

Check on Learning:

1) QUESTION: Which eye is covered when performing a rapid gross visual acuity examination?

1) ANSWER: The uninjured eye.

0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

Review Summary:

Review the application of the eye shield.

ELO F - LSA 2. Learning Step / Activity ELO F - LSA 2. Apply a rigid eye shield

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	35 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The following scenarios can be completed in any order. The scenarios will begin in Care Under Fire with no obvious bleeding and continue into Tactical Field Care. The instructor(s) will end the scenario once the student completes the casualty evaluation with emphasis on treating ocular injuries utilizing the following steps for the rigid eye shield.

1. Although ocular injuries are not often encountered, they must be considered whenever there is facial or orbital trauma suspected. Foreign bodies protruding from the eye or orbit should be left in place and safely immobolized during evacuation.

a. Perform a rapid gross visual acuity examination.

1) Cover the casualty's uninjured eye and have the casualty read print from a newspaper/magazine sized test. If the casualty is unable to read text move to the next

step.

2) Cover the casualty's uninjured eye and have the casualty count the number of fingers you hold up. Record the furthest distance at which the fingers can be counted correctly (example: 4 feet). If the casualty is unable to count fingers move to the next step.

3) Cover the casualty's uninjured eye and wave your hand within 1 to 2 inches of the casualty's injured eye to assess his ability to detect hand motion. If the casualty is unable to detect hand motion move to the next step.

4) Cover the casualty's uninjured eye and check to see if the casualty can detect light using a light sourse such as a flashlight or pen light.

b. Position the casualty with head supported.

c. Ask the casualty to close both eyes.

d. Apply garter shield cover or tape to edges of rigid eye shield.

NOTE: Garter or tape can be applied prior to injury and stored in IFAK at the ready.

CAUTION: Covering both eyes, even if only one eye is injured, is not recommended in a combat environment. A casualty with both eyes covered is rendered defensless against the enemy. Additionally, the casualty is completely dependent on others.

e. Place the rigid eye shield over the injured eye.

NOTE: The rigid eye shield is designed to rest on the bony support of the face arching over the ocular structures.

f. Secure the rigid eye shield with one or more strips of tape to the casualty's cheek and forehead.

NOTE: In the absence of a rigid eye shield other objects can effectively perform the same function. Sam splint, paper cup or an intact set of protective eyewear secured in place.

CAUTION: To ensure that your casualty does not have an allergic reaction or go into anaphylactic shock, check medication allergies by asking the casualty if they have any medication allergies or by checking for allergy tags.

g. Administer the 400 Milligrams (mg) Moxifloxacin tablet from the casualty's combat pill pack.

NOTE: Moxifloxacin is the anitbiotic found in the casualty's combat pill pack, it should only be administered to a casualty that is conscious and able to swallow.

h. Document treatment, visual acuity and medication administered to the casualty on the Department of Defense (DD) Form 1380 Tactical Combat Casuatly Care (TCCC) Card. Ensure the DD 1380 is transported with the casualty.

2. Information below contains the training minimumsm eight to ten additional training sessions will be conducted throughout this phase of training. See Instructor Guidance for additional information.

a. Imitation Session- no less than two imitation sessions per student. Instructors should consider using a different injury for each imitation session.

b. Manipulation Session- no less than two manipulation sessions per student.

c. Precision Session- The following drills may be completed based on time allotted.

1) Dressing the injury for durability.

2) Dressing the injury for speed.

Check on Learning:

1) QUESTION: What antibiotic should be administered to a casualty with an ocular injury?
1) ANSWER: Moxifloxacin
0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

Review Summary:

Review the application of the eye shield.

CHECK ON LEARNING (ELO F):

1) QUESTION: Which eye is covered when performing a rapid gross visual acuity examination?
1) ANSWER: The uninjured eye.
0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

2) QUESTION: What antibiotic should be administered to a casualty with an ocular injury?
2) ANSWER: Moxifloxacin
0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

REVIEW SUMMARY(ELO F):

review the application of the Eye Shield.

