Award Number: W81XWH-08-1-0451

TITLE: Blended Learning Ecologies in the Military: Comparative Studies for Combat Medics and Their Instructors

PRINCIPAL INVESTIGATOR: Dr. Beatrice Babbitt

CONTRACTING ORGANIZATION: Nevada System of Higher Education
Las Vegas, NV 89154

REPORT DATE: October 2011

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for public release; distribution unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.
Blended Learning Ecologies in the Military: Comparative Studies for Combat Medics and Their Instructors

Initially, the primary purpose of the project was to design and implement a series of applied research studies to validate the effectiveness of a blended learning ecology in the teaching of lifesaving medical skills to U.S. Army combat military personnel. The final revision of the project included the development of a Program of Instruction (POI) for Combat Lifesaver Skills training, an Enhanced Lecture using Student Response Systems to promote the learning outcomes outlined in the POI, and e-Learning modules (eModules) to further reinforce content. Upon completion, the Enhanced Lecture was assessed to determine the impact on trainees and instructors. Assessment results for both students and instructors reflected positively upon the Enhanced Lecture. The results of this research were disseminated through conference presentations and in preparation of a scholarly research manuscript submitted for publication.

### Subject Terms
- Blended learning ecology
- Combat lifesaver skills
- eLearning
- Instructional design
- Program of instruction

### Security Classification of:
- Report: U
- Abstract: U
- This Page: U

### Limitation of Abstract
- Number of Pages: 172

### Contact Information
- E-Mail: bea.babbitt@unlv.edu
TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS........................................................................................................4
INTRODUCTION .......................................................................................................................................5

BODY ..................................................................................................................................................5

PROJECT SIGNIFICANCE ....................................................................................................................5
PROJECT HISTORY AND DEVELOPMENT ........................................................................................6
PROJECT STAFF AND TERM OF EMPLOYMENT .............................................................................7
PART 1 | PROGRAM OF INSTRUCTION (POI) ....................................................................................7
PART 2 | DEVELOP CURRICULUM ........................................................................................................8
PART 3 | eMODULES ..............................................................................................................................9
PART 4 | ASSESSMENT OF ENHANCED LECTURE ...............................................................................9
PART 5 | PRESENTATIONS ....................................................................................................................9

KEY RESEARCH ACCOMPLISHMENTS ............................................................................................10
REPORTABLE OUTCOMES ................................................................................................................10
CONCLUSION .....................................................................................................................................11
REFERENCES .....................................................................................................................................12

APPENDICES

APPENDIX A PROGRAM OF INSTRUCTION FOR COMBAT LIFESAVER ........................................14
APPENDIX B ENHANCED LECTURE POWERPOINT (BETA) .............................................................54
APPENDIX C ENHANCED LECTURE POWERPOINT (FINAL VERSION) WITH CPS INTEGRATION ....91
APPENDIX D eMODULES ..................................................................................................................92
APPENDIX E STUDENT ASSESSMENT SURVEYS ........................................................................93
APPENDIX F INSTRUCTOR SURVEYS ..............................................................................................96
APPENDIX G SLOAN-C EMERGING TECHNOLOGIES FOR ONLINE LEARNING ABSTRACT AND POWERPOINT PRESENTATION ..................................................................................................................98
APPENDIX H ATACCC ABSTRACT AND POSTER PRESENTATION ...............................................146
APPENDIX I MANUSCRIPT: EXAMINING THE EFFICACY OF PERSONAL RESPONSE DEVICES IN ARMY TRAINING ......................................................148

SUPPORTING DATA..........................................................................................................................171
ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARL</td>
<td>U.S. Army Research Lab</td>
</tr>
<tr>
<td>ATACCC</td>
<td>Advanced Technology Applications for Combat Casualty Care</td>
</tr>
<tr>
<td>CCC</td>
<td>Combat Casualty Care</td>
</tr>
<tr>
<td>CLS</td>
<td>Combat Lifesaver Skills</td>
</tr>
<tr>
<td>COR</td>
<td>Contracting Officer’s Representative</td>
</tr>
<tr>
<td>CPS</td>
<td>Classroom Performance System</td>
</tr>
<tr>
<td>ET4OL</td>
<td>Emerging Technologies for Online Learning</td>
</tr>
<tr>
<td>JROTC</td>
<td>Junior Reserve Officer Training Corps (U.S. Army)</td>
</tr>
<tr>
<td>K-12</td>
<td>Kindergarten through grade 12</td>
</tr>
<tr>
<td>MeTER</td>
<td>Medical Training Evaluation and Review</td>
</tr>
<tr>
<td>MSTCs</td>
<td>Medical Simulation Training Centers</td>
</tr>
<tr>
<td>POI</td>
<td>Program of Instruction</td>
</tr>
<tr>
<td>PRD</td>
<td>Personal Response Device</td>
</tr>
<tr>
<td>SRS</td>
<td>Student Response System</td>
</tr>
<tr>
<td>UNLV</td>
<td>University of Nevada, Las Vegas</td>
</tr>
</tbody>
</table>
INTRODUCTION

This report describes the activities that occurred under Contract W81XWH-08-1-0451, “Development of a P.O.I. and a Blended Learning Ecology for use in Combat Lifesaver Skills Training for the Army.” The intent of project tasks was to enhance instruction of combat lifesaver skills (CLS) to active and reserve Army personnel. Through this project, the University of Nevada, Las Vegas (UNLV) developed selected technologies, and adapted them to and assessed their effectiveness in the U.S. Army training environment. The specific focus area was CLS training, which occurs in a non-traditional, classroom-learning environment. The project assessed whether an integrated learning environment making use of PRDs would improve student learning and satisfaction in CLS training. Two eLearning Modules or “eModules” were developed in this project to determine whether these technologies would benefit the structured learning environment of the U.S. Army.

BODY

PROJECT SIGNIFICANCE

As technology emerges and the learning environment evolves, numerous new tools have become available to increase learning outcomes and student satisfaction. Among these, Student Response Systems (SRS) such as Personal Response Devices (PRDs) have demonstrated success in terms of engagement (e.g., Caldwell, 2007; Hall, Collier, Thomas, and Hilgers, 2005) student satisfaction (e.g., Byrd, Coleman, and Werneth, 2004; Johnson, 2005; Lowery, 2005), and performance (e.g., Edens, 2009; Poulis, Massen, Robens and Gilbert, 1998; Ribbens, 2007) in an array of venues. PRDs (“clickers”) are electronic devices through which members of an audience (students or trainees) respond to instruction in real-time by answering questions posed to them periodically during the lecture; software associated with the system aggregates all responses providing instantaneous feedback to the instructor (and to the audience if the results are projected on a screen). In the college classroom, PRDs have been shown to be beneficial to learning in a variety of disciplines. The majority of PRD research has been carried out in the science-education arena, but research studies have also been conducted in the educational fields of medicine, mathematics, business, social science, and more (Kay and LeSage, 2009). PRD use is also widespread at the K-12 level. Although much more comprehensive research is available regarding PRD application in higher education, a survey of K-12 teachers provided evidence that K-12 teachers employ many of the same techniques that make PRDs effective in higher education (Penuel, Boscardin, Masyn, and Crawford, 2007).

Research on the impact of PRDs has grown substantially in the 2000s, but this growth has not been evenly distributed across all educational settings. A recent review of the literature by Kay and LeSage (2009) noted a lack of PRD research outside of higher education and mathematics/science-based courses, and that conducting this research would help provide a fuller understanding of the impact of this tool. As part of this project, a research study was performed to determine whether the effectiveness of PRDs would extend to a structured educational setting outside of higher education: an Army training course. PRDs are currently used in a variety of military trainings, such as in Army JROTC instruction (WIDS Wire, 2010), Navy Submarine Training, and Air Force Medical Training (eInstruction, 2011).
However, evidence of PRD effectiveness in military settings is not readily available in the published literature.

PROJECT HISTORY AND DEVELOPMENT

Over the lifespan of this award, changes in project scope and intent occurred. According to Quarterly Report July 18, 2009 – November 3, 2009, the originally stated project called for the UNLV project team to:

“...conduct a large N classical experimental study, featuring random selection and assignment of subjects, on site at Ft Sam in which we proposed to directly compare the effectiveness of a pedagogically enriched and highly interactive blended learning ecology with the primarily face to face instruction currently used to train combat medical personnel. We proposed to assess the relative effectiveness of the two training strategies using a number of dependent measures, most notably the pass rate on the National Registry of Emergency Medical Technicians Certification Exam—the DMCT’s principle measure for assessing the effectiveness of its efforts to teach emergency medical skills to combat medic trainees.”