G. ENABLING LEARNING OBJECTIVE

ACTION:	Perform Tactical Combat Casualty Care- Tactical Field Care
CONDITIONS:	Given a casualty in an operational environment. The casualty has an Improved First Aid Kit (IFAK).
STANDARDS:	Perform Tactical Combat Casualty Care-Tactical Field Care without error. 1)Control bleeding without error. 2) Open the airway without error. 3) Perform a casualty assessment without error. 4) Perform first aid for an open chest wound without error. 5) Apply measures to control shock without error.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO G - LSA 1. Learning Step / Activity ELO G - LSA 1. Identify Tactical Field Care

Method of Instruction: Discussion (Small or Large Group)
Mode of Delivery: Resident Instruction
Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:20)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction: 5 mins
Media Type: PowerPoint Presentation / Conference

NOTE: Remember, in combat, your combat duties remain your primary mission. Your first priority while under fire is to return fire and kill the enemy. You should render aid to injured Soldiers only when such care does not endanger your primary mission.

1. In Tactical Field Care, you and the casualty are not under effective enemy fire and you are free to provide casualty care to the best of your ability. However, the tactical situation can change and you could find yourself back in a care-under-fire situation.

a. Tactical Field Care may be rendered by the rescuer after the casualty has been moved to a safe location or when enemy fire has been suppressed.

b. Tactical Field Care also refers to care rendered by the rescuer when the casualty is discovered in a Tactical Field Care situation. That is, the casualty was not in a careunder-fire situation to begin with.

c. In Tactical Field Care, available medical equipment and supplies are limited to that carried into the field by the rescuer and individual Soldiers.

d. You have more time available to identify and treat any injuries that you find.

2. The priority of treatment is HABC or MARCH:

a. H- Severe Hemorrhage (arterial bleeding);

b. A- Problems with the airway (head tilt/chin lift and insert a NPA);

c. B- Problems with the casualty being able to breathe. This includes open chest injuries;

d. C- Circulation problems (i.e. bleeding and shock) or

e. M- Massive Hemorrhage (arterial bleeding);

f. A- Problems with the airway (head tilt/chin lift and insert a NPA);

g. R- Resporations, problems with the casualty being able to breathe. This includes open chest injuries;

h. C- Circulation problems (i.e. bleeding and shock)

i. H- Hypothermia

Check on Learning:

1) QUESTION: The priority of treatment is?

1) ANSWER:

a. H- Severe Hemorrhage (arterial bleeding);

b. A- Problems with the airway (head tilt/chin lift and insert a NPA);

c. B- Problems with the casualty being able to breathe. This includes open chest injuries;

d. C- Circulation problems (i.e. bleeding and shock)

0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

Review Summary:

Review the following procedures: HABC, MARCH and AVPU.

ELO G - LSA 2. Learning Step / Activity ELO G - LSA 2. Identify Tactical Field Care

Method of Instruction:	Demonstration
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	10 mins
Media Type:	Conference/Demonstration
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX D-Evaluate a Casualty) for correct skill sequence. For evaluation of treatment of selected wounds, use appropriate skill sheets to ensure proper skill sequence performance. NOTE: The following information will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. The casualty will have only one (1) injury (amputation of either arm or leg, or severe arterial bleeding of a limb) in Care Under Fire and two (2) injuries in Tactical Field Care. Injuries for the Tactical Field Care are to be chosen randomly and changed between students to allow for variety. Choose from the following simulated injuries:

a. Gunshot wound to the right chest wall (creating open chest wound).

b. Shrapnel wound to the right thigh, requiring application of Combat Gauze® and Emergency Trauma Dressing.

c. Burn to right or left arm requiring sterile gauze.

d. Patient who is displaying signs and symptoms of shock.

e. Unconscious patient who is gurgling when breathing (requiring a Nasopharyngeal Airway)

f. Minor bleeding injury that can be treated with a pressure dressing and sterile gauze.