(1st Quarterly Report)

However, due in part to the infeasibility of the original concept, which was determined following project initiation and to factors beyond the project’s control, including the unfortunate passing away of two key project principals and the resultant personnel changes that ensued, the ultimate scope and Statement of Work evolved throughout the life of the project. The following scope was proposed based on meetings that took place in June 2009 and November 2010:

(1) Create a “Universal” Program of Instruction (POI) by blending the three following documents:
   - Instructor’s Manual
   - Student Manual
   - Test Guide

(2) Using POI, develop a curriculum tailored to Fort Indiantown Gap and Medical Simulation Training Centers (MSTCs). This curriculum should include instructor materials, student materials, etc.
   - Update PowerPoint slides
   - Integrate Personal Response Systems
   - Include student motivation modules

(3) Incorporate two eModules into the above curriculum that would be optional for instructor use. These modules will focus on:
   - Patient Assessment (Lesson 2 in the current instruction manual)
   - Control Bleeding (Lesson 5 in the current instruction manual)

(4) Discuss possible ways to field test and evaluate curriculum using the following measurements:
   - Average passing scores on written tests
   - Instructor feedback
   - Personal Response Systems (PRS) data
In November 2010, a ‘No Cost Extension’ was submitted to include the objectives of disseminating research results through conference attendance and preparation of a research article, as well as the development of the proposed eModules, and final dissemination of deliverables to appropriate departments (10th Quarterly Report).

**PROJECT STAFF AND TERM OF EMPLOYMENT**

<table>
<thead>
<tr>
<th>Position</th>
<th>Employee</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Investigator</strong></td>
<td>Dr. Richard C. Lee</td>
<td>July 19, 2008 – May, 2009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(deceased)</td>
</tr>
<tr>
<td></td>
<td>Dr. Beatrice C. Babbitt</td>
<td>May 2009 – October, 2011</td>
</tr>
<tr>
<td><strong>Project Director of Operations</strong></td>
<td>Col. (ret) Jerry Bussell</td>
<td>July, 2008 – October, 2010</td>
</tr>
<tr>
<td><strong>Project Assistant</strong></td>
<td>Brett Bolton</td>
<td>July, 2008 – December, 2009</td>
</tr>
<tr>
<td></td>
<td>David Nguyen</td>
<td>December, 2009 – July, 2010</td>
</tr>
<tr>
<td><strong>Research Specialist</strong></td>
<td>Dr. Angelina Hill</td>
<td>July, 2009 – October, 2011</td>
</tr>
<tr>
<td><strong>Graduate Assistants</strong></td>
<td>Gordon Louie</td>
<td>July, 2009 – July, 2010</td>
</tr>
<tr>
<td></td>
<td>Patricia Harrison</td>
<td>July, 2011 – October, 2011</td>
</tr>
<tr>
<td><strong>Distance Ed. Design Team</strong></td>
<td>Staff</td>
<td>July, 2009 – July, 2011</td>
</tr>
</tbody>
</table>

**PART 1 | PROGRAM OF INSTRUCTION (POI)**

The POI is a document detailing lesson objectives and resources for a specific training course. At the time this award was initiated, a standardized POI did not exist for the Combat Lifesaving Skills (CLS) training. This project’s objective to implement an Enhanced Learning curriculum became contingent upon the development of an updated POI, and, therefore, the project’s scope was revised to include development and implementation of said POI (3rd Quarterly Report). The revised POI, a 39-page document, was developed and included an integration of the objectives included in the “Instructor’s Manual,” “Student Manual,” and “Test Guide” as specified by the Statement of Work. The required
resources were defined with the assistance of the Fort Indiantown Gap instructional staff. [See Appendix A].

PART 2 | DEVELOP CURRICULUM

This portion of the project focused on the development of a curriculum tailored to Fort Indiantown Gap and Medical Simulation Training Centers (MSTCs). Upon completion of the POI, UNLV revised and developed instructor support materials and student materials, and involved updating PowerPoint slides, integrating SRS technology, and included student motivation modules. This effort resulted in a training product titled “Enhanced Lecture,” which is described below.

ENHANCED LECTURE – BETA VERSION

An Enhanced Lecture (Beta version) involved presenting a lecture using PowerPoint slides that were designed to be used in combination with eInstruction® Classroom Performance System (CPS). The CPS includes both software and hardware and requires students to interact with the lecture using a handheld PRD. The Enhanced Lecture included applicable training content incorporated into PowerPoint slides. At strategic points in lecture, a question would be posed. Within the CPS software, the instructor clicked at specific locations to launch each question, upon which students indicated their responses with their PRDs. When all responses were returned, or an allotted period of time expired, the question would be closed for additional responses and the instructor and students would be presented with a graphic representation of the students’ responses.

The Beta version of the Enhanced Lecture for CLS training, delivered by PowerPoint presentation, included training covering 10 lessons, with an average of 7.6 questions per unit. [See Appendix B].

ENHANCED LECTURE – FINAL VERSION

In June 2011, Dr. Steve Huff (Interactive Learning; Lakewood CO) and his team were contracted to provide customized curriculum development for ten Combat Casualty Care (CCC) lessons. Their first task was to reintegrate the presentation materials with eInstruction® technologies that have changed and developed over the course of the contract, including software upgrades and improvements to the SRS. Secondly, they were asked to refine the presentation using relevant cognitive principles. In particular, they added new questions and updated existing ones to encourage higher-level critical thinking, incorporated animation and chunking to support understanding and recall, and incorporated optional vocabulary and assessment features.

The Final version includes features not present in the Beta version. Notably, the content has been reviewed and revised in regard to quality of content, consistency of formatting, division of content by lesson, integration with PowerPoint slides, and development of vocabulary, exercise problems, and exam sections. In addition, the content has been published to CD format to ensure compatibility and integrity when implemented. [See Appendix C].
PART 3 | eMODULES

The UNLV team produced two eModules to further demonstrate a blended learning ecology for the CLS curriculum and represent an alternative learning tool for mastering CLS content. Through consultation with content experts at Fort Indiantown Gap (PA), it was decided that the eModules should focus on two critical curricular content areas: patient assessment and bleeding control.

The eModules were designed as self-paced, digital learning modules for soldiers. Design and development of the electronic interactives distributed throughout the eModules required significant personnel time to ensure CLS concepts were best illustrated, that relevant learning principles were clear, and that the interactive potential of electronic media was fully realized. Hence, numerous iterations of the interactives were reviewed and refined until they met project standards and objectives. Dr. Bea Babbitt (UNLV, Principal Investigator); Dr. Angelina Hill (UNLV, Research Specialist); and Gordon Louie (UNLV, Program Support) developed the modules. The UNLV Distance Education Instructional Design Team designed and programmed the modules. The Pennsylvania Army National Guard Medical Operations Instructional Team at Fort Indiantown Gap (PA) provided content expertise.

Following completion of all revisions (May 2011), the final eModules were reproduced on CD (June 2011). UNLV delivered one hundred fifty CDs to Cpt. Adam Bickford, Pennsylvania Army National Guard Medical Operations Unit, Fort Indiantown Gap (PA) (12th Quarterly Report). [See Appendix D].

PART 4 | ASSESSMENT OF ENHANCED LECTURE

This portion of the project tested the effectiveness of SRS integration into a 5-day CLS training course given to three cohorts of trainees at a National Guard Training Center at Fort Indiantown Gap (PA). The study involved 117 soldiers: sixty-two had never taken a CLS training course before, and the other 52 had taken the course at least once previously. Five experienced CLS training course instructors also participated in the study. The course proceeded with delivery of the Enhanced Lecture and use of the PRDs. Trainees and instructors were surveyed following the experience. [See Appendices E and F for survey forms]. In addition to conducting surveys, student performance was also evaluated by comparing results of the standard exam that accompanies all Combat Lifesaver courses. Trainees reported that they were more engaged and had a better understanding of how well they understood the material because of the PRDs. Trainees who had previously taken the course without PRDs reported a preference for the training with PRDs in terms of being more engaged, learning more, and enjoying the course more. No improvement in performance was detected when comparing final exam scores in these courses to prior courses that did not use PRDs. Instructors appeared to see benefits afforded to their students, but they also found the course more challenging to teach, highlighting the need for adequate training to use the new technology, and care taken to developing effective questions. Complete research project details including the statistical results of this study are described within a manuscript submitted for scholarly publication. [See Appendix I].