2. General

a. Basic lifesaving steps on the battlefield include stopping the bleeding, clearing the
airway, restoring breathing, protecting the wound, and treating/preventing shock. These are the HABC/MARCH measures that apply to all injuries. Certain types of wounds and burns will require special precautions and procedures when applying these measures. When properly applied, these techniques will save Soldier's lives.

b. In Tactical Field Care, you and the casualty are not under effective enemy fire and you are free to provide care to the best of your ability (based on the tactical leader’s guidance). However, medical equipment and supplies are limited to that carried into the field by rescuer and by individual Soldiers.

3. Steps in process.

a. General Impression. As you approach the casualty, form a general impression of

the casualty. See if you can identify the type of injuries the casualty may have suffered and the type of care you will need to give.

b. Determine responsiveness and level of consciousness.

1) If the casualty is conscious, ask him where it hurts or where his body feels different than usual. This helps to determine the casualty's level of consciousness and provides you with information that can be used when treating the casualty.

2) Ask the casualty questions to help determine his level of consciousness. Ask the casualty questions that require more than a "yes" or "no" answer. Examples of such questions are: "What is your name?" "What is the date?" and "Where are we?"

3) Determine the casualty's level of consciousness using the AVPU scale. Changes in the casualty's AVPU rating may mean changes in his medical condition, especially if the casualty has suffered a head injury. Check the casualty's level of consciousness every 15 minutes.

(a) A--The casualty is alert (knows who he is, the date, where he is, etc.).

(b) V--The casualty is not alert, but does responds to verbal (voice) commands.

(c) P--The casualty responds to pain, but not to verbal commands.

(d) U--The casualty is unresponsive (unconscious).

NOTE: A casualty who is yelling at you, telling you what happened, or performing similar actions is alert.

NOTE: If the casualty is alert or responds to voice commands, do not check the casualty's response to pain.

c. Position the casualty on his back if he is in a prone position. Placing the casualty in a supine position will help you evaluate and treat the casualty. If you roll the casualty, note any injuries that the casualty may have, especially in the chest area. To roll a casualty onto his back, perform the following steps:

1) Kneel beside the casualty with your knees near his shoulders.

2) Raise the casualty's arm that is nearest to you above the casualty's head.

3) Adjust the casualty’s legs so that they are together and straight or nearly straight.

4) Place one of your hands under the back of the casualty's head and neck for support.

5) With your free hand, reach across the casualty's back and grasp the casualty's
clothing under the arm (armpit area).

6) Pull steadily (evenly) toward yourself, keeping the casualty's head and neck in line with his torso.

7) Once the casualty is rolled onto his back, place his arms at his sides.

NOTE: This method of rolling the casualty is used to minimize further injury to the casualty's spine in case he has suffered an injury to the head, neck, or back.

d. Check for major bleeding of the extremities.

NOTE: Check the casualty for amputation or severe bleeding from the arm, forearm, thigh, or leg. Arterial bleeding from a limb is the leading cause of preventable death on the battlefield.

1) Amputation. If the casualty has an amputation of the arm, forearm, thigh, or leg, apply a tourniquet two to four inches above the amputation site.

NOTE: Do not waste time with lesser measures such as a pressure dressing. Apply a tourniquet even if the amputation does not show severe bleeding. The body's natural defenses may be controlling the bleeding temporarily, but the wound will soon result in severe arterial bleeding.

CAUTION: DO NOT apply a tourniquet over a joint. The bones of the joint may keep the tourniquet from functioning properly.

NOTE: Amputation of a part of a hand or part of a foot may be controlled using a pressure dressing or other measures.

NOTE: In a complete amputation, the limb part is completely severed from the rest of the body. In a partial amputation, the limb part is still connected to the rest of the body by skin. Treat a partial amputation as you would a complete amputation.

2) Severe Bleeding. Try to control major bleeding on an extremity using an Emergency Bandage from the casualty's IFAK, direct pressure, Combat Gauze®, or other means. If these methods do not control the bleeding, apply a tourniquet two to four inches above the wound to control the bleeding.

e. Check the casualty for breathing.

1) Check the casualty for breathing using the look-listen-feel method. Place your ear over the casualty's mouth and nose with your face toward the casualty's chest while maintaining the casualty's airway (head-tilt/chin-lift). Look for the rise and fall of the casualty's chest and abdomen. Listen for sounds of breathing. Feel for his breath on the side of your face.

2) Insert a nasopharyngeal airway, if needed

NOTE: The muscles of an unconscious casualty's tongue may have relaxed, causing his tongue to block the airway by sliding to the back of the mouth and covering the opening to the windpipe. Using the head tilt/chin-lift to move the tongue away from the windpipe may allow the casualty to resume breathing on his own.

f. Check the casualty for open chest wounds

1) Breathing problems will require you to expose the casualty's chest to look for injuries. If you find one, place an occlusive bandage over the injury. Do not forget to roll the casualty over and check for another wound on the back. Apply an occlusive dressing here also. Transport the casualty in the position of comfort if conscious or on the injured side if unconscious.

2) Check the casualty for wounds that penetrate the chest cavity. Such wounds are called open chest wounds or sucking chest wounds. Left untreated, these wounds can allow air to enter the casualty's chest and collapse his lung.

g. Check for other wounds. After you have stopped any serious arterial bleeding from the extremities, checked the airway, and sealed any penetrating chest wounds, continue to evaluate and treat the casualty.

1) Check the casualty for bleeding.

(a) Look for blood-soaked clothes.

(b) Look for entry and exit wounds.

(c) Place your hands behind the casualty's neck and pass them upward toward the top of the head. Note whether there is blood or brain tissue on your hands from the casualty's wounds.

(d) Place your hands behind the casualty's shoulders and pass them downward behind the back, thighs, and legs. Note whether there is blood on your hands from the casualty's wounds.

2) Control bleeding using an Emergency Bandage, Combat Gauze®, direct pressure, and/or pressure dressing.

3) Check the casualty for other injuries that require dressings. Using the compressed gauze, cover these wounds to prevent infection from entering. Secure dressings in place with tape.

h. Communicate to the tactical leader the need to evacuate the casualty.

i. Check the casualty for burns. Look carefully for reddened, blistered, or charred skin or singed clothes.

j. Administer combat pill pack (if provided in casualty's IFAK)

k. Document injuries found on the casualty's own TCCC Card (procedures will be given in another block of instruction)

l. Transport casualty to site where evacuation is anticipated.

1) Determine which patient transport method is best for the tactical situation and the distance needed to travel.

2) Patient transport procedures will be taught in another block of instruction.

m. Monitor the patient for shock. Signs and symptoms of shock include the following:

1) Sweaty but cool (clammy) skin, pale skin color, and/or blotchy or bluish skin around the mouth.

2) Nausea.

3) Anxiety (casualty is restless, nervous, or agitated).

4) Decrease in the casualty's level of consciousness (mental confusion, unconsciousness, etc.).

5) Rapid breathing (increased breathing rate).

6) Unusual thirst.

NOTE: Most battlefield shock is due to severe blood loss. The primary goal is to stop the bleeding. Try to keep the casualty as comfortable as possible.

Check on Learning:

1) QUESTION: What is the proirity of treatment?

1) ANSWER:

a. M- Massive Hemorrhage (arterial bleeding);

b. A- Problems with the airway (head tilt/chin lift and insert a NPA);

c. R- Resporations, problems with the casualty being able to breathe. This includes open chest injuries;

d. C- Circulation problems (i.e. bleeding and shock)

e. H- Hypothermia

0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

Review Summary:

Review the following procedures: HABC, MARCH and AVPU.

ELO G - LSA 3. Learning Step / Activity ELO G - LSA 3. Perform Tactical Field Care

Method of Instruction:	Practical Exercise (Hands-On/Written)
Mode of Delivery:	Resident Instruction
Instr Type (I:S Ratio):	Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.) Military - NON-ICH (1:15)(Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	45 mins
Media Type:	Practical Exercise
Other Media:	Unassigned
Security Classification:	This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: The scenario should begin in Care Under Fire and continue through Tactical Field Care. The scenario may contain conditions that require hemorrhage control, burns, burn complications and/or an open chest injury. The follow steps should be followed when conducting the scenario.