PART 5 | PRESENTATIONS

The UNLV team traveled to San Jose, California in mid-July for the 2011 Sloan-C Fourth International Conference on Emerging Technologies for Online Learning (ET4OL). Project research on the effects of
incorporating SRS into CLS training was shared in a presentation titled “Enhancing an Army Training Course with Technology: Impact on Trainees and Instructors.” As trainee and instructor satisfaction and performance effects were described during the presentation, the presenters incorporated the SRS into the presentation to illustrate its use. The presentation was well received; the audience was interested in the technology itself, the instructional learning curve, and the positive research results. [See Appendix G].

In August 2011, Dr. Babbitt and UNLV graduate assistant Patricia Harrison travelled to the Advanced Technology Applications for Combat Casualty Care (ATACCC) 2011 Conference (Ft. Lauderdale, FL) to present a poster detailing the project’s research findings. The poster, titled “Integrating New Technologies into CCC: Impact on Trainers and Instructors” was displayed for two hours and educated conference attendees on both the research performed and its outcomes. The presentation incorporated the use of the SRS to engage conference attendees and increase awareness of the technology and its implementation. [See Appendix H].

As stated above, the complete research project details including the statistical results of the assessment are described within a manuscript submitted for scholarly publication. [See Appendix I].

**KEY RESEARCH ACCOMPLISHMENTS**

- Tested the effectiveness of integrating Student Response Systems in a Combat Lifesaver training course at Fort Indiantown Gap (PA).

**REPORTABLE OUTCOMES**

- Program of Instruction (POI) for Combat Lifesaver [See Appendix A]
- Enhanced Lecture PowerPoint (Beta Version) [See Appendix B]
- Enhanced Lecture PowerPoint (Final Version) with CPS Integration [See Appendix C]
- eModules [See Appendix D]
  - Developed and published two eLearning Modules (eModules) for Combat Lifesaver Training:
    - Lesson 1: Patient Assessment
    - Lesson 2: Bleeding Control
- Presentation of Research:
As described in previous sections and as shown within the included attachments, this project resulted in the successful development of products designed to create a blended learning ecology for CLS training: a revised CLS Training Course POI; ten Enhanced Lectures and complementary course materials; and two eModules. In addition, formal assessment was conducted, indicating trainees were more engaged and had a better understanding of how well they understood the material. These outcomes have been presented and submitted for publication within the scholarly literature.

RECOMMENDED NEXT STEPS

The final version of the Enhanced Lecture PowerPoint should be fully assessed to reinforce (or dispute) the previous research results. Should the evidence support the effectiveness of the Enhanced Lecture, the curriculum would be well suited, and should be fully implemented, to CLS programs across the Army National Guard and other military training. Furthermore, the eModules should also be subjected to the same type of testing and evaluation process as the Enhanced Lecture to determine their effectiveness in achieving CLS learning outcomes among students.

Instructor training is a key prerequisite for the effective use of the SRS. Instructors must become familiar with software operation and trouble shooting. More importantly, instructor training in new pedagogies to capitalize on the learning that takes place when students actively interact with content while using PRDs will be required.

FUTURE IMPLICATIONS

This project may complement other research currently being conducted in the U.S. Army medical training field. At the ATACCC 2011 Conference in Ft. Lauderdale, the UNLV team became familiar with the Medical Training Evaluation and Review (MeTER) System, sponsored by the U.S. Army Research Lab (ARL). This system is a multi-platform “training assessment/learning management tool for U.S. Army Medical Simulation Training Centers (IVR, Inc., 2011).” The SRS system evaluated as part of this project is shown to improve trainee and instructor satisfaction, and could integrate with the MeTER system as a further step to improve the overall effectiveness of CLS training.
REFERENCES


Appendix A
Program of Instruction for Combat Lifesaver
Program of Instruction

For

Combat Lifesaver

Length:

1 Week

Proponent:

Date:
# Table Of Contents

Cover Page .......................................................................................................................... 1-1

Preface ............................................................................................................................... 2-1

Course Summary .............................................................................................................. 3-1

Training Module .............................................................................................................. 4-1

Examination Module ....................................................................................................... 5-1

Individual Task Summary ............................................................................................... 6-1

Ammunition Summary ..................................................................................................... 7-1

Facilities Summary ......................................................................................................... 8-1

Equipment Summary ...................................................................................................... 9-1

TADSS Summary ............................................................................................................ 10-1

Headquarters Memorandum ........................................................................................... 11-1

Memo of Transmittal ........................................................................................................ 12-1
**Course Summary**

**Academic Time:**

Lesson 1: Introduction to the Combat Lifesaver 
   And Tactical Combat Casualty Care
Lesson 2: Care Under Fire
Lesson 3: Tactical Field Care
Lesson 4: Controlling Bleeding
Lesson 5: Opening and Managing a Casualty’s Airway
Lesson 6: Treating Penetrating Chest Trauma
Lesson 7: Initiating a Field Medical Card or Tactical Combat 
   Casualty Care Card
Lesson 8: Requesting Medical Evacuation
Lesson 9: Tactical Casualty Movement
Lesson 10: Evacuating a Casualty Using a Litter

**Administrative Time:**

Graduation
In-Processing
Out-Processing

**Total:**

**Grand Total:**
Training Module

<table>
<thead>
<tr>
<th>Lesson Id/ Version</th>
<th>Technique of Delivery</th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / C</td>
<td>(GP) Large Group Instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Introduction:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.1</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.1</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>(DM) Demonstration-Contents of the Aid Bag</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.1</td>
<td>(DM) Demonstration-Extremities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>(DM) Demonstration-Apply Field Dressing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5</td>
<td>(DM) Demonstration-Combat Pill Pack</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Security Clearance: Unclassified

Lesson Title: Introduction to the Combat Lifesaver and Tactical Combat Casualty Care.

Action Text: Tactically manage a casualty.

Condition: Given a written situation concerning tactical combat casualty care and possible responses.

Standard: Select the correct response based upon instruction given in Subcourse IS0871.

Remarks: This lesson introduces the soldier to the role of the combat lifesaver. This includes an introduction to the Army battle doctrine, a lecture on the purpose of the combat lifesaver, and a lecture/demonstration on the use of the combat lifesaver’s aid bag. The lesson will also provide statistical information on battlefield deaths before discussing the phases of tactical combat casualty care. The lesson then concludes by providing a list of terminology which may be unfamiliar to the soldier but will be used throughout the course; this is coupled with multiple demonstrations to ensure full comprehension. The soldier should leave with the knowledge that most battlefield deaths cannot be prevented. However, deaths from bleeding from the limbs, airway problems, and tension pneumothorax can usually be prevented.
Lesson Id/ Version: 2 / C  
Technique of Delivery: (GP) Large Group Instruction  

<table>
<thead>
<tr>
<th>Technique of Delivery</th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2 (LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.4 (LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.4 (DM) Demonstration-Quick Application of CAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2 (LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.1 (DM) Demonstration-Check Casualty for Responsiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2 (LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.0</td>
<td></td>
</tr>
</tbody>
</table>

Security Clearance: Unclassified

Lesson Title: Care Under Fire

Action Text: Tactically manage a simulated casualty in a care under fire situation.

Condition: Given a written situation concerning a casualty under combat conditions and possible responses.

Standard: Select the correct response based upon instruction given in Subcourse IS0871.

Remarks: This lesson is an in-depth discussion on the first part of tactical combat casualty care: care under fire. In this scenario, the combat lifesaver must demonstrate well-planned actions to provide casualty care while in the midst of an attack. The soldier is taught precautionary measures ranging from when to return fire and how to approach a casualty to checking for responsiveness and consciousness before applying aid. The main emphasis of this lesson is to reinforce the focal point of Lesson 1, that bleeding from the extremities is the primary cause of battlefield deaths, and while the combat lifesaver’s job is to prevent these deaths, he must remember to exercise caution when confronted with enemy fire. The lesson then introduces the soldier to basic concepts of tactical field care under fire before concluding with basic instructions on preparing casualty evacuation. The soldier should leave knowing the utmost importance of planning one’s movements while understanding the priority of defensive and counter-attack measures in a firefight in relation to treating casualties under fire.
<table>
<thead>
<tr>
<th>Lesson Id/ Version</th>
<th>Technique of Delivery</th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 / C</td>
<td></td>
<td>(GP) Large Group Instruction</td>
</tr>
<tr>
<td>Introduction:</td>
<td>0.1</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Turn Casualty on His Back</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5</td>
<td>(DM) Demonstration-Apply Splint to Fractured Thigh</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5</td>
<td>(DM) Demonstration-Apply Splint to Fractured Forearm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.6</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5</td>
<td>(DM) Demonstration-Place Casualty in Shock Position</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>(DM) Demonstration-Place Casualty in Recovery Position</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>(DM) Demonstration-Evacuate Casualty w/ Standard Litter</td>
<td></td>
</tr>
<tr>
<td>Summary:</td>
<td>0.4</td>
<td>(LE) Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Total: 6.6

Security Clearance: Unclassified

Lesson Title: Tactical Field Care

Action Text: Tactically manage a simulated casualty in a tactical field care situation.