Use enclosed skill sheet (APPENDIX D- Evaluate a Casualty) for correct skill sequence. For evaluation of treatment of selected wounds, use appropriate skill sheets to ensure proper skill sequence performance.

NOTE: The following information will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class. The instructor should stress all the warnings associated with this task.

1. The casualty will have only one (1) injury (amputation of either arm or leg, or severe arterial bleeding of a limb) in Care Under Fire and two (2) injuries in Tactical Field Care. Injuries for the Tactical Field Care are to be chosen randomly and changed between students to allow for variety. Choose from the following simulated injuries:

a. Gunshot wound to the right chest wall (creating open chest wound).

b. Shrapnel wound to the right thigh, requiring application of Combat Gauze® and Emergency Trauma Dressing.

c. Burn to right or left arm requiring sterile gauze.

d. Patient who is displaying signs and symptoms of shock.

e. Unconscious patient who is gurgling when breathing (requiring a Nasopharyngeal Airway)

f. Minor bleeding injury that can be treated with a pressure dressing and sterile gauze.

2. General

a. Basic lifesaving steps on the battlefield include stopping the bleeding, clearing the

airway, restoring breathing, protecting the wound, and treating/preventing shock. These are the HABC/MARCH measures that apply to all injuries. Certain types of

wounds and burns will require special precautions and procedures when applying these measures. When properly applied, these techniques will save Soldier's lives.

b. In Tactical Field Care, you and the casualty are not under effective enemy fire and you are free to provide care to the best of your ability (based on the tactical leader’s guidance). However, medical equipment and supplies are limited to that carried into the field by rescuer and by individual Soldiers.

3. Steps in process.

a. General Impression. As you approach the casualty, form a general impression of the casualty. See if you can identify the type of injuries the casualty may have suffered and the type of care you will need to give.

b. Determine responsiveness and level of consciousness.

1) If the casualty is conscious, ask him where it hurts or where his body feels different than usual. This helps to determine the casualty's level of consciousness and provides you with information that can be used when treating the casualty.

2) Ask the casualty questions to help determine his level of consciousness. Ask the casualty questions that require more than a "yes" or "no" answer. Examples of such questions are: "What is your name?" "What is the date?" and "Where are we?"

3) Determine the casualty's level of consciousness using the AVPU scale. Changes in the casualty's AVPU rating may mean changes in his medical condition, especially if the casualty has suffered a head injury. Check the casualty's level of consciousness every 15 minutes.

(a) A--The casualty is alert (knows who he is, the date, where he is, etc.).

(b) V--The casualty is not alert, but does responds to verbal (voice) commands.

(c) P--The casualty responds to pain, but not to verbal commands.

(d) U--The casualty is unresponsive (unconscious).

NOTE: A casualty who is yelling at you, telling you what happened, or performing similar actions is alert.

NOTE: If the casualty is alert or responds to voice commands, do not check the casualty's response to pain.

c. Position the casualty on his back if he is in a prone position. Placing the casualty in a supine position will help you evaluate and treat the casualty. If you roll the casualty, note any injuries that the casualty may have, especially in the chest area. To roll a casualty onto his back, perform the following steps:

1) Kneel beside the casualty with your knees near his shoulders.

2) Raise the casualty's arm that is nearest to you above the casualty's head.

3) Adjust the casualty’s legs so that they are together and straight or nearly straight.

4) Place one of your hands under the back of the casualty's head and neck for support.

5) With your free hand, reach across the casualty's back and grasp the casualty's
clothing under the arm (armpit area).

6) Pull steadily (evenly) toward yourself, keeping the casualty's head and neck in

line with his torso.

7) Once the casualty is rolled onto his back, place his arms at his sides.

NOTE: This method of rolling the casualty is used to minimize further injury to the casualty's spine in case he has suffered an injury to the head, neck, or back.

d. Check for major bleeding of the extremities.