Condition: Given a written situation concerning a casualty and possible responses.

Standard: Select the correct response based upon instruction given in Subcourse IS0871.

Remarks: This lesson provides the soldier with a general outline of tactical field care when not in a care under fire scenario. Caution and procedures learned from the previous lesson are explained and reviewed. In addition, the soldier will learn more intricate procedures (ones which are usually not timely for application when under fire) such as treating fractures, applying splints, and treating shock through multiple demonstrations. With an explanation and demonstration on the use of a standard litter, the lesson concludes and, coupled with the previous lesson, the soldier should leave with the complete knowledge of what and how a procedure is applicable at certain times of tactical combat casualty care.
<table>
<thead>
<tr>
<th><strong>Lesson Id/ Version</strong></th>
<th><strong>Technique of Delivery</strong></th>
<th><strong>Hours</strong></th>
<th><strong>Method of Instruction</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / C</td>
<td>(GP) Large Group Instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Introduction:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.5</td>
<td>(DM) Demonstration-Apply an Emergency Bandage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.5</td>
<td>(PE) Student Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.4</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.4</td>
<td>(DM) Demonstration-Apply Combat Gauze</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.4</td>
<td>(DM) Demonstration-Apply Improvised Pressure Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>(DM) Demonstration-Use Pressure Pts./Control Bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>(DM) Demonstration-Apply CAT to arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>(PE) Student Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.1</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>(DM) Demonstration-Apply CAT to leg/thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>(PE) Student Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(DM) Demonstration-Storing the CAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(DM) Demonstration-Preparing Improvised CAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>(DM) Demonstration-Apply Improvised CAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>(LE) Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.0</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Security Clearance:** Unclassified

**Lesson Title:** Controlling Bleeding

**Action Text:** Apply an emergency bandage, combat gauze, manual pressure, pressure dressing, Combat Application Tourniquet, and/or improvised tourniquet, as needed.

**Condition:** Given a simulated casualty with bleeding from a limb and needed supplies.

**Standard:** Score a GO on the performance checklist.

**Remarks:** This lesson is a detailed demonstration lab for soldiers to familiarize themselves with effective bleeding control methods. Emphasis is placed on judging what method to use based on severity of the wound and on the practicality of each method in care under fire or tactical field care situations. The soldier should leave with in-depth knowledge of how to stop bleeding from extremities and the utmost mastery of tourniquet applications.
<table>
<thead>
<tr>
<th>Lesson Id/ Version</th>
<th>Technique of Delivery</th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / C</td>
<td>(GP) Large Group Instruction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Introduction:**
- 0.1 (LE) Lecture
- 0.1 (LE) Lecture
- 0.3 (DM) Demonstration- Level of Response/Consciousness
- 0.1 (LE) Lecture
- 0.2 (DM) Demonstration-Turn Casualty onto His Back
- 0.1 (LE) Lecture
- 0.2 (DM) Demonstration-Head Tilt/Chin-Lift
- 0.2 (LE) Lecture
- 0.2 (DM) Demonstration-Check for Breathing
- 0.3 (LE) Lecture
- 0.2 (DM) Demonstration-Check Carotid Pulse
- 0.2 (LE) Lecture
- 0.5 (DM) Demonstration-Perform Rescue Breathing
- 0.2 (LE) Lecture
- 0.4 (PE) Student Practice
- 0.2 (LE) Lecture
- 0.5 (DM) Demonstration-Insert Nasopharyngeal Airway
- 0.8 (PE) Student Practice
- 0.2 (DM) Demonstration-Place Casualty in Recovery Position
- 0.3 (PE) Student Practice

**Summary:**
- 0.2 (LE) Lecture

**Total** 5.5

**Security Clearance:** Unclassified

**Lesson Title:** Opening and Managing a Casualty’s Airway.

**Action Text:** Open and manage the airway of a simulated casualty.

**Condition:** Given a simulated casualty and a combat lifesaver medical equipment set.

**Standard:**
- Score a GO on the performance checklist.
- Score a GO on the comprehensive written examination.
- Additional injuries to the casualty are prevented.

**Remarks:** This lesson leads the soldier through the steps necessary to evaluate a casualty’s breathing and to open the casualty’s airway in event of airway blockage or casualty unconsciousness in a tactical field care situation. Through multiple demonstrations and practice exercises, the soldier will review the process of checking for awareness, responsiveness, and consciousness and move into more complex techniques such as rescue breathing and inserting the nasopharyngeal airway. The soldier should leave with the knowledge that while opening a casualty’s airway in a care...
under fire situation is highly impractical, the skill and knowledge to open and maintain the airway could save many potential lives in a tactical field care scenario.

<table>
<thead>
<tr>
<th>Lesson Id/ Version</th>
<th>Technique of Delivery</th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / C</td>
<td>(GP) Large Group Instruction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Introduction:</strong></th>
<th>0.1</th>
<th>(LE) Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.3</td>
<td>(LE) Lecture</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td>(DM) Demonstration-Treat Open Chest Wound</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td>(PE) Student Practice</td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>(LE) Lecture</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td>(DM) Demonstration-Needle Chest Decompression</td>
</tr>
<tr>
<td></td>
<td>1.1</td>
<td>(PE) Student Practice</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>0.1</td>
<td>(LE) Lecture</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>4.8</td>
</tr>
</tbody>
</table>

**Security Clearance:** Unclassified

**Lesson Title:** Treating Penetrating Chest Trauma

**Action Text:** Treat a simulated casualty with penetrating chest trauma, including decompressing a tension pneumothorax.

**Condition:** Given a simulated conscious or unconscious casualty and a combat lifesaver medical equipment set.

**Standard:** - Score a GO on the performance checklist.
- Additional injuries to the casualty are prevented.

**Remarks:** This lesson teaches the soldier two important tasks for tactical field care after a battle: treating open chest wounds and treating tension pneumothorax. An open chest wound introduces outside air inside the casualty’s body which causes potential lung collapse. As such, sealing the open chest wound should be done as quickly as possible to ensure an open airway. In the event of air pressure affecting the lungs, the soldier is taught to relieve tension pneumothorax by administering a needle chest decompression. The soldier should leave understanding the urgency which open chest trauma requires treatment and should be able to administer such aid.
Lesson Title: Initiating a Field Medical Card or TCCC Card

Action Text: Initiate a DD Form 1380, U.S. Field Medical Card or a Tactical Combat Casualty Care Card.

Condition: Given information on a simulated casualty, a DD Form 1380 or a TCCC Card, and a writing instrument.

Standard: -Enter the required information in the appropriate blocks.
-Score a GO on the performance checklist.

Remarks: This lesson teaches the soldier how to fill out both the existing DD Form 1380 US Field Medical Card (FMC) and the Tactical Combat Casualty Card (TCCC) which is set to replace the FMC. As these cards are crucial for effective treatment of the casualty upon evacuation, the emphasis on this lesson is placed on diligence and precision when initiating the FMC and TCCC.
Lesson Id/ Version | Technique of Delivery | Hours | Method of Instruction
---|---|---|---
8 / C | (GP) Large Group Instruction | |

**Introduction:**
0.1 (LE) Lecture
0.2 (LE) Lecture
0.3 (DM) Demonstration-MEDEVAC Request Line 1
0.3 (LE) Lecture
0.2 (PE) Student Practice
0.2 (LE) Lecture
0.8 (PE) Student Practice
1.0 (TE) Test-Certification Exam

**Summary:**
0.1 (LE) Lecture

**Total:** 3.2

**Security Clearance:** Unclassified

**Lesson Title:** Requesting Medical Evacuation.

**Action Text:** Prepare and transmit a medical evacuation (MEDEVAC) request.

**Condition:** Given information on simulated casualty or casualties, MEDEVAC request guide, a pencil or other writing instrument, paper, and a simulated transmitting device.