NOTE: Check the casualty for amputation or severe bleeding from the arm, forearm, thigh, or leg. Arterial bleeding from a limb is the leading cause of preventable death on the battlefield.

1) Amputation. If the casualty has an amputation of the arm, forearm, thigh, or leg, apply a tourniquet two to four inches above the amputation site.

NOTE: Do not waste time with lesser measures such as a pressure dressing. Apply a tourniquet even if the amputation does not show severe bleeding. The body's natural defenses may be controlling the bleeding temporarily, but the wound will soon result in severe arterial bleeding.

CAUTION: DO NOT apply a tourniquet over a joint. The bones of the joint may keep the tourniquet from functioning properly.

NOTE: Amputation of a part of a hand or part of a foot may be controlled using a pressure dressing or other measures.

NOTE: In a complete amputation, the limb part is completely severed from the rest of the body. In a partial amputation, the limb part is still connected to the rest of the body by skin. Treat a partial amputation as you would a complete amputation.

2) Severe Bleeding. Try to control major bleeding on an extremity using an Emergency Bandage from the casualty's IFAK, direct pressure, Combat Gauze®, or other means. If these methods do not control the bleeding, apply a tourniquet two to four inches above the wound to control the bleeding.

e. Check the casualty for breathing.

1) Check the casualty for breathing using the look-listen-feel method. Place your ear over the casualty's mouth and nose with your face toward the casualty's chest while maintaining the casualty's airway (head-tilt/chin-lift). Look for the rise and fall of the casualty's chest and abdomen. Listen for sounds of breathing. Feel for his breath on the side of your face.

2) Insert a nasopharyngeal airway, if needed

NOTE: The muscles of an unconscious casualty's tongue may have relaxed, causing his tongue to block the airway by sliding to the back of the mouth and covering the opening to the windpipe. Using the head tilt/chin-lift to move the tongue away from the windpipe may allow the casualty to resume breathing on his own.

f. Check the casualty for open chest wounds

1) Breathing problems will require you to expose the casualty's chest to look for injuries. If you find one, place an occlusive bandage over the injury. Do not forget to roll the casualty over and check for another wound on the back. Apply an occlusive dressing here also. Transport the casualty in the position of comfort if conscious or on the injured side if unconscious.

2) Check the casualty for wounds that penetrate the chest cavity. Such wounds are called open chest wounds or sucking chest wounds. Left untreated, these wounds can allow air to enter the casualty's chest and collapse his lung.

g. Check for other wounds. After you have stopped any serious arterial bleeding from the extremities, checked the airway, and sealed any penetrating chest wounds, continue to evaluate and treat the casualty.

1) Check the casualty for bleeding.

(a) Look for blood-soaked clothes.

(b) Look for entry and exit wounds.

(c) Place your hands behind the casualty’s neck and pass them upward toward
the top of the head. Note whether there is blood or brain tissue on your hands from the casualty’s wounds.

(d) Place your hands behind the casualty’s shoulders and pass them downward
behind the back, thighs, and legs. Note whether there is blood on your hands from the casualty’s wounds.

2) Control bleeding using an Emergency Bandage, Combat Gauze®, direct pressure, and/or pressure dressing.

3) Check the casualty for other injuries that require dressings. Using the compressed gauze, cover these wounds to prevent infection from entering. Secure dressings in place with tape.

h. Communicate to the tactical leader the need to evacuate the casualty.

i. Check the casualty for burns. Look carefully for reddened, blistered, or charred skin or singed clothes.

j. Administer combat pill pack (if provided in casualty’s IFAK)

k. Document injuries found on the casualty’s own TCCC Card (procedures will be given in another block of instruction)

l. Transport casualty to site where evacuation is anticipated.

1) Determine which patient transport method is best for the tactical situation and the distance needed to travel.

2) Patient transport procedures will be taught in another block of instruction.

m. Monitor the patient for shock. Signs and symptoms of shock include the following:

1) Sweaty but cool (clammy) skin, pale skin color, and/or blotchy or bluish skin around the mouth.

2) Nausea.

3) Anxiety (casualty is restless, nervous, or agitated).