**Standard:** - Transmission includes all needed information in the proper sequence.
- Correct brevity code items used.
- Correct radiotelephone procedures (pronunciation, beginning, ending, and so forth) are used.
- Score a GO on the performance checklist.

**Remarks:** This lesson teaches the soldier the complex coded format with which to request a medical evacuation of casualties. Medical evacuation differs from casualty evacuation in that medical personnel and vehicles are used. As such, the soldier should understand that usually it will be the combat medic who initiates a MEDEVAC. However, in the event that the combat lifesaver is needed to do so, the soldier should be prepared with knowledge of the standardized code and the rules of radio transmission security.
Lesson Id/ Version: 9 / C  
Technique of Delivery: (GP) Large Group Instruction  

<table>
<thead>
<tr>
<th></th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.1</td>
<td>(LE) Lecture</td>
</tr>
<tr>
<td></td>
<td>0.1</td>
<td>(LE) Lecture</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-One-Person Drag</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Two-Person Drag</td>
</tr>
<tr>
<td></td>
<td>0.1</td>
<td>(LE) Lecture</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Dragon Harness Drag</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Dragon Handle Drag</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Rescue Assault Tether Drag</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Drag Litters</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Hawes Carry</td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>(PE) Student Practice</td>
</tr>
<tr>
<td></td>
<td>0.3</td>
<td>(DM) Demonstration-Two-Person Supporting Carry</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.1</td>
<td>(LE) Lecture</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3.2</td>
<td></td>
</tr>
</tbody>
</table>

Security Clearance: Unclassified

Lesson Title: Tactical Casualty Movement

Action Text: Conduct tactical casualty movement.

Condition: Given a simulated casualty, any needed equipment (such as dragon harness), and assisting personnel (for two-person drag or carry), as needed.

Standard: - Score a GO on the performance checklist.  
- Additional injuries to the casualty are prevented.

Remarks: This lesson details the methods of casualty movement mentioned in lesson 2. Historically, soldiers have utilized one-person and two-person carries, but the sheer weight of the equipment needed for modern warfare makes those methods highly inefficient. While drags are taught in this lesson, the focal point is on contemporary methods of moving casualties with equipment taken into consideration, such as the Hawes carry, and on the use of commercial products which have been specifically developed for aiding casualty recovery and movement. Given the fact that in most instances, the combat lifesaver needs to move a casualty to a safe location before administering aid, this lesson is especially pertinent in prompting the soldier to plan his tactics as opposed to acting on impulse or spontaneous actions when under fire.
<table>
<thead>
<tr>
<th>Lesson Id/ Version</th>
<th>Technique of Delivery</th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / C</td>
<td>(GP) Large Group Instruction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Introduction:**
- 0.1 (LE) Lecture
- 0.3 (DM) Demonstration-Components of SKED Litter
- 0.3 (DM) Demonstration-Using a SKED Litter
- 0.4 (PE) Student Practice
- 0.2 (DM) Demonstration-Preparing a Talon Litter
- 0.2 (PE) Student Practice
- 0.2 (DM) Demonstration-Secure Casualty to Long Spine Board
- 0.3 (DM) Demonstration-Making a Blanket and Pole Litter
- 0.2 (DM) Demonstration-Making a Poncho and Pole Litter
- 0.6 (PE) Student Practice

**Summary:**
- 0.2 (LE) Lecture

Total 3.0

**Security Clearance:** Unclassified

**Lesson Title:** Evacuating a Casualty Using a Litter

**Action Text:** Prepare and use a SKED litter, Talon litter, or improvised litter to evacuate a casualty.

**Condition:** Given a simulated casualty, personnel to act as litter bearers as needed, and either a SKED litter, a Talon litter, or materials to make an improvised litter.

**Standard:** Score a GO on the performance checklist.

**Remarks:** This lesson specifies different types of litters which may function to bring the casualty to the last stage of combat casualty care—tactical evaluation care. While the previous lesson detailed methods to effectively remove a casualty from positions of danger, this use of litters usually applies after tactical field care has been administered and the casualty is ready to be evacuated. Thus, the emphasis of this training should be on speed and efficiency as once the casualty is out of the danger of the battlefield, a quick evacuation may be a key factor in saving his life.
Examination Module

Title: Combat Lifesaver Subcourse

Purpose: To provide the designated soldier an introductory knowledge base and skill set in emergency medical situations so he/she may better aid the combat medic with administering aid and evacuating casualties which could lead to the prevention of battlefield deaths. The topics covered emphasize casualty evaluation and bleeding control as unnecessary blood loss is one of the primary reasons for battlefield deaths. Topics include evaluating and treating casualties in care under fire as well as tactical field care scenarios, controlling bleeding from the extremities, opening and managing a casualty’s airway, treating penetrating chest trauma, initiating a Tactical Combat Casualty Card, requesting MEDEVAC, and tactical casualty movement.

Remarks: This module culminates in a comprehensive one (1) hour written examination covering all Combat Lifesaver Subcourse materials. Students must also demonstrate competency in the hands-on skills covered during practical exercises.

<table>
<thead>
<tr>
<th>Lesson Id/ Version</th>
<th>Technique of Delivery</th>
<th>Hours</th>
<th>Method of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10 / C</td>
<td>(GP) Large Group Instruction</td>
<td>1.0</td>
<td>(TE) Test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total:</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Security Clearance for Exam/Test: Unclassified

Lesson Title: Combat Lifesaver Subcourse Written Examination

Action Text: Complete the Combat Lifesaver Subcourse written examination

Condition: Given a Written Examination

Standard: Score a minimum of 70 out of 100 points to pass examination

Remarks: This examination is a comprehensive, one (1) hour written examination covering all Combat Lifesaver subcourse subjects provided during the module. Students must score at least 70 out of 100 points to pass the examination.
<table>
<thead>
<tr>
<th>Task</th>
<th>Title</th>
<th>Lesson/Ver.</th>
<th>Critical Task?</th>
</tr>
</thead>
<tbody>
<tr>
<td>081-833-0194</td>
<td>Prepare an Aid Bag</td>
<td>1/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0047</td>
<td>Initiate Treatment for Hypovolemic Shock</td>
<td>1/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0010</td>
<td>Establish a Sterile Field</td>
<td>2/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0010</td>
<td>Change a Sterile Dressing</td>
<td>2/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0050</td>
<td>Treat Casualty with Open Chest Wound</td>
<td>3/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0213</td>
<td>Perform a Tactical Casualty Assess.</td>
<td>3/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-831-1052</td>
<td>Apply a Splint to a Fractured Limb</td>
<td>3/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-33-0161</td>
<td>Control Bleeding</td>
<td>4/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0157</td>
<td>Provide Basic Emer. Med. Care for Amp.</td>
<td>4/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0210</td>
<td>Apply a Tourniquet to Control Bleeding</td>
<td>4/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0046</td>
<td>Apply a Dressing to Impalement Injury</td>
<td>4/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0212</td>
<td>Apply Pressure Dressing to Open Wound</td>
<td>4/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-831-0018</td>
<td>Open the Airway</td>
<td>5/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-831-0019</td>
<td>Clear an Upper Airway Obstruction</td>
<td>5/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-831-0046</td>
<td>Administer External Chest Compressions</td>
<td>5/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-831-0048</td>
<td>Perform Rescue Breathing</td>
<td>5/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-0142</td>
<td>Insert a Nasopharyngeal Airway</td>
<td>5/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-833-3007</td>
<td>Perform Needle Chest Decompression</td>
<td>6/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-831-0033</td>
<td>Initiate a Field Medical Card</td>
<td>7/C</td>
<td>Yes</td>
</tr>
<tr>
<td>081-831-1054</td>
<td>Evacuate Casualties</td>
<td>10/C</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Ammunition Summary

None
## Facilities Summary

**Nomenclature: CLASSROOM**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Facility</th>
<th>Quantity</th>
<th>Student Setup Ratio</th>
<th>Setup Hours</th>
<th>Cleanup Hours</th>
<th>Instruction Hours</th>
<th>Facility Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>2.4</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>2.4</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>2/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>2</td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>2</td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>3/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>6.6</td>
<td></td>
<td>7.2</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>6.6</td>
<td></td>
<td>7.2</td>
</tr>
<tr>
<td>4/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>6</td>
<td></td>
<td>6.6</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>6</td>
<td></td>
<td>6.6</td>
</tr>
<tr>
<td>5/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>5.5</td>
<td></td>
<td>6.1</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>5.5</td>
<td></td>
<td>6.1</td>
</tr>
<tr>
<td>6/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>4.8</td>
<td></td>
<td>5.4</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>4.8</td>
<td></td>
<td>5.4</td>
</tr>
<tr>
<td>7/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3.3</td>
<td></td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3.3</td>
<td></td>
<td>3.9</td>
</tr>
<tr>
<td>8/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3.2</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3.2</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td>9/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3.2</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3.2</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td>10/C</td>
<td>TLO</td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3</td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:40</td>
<td>0.3</td>
<td>0.3</td>
<td>3</td>
<td></td>
<td>3.6</td>
</tr>
</tbody>
</table>

**Nomenclature: SKILLS LAB**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Facility</th>
<th>Quantity</th>
<th>Student Setup Ratio</th>
<th>Setup Hours</th>
<th>Cleanup Hours</th>
<th>Instruction Hours</th>
<th>Facility Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/C</td>
<td>TLO</td>
<td>1</td>
<td>1:10</td>
<td>0.3</td>
<td>0.3</td>
<td>1</td>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:10</td>
<td>0.3</td>
<td>0.3</td>
<td>1</td>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td>9/C</td>
<td>TLO</td>
<td>1</td>
<td>1:10</td>
<td>0.3</td>
<td>0.3</td>
<td>0.5</td>
<td></td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:10</td>
<td>0.3</td>
<td>0.3</td>
<td>0.5</td>
<td></td>
<td>1.1</td>
</tr>
<tr>
<td>10/C</td>
<td>TLO</td>
<td>1</td>
<td>1:10</td>
<td>0.3</td>
<td>0.3</td>
<td>0.5</td>
<td></td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1:10</td>
<td>0.3</td>
<td>0.3</td>
<td>0.5</td>
<td></td>
<td>1.1</td>
</tr>
</tbody>
</table>
## Equipment Summary

### NSN (LIN): 6510-00-201-7430
**Dressing, First Aid, Field**
**NSN Quantity:** EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO Miles</th>
<th>OPTEMPO Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Lesson Total</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

### NSN (LIN): 6510-00-935-5823
**Bandage, Elastic Flesh Rolled**
**NSN Quantity:** PG (Package) of 10

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO Miles</th>
<th>OPTEMPO Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Lesson Total</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

### NSN (LIN): 6545-01-572-9963
**CLS Bag (Complete)**
**NSN Quantity:** SE (Set)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO Miles</th>
<th>OPTEMPO Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Lesson Total</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

2/C            | 1:40 | 0             | 1                | 0                   | 1             | 0     | 0              | 0             |
| **Lesson Total** |     |               |                  |                     |               |       |                |               |
|                |      |               |                  |                     |               |       | **Lesson Total** |               |
|                |      |               |                  |                     |               |       |                |               |
|                |      |               |                  |                     |               |       | **NSN (LIN) Total** |   |

3/C            | 1:40 | 0             | 1                | 0                   | 1             | 0     | 0              | 0             |
| **Lesson Total** |     |               |                  |                     |               |       |                |               |
|                |      |               |                  |                     |               |       | **Lesson Total** |               |
|                |      |               |                  |                     |               |       |                |               |
|                |      |               |                  |                     |               |       | **NSN (LIN) Total** |   |

4/C            | DE   | 1:40          | 0                | 1                   | 0             | 1     | 0              | 0             |
4/C            | PE   | 1:10          | 4                | 0                   | 0             | 4     | 0              | 0             |
<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN): 6515-01-521-7976**
Tourniquet, Combat Application (CAT)
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN): 6510-00-201-1755**
Bandage, Muslin (Cravat, Triangular)
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson/Version</td>
<td>Step</td>
<td>Student Ratio</td>
<td>Student Quantity</td>
<td>Instructor Quantity</td>
<td>Other Quantity</td>
<td>Total</td>
<td>OPTEMPO</td>
<td>Miles</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>---------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>3/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<table>
<thead>
<tr>
<th>NSN (LIN) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 0 1 0 0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6532-01-524-6932
Blanket Survival Blizzard Pack
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<table>
<thead>
<tr>
<th>NSN (LIN) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 0 1 0 0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6532-01-525-4062
Blanket, Heating Disposable 90cmx90cm
NSN Quantity: PG (Package) of 8

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<table>
<thead>
<tr>
<th>NSN (LIN) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 0 1 0 0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6545-01-530-0929
First Aid Kit, Universal (IFAK)
NSN Quantity: KT (Kit)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<table>
<thead>
<tr>
<th>NSN (LIN) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 0 1 0 0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-00-372-1200
Splint, Wood 18x4
NSN Quantity: PG (Package) of 12

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<table>
<thead>
<tr>
<th>NSN (LIN) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 0 1 0 0</td>
</tr>
<tr>
<td>NSN (LIN): 6515-01-225-4681</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>NSN Quantity: EA (Each)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSN (LIN): 6530-01-530-3860</th>
<th>Standard Litter</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSN Quantity: EA (Each)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSN (LIN): 6910-01-C05-5413</th>
<th>Megacode Kelly (Manikin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSN Quantity: EA (Each)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4/C</td>
<td>PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

| 5/C            | DE   | 1:40          | 0                | 1                   | 0              | 1     | 0       | 0     |       |
| 5/C            | PE   | 1:10          | 4                | 0                   | 0              | 4     | 0       | 0     |       |
| Lesson Total   |      |               | 4                | 1                   | 0              | 4     | 0       | 0     |       |
| NSN (LIN) Total|      |               | 4                | 1                   | 0              | 4     | 0       | 0     |       |

| 6/C            | DE   | 1:40          | 0                | 1                   | 0              | 1     | 0       | 0     |       |
| 6/C            | PE   | 1:10          | 4                | 0                   | 0              | 4     | 0       | 0     |       |
| Lesson Total   |      |               | 4                | 1                   | 0              | 4     | 0       | 0     |       |
| NSN (LIN) Total|      |               | 4                | 1                   | 0              | 4     | 0       | 0     |       |

<table>
<thead>
<tr>
<th>NSN (LIN): 6510-01-492-2275</th>
<th>Bandage Kit, Emergency Trauma</th>
</tr>
</thead>
</table>
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Quantity</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/C DE</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4/C PE</td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-00-935-7138 Scissors, Bandage

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Quantity</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/C DE</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4/C PE</td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-01-364-8554 Gloves, PT Exam and Treatment

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Quantity</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/C DE</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5/C PE</td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-01-364-8554 Gloves, PT Exam and Treatment

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Quantity</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lesson Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesson/Version</td>
<td>Step</td>
<td>Student Ratio</td>
<td>Student Quantity</td>
<td>Instructor Quantity</td>
<td>Other Quantity</td>
<td>Total</td>
<td>OPTEMPO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>---------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>-------</td>
<td>---------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/C PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/C PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN): 6910-00-540-6378  
NSN: War Wound Moulage Kit  
Quantity: SE (Set)

NSN (LIN): 6510-01-503-2117  
NSN: Bandage Gauze Cotton 6-Ply  
Quantity: RO (Roll) of 41

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### NSN (LIN): 6515-01-529-1187
**Nasopharyngeal Airway 28 FR**  
**NSN Quantity:** EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5/C</td>
<td>PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total:**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5/C</td>
<td>PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total:**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6/C</td>
<td>PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total:**

### NSN (LIN): 6510-00-926-8884
**Adhesive Tape, Surgical**  
**NSN Quantity:** PG (Package) of 4

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5/C</td>
<td>PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total:**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6/C</td>
<td>PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total:**

### NSN (LIN): 6515-01-239-2494
**Catheter/ Needle Unit, 14GA**  
**NSN Quantity:** PG (Package) of 200

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6/C</td>
<td>PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total:**

### NSN (LIN): 6510-00-721-9808
**Sponge, Surgical**  
**NSN Quantity:** PG (Package) of 1200

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6/C</td>
<td>PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total:**
<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total: 6510-00-786-3736 Pad, Isopropyl Alcohol Impregnated
NSN Quantity: PG (Package) of 200

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total: 6510-01-010-0307 Pad, Povidon-Iodine
NSN Quantity: PG (Package) of 100