4) Decrease in the casualty's level of consciousness (mental confusion, unconsciousness, etc.).

5) Rapid breathing (increased breathing rate).

6) Unusual thirst.

NOTE: Most battlefield shock is due to severe blood loss. The primary goal is to stop the bleeding. Try to keep the casualty as comfortable as possible.

a. Imitation Session - no less than two imitation sessions per student
b. Manipulation Session - no less than one manipulation session per student.
c. Precision Session - The following drills may be completed based on the time allotted. A minimum of one precision session must be completed per student.

Check on Learning:

1) QUESTION: What does AVPU stand for?
1) ANSWER:
a. A--The casualty is alert (knows who he is, the date, where he is, etc.).
b. V--The casualty is not alert, but does responds to verbal (voice) commands.
c. P--The casualty responds to pain, but not to verbal commands.
d. U--The casualty is unresponsive (unconscious).
0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

Review Summary:

Review the following procedures: HABC, MARCH and AVPU.

CHECK ON LEARNING (ELO G):

1) QUESTION: What is the priority of treatment?
1) ANSWER:

a. H- Severe Hemorrhage (arterial bleeding);
b. A- Problems with the airway (head tilt/chin lift and insert a NPA);
c. B- Problems with the casualty being able to breathe. This includes open chest injuries;
d. C- Circulation problems (i.e. bleeding and shock) or

e. M- Massive Hemorrhage (arterial bleeding);
f. A- Problems with the airway (head tilt/chin lift and insert a NPA);
g. R- Resporations, problems with the casualty being able to breathe. This includes open chest injuries;
h. C- Circulation problems (i.e. bleeding and shock)
i. H- Hypothermia
0-323-06503-0 PHTLS Prehospital Trauma Life Support, Military

REVIEW SUMMARY(ELO G):

Review the following procedures: HABC, MARCH and AVPU.

SECTION IV. SUMMARY

Method of Instruction:	Discussion (Small or Large Group)
Mode of Delivery:	Resident Instruction
Instr Type(I:S Ratio):	Military - ICH (1:30) (68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.), Military - NON-ICH (1:30) (Drill Sergeant who has completed the Combat Lifesaver Course)
Time of Instruction:	5 mins

Check on Learning

1) QUESTION: At what point does treatment enter tactical field care from care under fire?

1) ANSWER: When the Casualty is moved behind cover.

ATP 4-25.13 Casualty Evacuation

Review/ Summary

Closing Statement: It is essential to assess casualties in a systematic way that allows for quickly finding and treating immediate threats to life. This search is called the initial assessment. By conducting an initial assessment, determining mental status, evaluating airway, breathing, and circulation and determining the casualty's priority, you can find and correct the most likely problems that could otherwise end a casualty's life in just a few minutes. Finding the problems, though, is only the beginning. You now know how to treat the most common and most preventable causes of death on the battlefield.

SECTION V. STUDENT EVALUATION

Testing Requirements	NOTE: Describe how the student must demonstrate the accomplishment of the TLO. Refer student to the Individual Student Assessment Plan.
Feedback Requirements	Apply continuous evaluation of course effectiveness and efficiency and provide appropriate feedback to the training/education task proponent. NOTE: Feedback is essential to effective learning. Schedule and provide feedback to clarify any questions from.

Appendix A - Viewgraph Masters

Casualty Responder Training- Introduction to Tactical Combat Casualty Care (Tactical Field Care)
081-BT081014 / Version 1.1 ©

Sequence	Media Name	Media Type
None		

Appendix B - Assessment Statement and Assessment Plan

Assessment Statement: None.

Assessment Plan: None.

PRACTICAL EXERCISE(S)/SOLUTION(S) FOR LESSON 081-BT081014 Version 1.1 ©

Appendix D - Student Handouts

Casualty Responder Training- Introduction to Tactical Combat Casualty Care (Tactical Field Care) 081-BT081014 / Version 1.1 ©

Sequence	Media Name	Media Type
1	Appendix C. Practical Exercise Skill Sheets 1-5	PDF