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total: 6510-01-408-1920 Chest Seal, Asherman
NSN Quantity: PG (Package) of 10

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN) Total: 6510-01-499-9285 Hemostat Agent, Quick Clot Bag
NSN Quantity: EA (Each)
<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6510-01-503-8726  
Hemostatic Agent, Hemcon

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6510-01-549-5980  
Hemostatic Agent, Celox

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6510-01-573-0300  
Dressing, Chest Seal 8"x6"

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-01-532-6656  
Bandage Kit, Elastic Abdominal Wound

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson/Version</td>
<td>Step</td>
<td>Student Ratio</td>
<td>Student Quantity</td>
<td>Instructor Quantity</td>
<td>Other Quantity</td>
<td>Total</td>
<td>OPTEMPO</td>
<td>Miles</td>
<td>Hours</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>---------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>6/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-01-541-0635 Needle Decompression Device
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-01-562-3346 Dressing Wound Seal 6"x8" Occlusive
NSN Quantity: PG (Package) of 25

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td></td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

NSN (LIN): 6515-01-540-7226 Shears, Leash Trauma Black
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

NSN (LIN): 7540-01-460-8995 Form, Printed FMC
NSN Quantity: BK (Book) of 10
<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>7/C PE</td>
<td></td>
<td>1:10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Lesson Total**

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN):</th>
<th>N/A Dragon Harness</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSN Quantity:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Lesson Total**

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN):</th>
<th>N/A Dragon Handle</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSN Quantity:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Lesson Total**

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN):</th>
<th>N/A Rescue Assault Tether (Rat Strap)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSN Quantity:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Lesson Total**

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN):</th>
<th>N/A Slick Drag Litter</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSN Quantity:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Lesson Total**

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN):</th>
<th>N/A Slick Drag Litter</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSN Quantity:</td>
<td>N/A</td>
</tr>
<tr>
<td>Lesson/Version</td>
<td>Student Ratio</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>9/C DE</td>
<td>1:40</td>
</tr>
<tr>
<td>9/C PE</td>
<td>1:10</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

NSN (LIN): N/A
NSN Quantity: N/A

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

NSN (LIN): N/A
NSN Quantity: N/A

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

NSN (LIN): 8405-01-100-0976
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/C DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9/C PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>NSN (LIN) Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

**9/C DE**
Black Hawk Fast Attack Litter
**9/C PE**
NSN Quantity: N/A

**10/C DE**
NSN Quantity: N/A

**10/C PE**
NSN Quantity: N/A
<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C</td>
<td>PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN): 6505-01-568-3219**

Strap Cutter, Combat

**NSN Quantity: EA (Each)**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C</td>
<td>PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN): 6530-01-260-1222**

SKED Litter

**NSN Quantity: EA (Each)**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C</td>
<td>PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN): 6530-01-451-2958**

Container, Sharps Collection

**NSN Quantity: EA (Each)**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C</td>
<td>PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN): 6530-01-452-1651**

Talon Litter

**NSN Quantity: EA (Each)**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C</td>
<td>DE</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C</td>
<td>PE</td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### NSN (LIN) Total

**NSN (LIN): 6530-01-784-4205**  
Litter Straps  
**NSN Quantity: EA (Each)**

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN): 7210-00-715-7985</th>
<th>Blanket, Wool</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSN Quantity: EA (Each)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN): 8340-00-470-2335</th>
<th>Tent Pole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSN Quantity: EA (Each)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NSN (LIN) Total**

<table>
<thead>
<tr>
<th>NSN (LIN): 8415-01-519-8497</th>
<th>ACU Blouse (Improvised Litter)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSN Quantity: EA (Each)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson/Version</th>
<th>Step</th>
<th>Student Ratio</th>
<th>Student Quantity</th>
<th>Instructor Quantity</th>
<th>Other Quantity</th>
<th>Total</th>
<th>OPTEMPO</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/C DE</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10/C PE</td>
<td></td>
<td>1:10</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lesson Total</strong></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson/Version</td>
<td>Step</td>
<td>Student Ratio</td>
<td>Student Quantity</td>
<td>Instructor Quantity</td>
<td>Other Quantity</td>
<td>Total</td>
<td>OPTEMPO</td>
<td>Miles</td>
<td>Hours</td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>---------------</td>
<td>------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>1/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Version</td>
<td>Step</td>
<td>Ratio</td>
<td>Quantity</td>
<td>Quantity</td>
<td>Quantity</td>
<td>Total</td>
<td>Miles</td>
<td>Hours</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>6/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lesson Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NSN (LIN) Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lesson/</td>
<td>Step</td>
<td>Student</td>
<td>Student</td>
<td>Instructor</td>
<td>Other</td>
<td>OPTEMPO</td>
<td>Miles</td>
<td>Hours</td>
<td></td>
</tr>
<tr>
<td>Version</td>
<td></td>
<td>Ratio</td>
<td>Quantity</td>
<td>Quantity</td>
<td>Quantity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lesson Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NSN (LIN) Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lesson Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NSN (LIN) Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lesson Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NSN (LIN) Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lesson Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NSN (LIN) Total</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

NSN (LIN): COMPU-PROJ Projector, Overhead w/ Computer Interface
NSN Quantity: EA (Each)

<table>
<thead>
<tr>
<th>Version</th>
<th>Step</th>
<th>Ratio</th>
<th>Quantity</th>
<th>Quantity</th>
<th>Quantity</th>
<th>Total</th>
<th>Miles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/C</td>
<td></td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lesson/Version</td>
<td>Step</td>
<td>Student Ratio</td>
<td>Student Quantity</td>
<td>Student</td>
<td>Instructor Quantity</td>
<td>Other Quantity</td>
<td>Total</td>
<td>OPTEMPO</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>---------------</td>
<td>------------------</td>
<td>---------</td>
<td>---------------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>2/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lesson/Version</td>
<td>Step</td>
<td>Student Ratio</td>
<td>Student Quantity</td>
<td>Instructor Quantity</td>
<td>Other Quantity</td>
<td>Total</td>
<td>OPTEMPO</td>
<td>Miles</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>---------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>8/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>10/C</td>
<td>1:40</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lesson Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NSN (LIN) Total</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
TADSS Summary

None
Headquarters Memorandum

None
Memo of Transmittal

None
Appendix B
Enhanced Lecture PowerPoint (Beta)
Combat Lifesaver Course

Clickers

- Find the number located on the top of your clicker. Write it on your tent now.
- Turn on power.

Clickers

- Select response by pressing multiple choice letter (a - e).
- Enter response by pressing the right blue button.

Clickers

- Select response by pressing multiple choice letter (a - e).
- Enter response by pressing the right blue button.

Clickers

- Redo response by pressing the left blue button.
- Clicker will go to sleep if not used. Press any button to wake back up.

The Role of the Combat Lifesaver

- Army Battle Doctrine
- Creation of Combat Lifesaver

The Role of the Combat Lifesaver

- A bridge between first aid training and medic training
- A secondary mission
- Number of combat lifesavers
- Provide immediate care

The Role of the Combat Lifesaver

- Combat Lifesaver’s Aid Bag
Tactical Combat Casualty Care

• Approximately 90% of combat deaths occur on the battlefield before the casualties reach a medical treatment facility.
• Most of these deaths cannot be prevented by you or the medic.

Examples:
- Massive head trauma
- Massive trauma to the body

You are in a fire fight. You see one of your fellow Soldiers go down. Your platoon leader tells you to keep firing. What do you do?

A. Stop firing and help your fellow Soldier
B. Continue firing

Most common causes of death due to ground combat:

Care Under Fire

• Apply tourniquet
• Move casualty to a safer location

Phases of Tactical Combat Casualty Care:

Care Under Fire
-Tactical Field Care
-Tactical Evacuation Care

Tactical Field Care

• You are not under direct enemy fire
  - But medical supplies are limited

Tactical Evacuation Care

• MEDEVAC
• CASEVAC

Terminology

• Casualty
• Rescuer
• Self Aid
• Buddy Aid
• Medical Treatment
A combat lifesaver is giving care to a wounded Soldier. How would you describe this care?

A. Self-Aid  
B. Buddy-Aid  
C. Medical Treatment  
D. All of the above

**Terminology**

- **Medical Treatment**
- **Facility**
- **Collection Point**

**Terminology**

- **Extremity**: a human limb
  - **Upper Extremity**: Arm (between shoulder and elbow), forearm (between elbow and wrist), wrist, hand
  - **Lower Extremity**: Thigh (between hip and knee), leg (between knee and ankle), ankle, foot

What term is used to tell me the relationship of your right elbow to your right wrist?

A. The right elbow is distal to the right wrist.  
B. The right elbow is proximal to the right wrist.

What care rendered by the Combat Lifesaver will probably result in saving the most lives?

A. Relieve tension pneumothorax  
B. Restore and maintain casualty airway  
C. Stop severe bleeding from wounds to the arms and legs

Prompt action by a Combat Lifesaver will prevent most battlefield deaths.

A. True  
B. False
Conclusion

Most battlefield deaths are caused by injuries that are too severe for the Combat Lifesaver or even Medical Personnel to save. However, applying a tourniquet, maintaining a casualty’s airway and treating open chest wounds can result in saving lives.

Lesson 2
Care Under Fire

- You are very limited in the care you can provide
- You may not be able to provide any direct care to the casualty
- Sometimes the best thing you can do for a casualty is to continue firing at the enemy

Actions Under Fire

When under fire and you see a wounded Soldier:

1. Take cover and return fire
2. Suppress enemy fire

3. Prevent additional injury
4. Remain engaged
5. Determine condition
6. Direct the casualty
7. Tell casualty to apply a CAT
8. "Play Dead"
9. Communicate

Approaching the Casualty

If the casualty cannot move himself, you can provide assistance by moving to the casualty

1. Scan
2. Determine your route
3. Request covering fire

Why would you want to tell your leader before you try to assist a casualty?

A. You wouldn’t, there is no need
B. He may tell you to keep firing
C. He can have other Soldiers provide covering fire for you
D. B & C
E. None of the Above
Approaching the Casualty
1. Form a general impression
2. Decide what care to administer
3. Anticipate your movements

Approach the Casualty
1. Approach the casualty using a safe route
2. Survey the area for possible enemy actions, such as small arms fire
3. Survey the area for explosive devices and possible chemical agents
4. Survey any nearby buildings for structural stability

Providing Care Under Fire
1. Determine responsiveness
2. If casualty has an amputation, apply a tourniquet

Providing Care Under Fire
3. Move casualty to safety
4. Take the casualty’s weapon and mission essential items

Providing Care Under Fire
Situations where you should avoid treating the casualty while under fire:
- Your life is in imminent danger
- Other soldiers need treatment more urgently
- The casualty has no vital signs

Which of the following can prevent the greatest number of deaths on the battlefield?
A. Control bleeding from an extremity
B. Relieve tension pneumothorax
C. Clear an airway
D. Check responsiveness

Controlling Hemorrhaging
Quickly check the casualty for potentially life threatening arterial bleeding from an extremity

Controlling Hemorrhaging
- Apply tourniquet to amputation, even if no signs of hemorrhaging
- Do not waste time with other techniques
Standard procedures is to place the tourniquet two inches above the wound, but you placed it well above the two inches. Why did you do that?

A. I think the standard procedure is stupid.
B. I was applying the tourniquet quickly. It can be placed properly when a safe location is reached.
C. The wound was bleeding heavily.

When you are under fire, you would take time to apply a tourniquet to a severely bleeding wound; however, you would not take time to check the casualty’s breathing. Why?

A. It may be too noisy to determine if the casualty is breathing
B. You don’t have time to perform rescue breathing (mouth-to-mouth resuscitation)
C. It is too dangerous to perform rescue breathing under fire
D. All of the above

Move the Casualty to Safety

You are moving a casualty to a safe location. What should you do about his rifle?

A. Leave it where it has fallen
B. Take it with you, if possible
C. Give it to another Soldier to use

Performing Tactical Field Care following Care Under Fire

- Occurs when you and the casualty are no longer under direct enemy fire
- Use available medical equipment

Check the Casualty’s Level of Consciousness AVPU System

ALERT

Verbal

Pain
Unresponsive

Check the Casualty’s Level of Consciousness

AVPU System

The casualty is alert, knows who he is, the date, where he is, and so forth.

The casualty is not alert, but does respond to verbal commands.

The casualty responds to pain, but not verbal commands.

The casualty is unresponsive (unconscious).

Reassess Tourniquet

If you applied a tourniquet to the casualty in a care-under-fire situation, reassess the bleeding now.

• Expose the wound
• If necessary, apply second tourniquet
• If tourniquet is not necessary, try another approach

CAUTION
DO NOT REMOVE A Tourniquet THAT Has BEEN IN PLACE FOR MORE THAN SIX HOURS

Removing a tourniquet after six hours should only be performed by medical personnel.

Check for a Life-Threatening Hemorrhage

Check the casualty for any untreated wounds on the extremities that are life-threatening and treat them.

Continue to Evaluate and Treat

• Maintain the casualty’s airway
• Seal any open chest wounds
• Treat other wounds
• Administer pill pack
• Take measures to prevent shock

Communicate the Situation

Communicate the medical situation to the unit leader.

If needed, send a Soldier to seek a combat medic to provide medical treatment to the casualty.
Closing

In a care-under-fire situation:
1. Take cover and return fire. Engaging the enemy may be the most valuable aid you can render the casualty at the time.
2. Tell the casualty to perform self-aid.
3. If you are going to the casualty:
   1. Plan your movements.
   2. If the casualty has severe bleeding from an extremity, quickly apply a tourniquet.
   3. Move the casualty and yourself to a place of safety.

Continuously Re-Evaluate Your Casualties!!!

Lesson 3: Tactical Field Care

Two circumstances under which tactical field care can occur:

- Previously a care-under-fire situation where casualty has been moved to a safer location.
- Casualty is found in a tactical field care situation.

Inform Your Leader

- When you discover a casualty, communicate the situation to the unit leader as soon as you can.
- Send someone to get a combat medic.
- Keep the leader informed of the casualty’s condition so he can make appropriate decisions.

When you inform the squad leader about a casualty, he may instruct you to continue your combat assignment.

A. True
B. False

Check the Casualty for Responsiveness and Level of Consciousness

- The AVPU system discussed in the previous lesson is used to determine the casualty’s level of consciousness.

When you check the casualty’s responsiveness:

1. Gently shake or tap the casualty and ask “Are you Okay?”
2. Ask questions to determine if the casualty is alert.
3. If the casualty does not respond to questions, see if they will obey commands. If they obey commands, they are classified as verbal.
4. If the casualty does not respond to commands, see if he is responsive to pain. If they respond they are classified as responsive to pain.
5. If the casualty does not respond to any of the above, they are classified as unresponsive.

When would you not check the casualty’s response to pain?

A. When you don’t want to hurt them
B. When they are unresponsive
C. When the casualty appears alert or verbal
D. None of the above

Position the Casualty

Casualties should be positioned on their back. Placing them in this position will help you evaluate and treat the casualty.

When would you inform your leader about a casualty:

- When you discover a casualty, communicate the situation to the unit leader as soon as you can.
- Send someone to get a combat medic.
- Keep the leader informed of the casualty’s condition so he can make appropriate decisions.

When you inform the squad leader about a casualty, he may instruct you to continue your combat assignment.

A. True
B. False

Check the Casualty for Responsiveness and Level of Consciousness

The AVPU system discussed in the previous lesson is used to determine the casualty’s level of consciousness.

When you check the casualty’s responsiveness:

1. Gently shake or tap the casualty and ask “Are you Okay?”
2. Ask questions to determine if the casualty is alert.
3. If the casualty does not respond to questions, see if they will obey commands. If they obey commands, they are classified as verbal.
4. If the casualty does not respond to commands, see if he is responsive to pain. If they respond they are classified as responsive to pain.
5. If the casualty does not respond to any of the above, they are classified as unresponsive.

When would you not check the casualty’s response to pain?

A. When you don’t want to hurt them
B. When they are unresponsive
C. When the casualty appears alert or verbal
D. None of the above

Position the Casualty

Casualties should be positioned on their back. Placing them in this position will help you evaluate and treat the casualty.
Check for Major Bleeding of the Extremities
Check the casualty for amputation or severe bleeding from an extremity. Arterial bleeding from a limb is the leading cause of preventable death on the battlefield.

Amputation
If the casualty has an amputation of an extremity, apply a tourniquet about two inches above the amputation site. The casualty should be carrying a tourniquet in their IFAK.

The casualty has an amputation on part of his hand resulting in the loss of two or three fingers. Should you apply a tourniquet above his wrist?
A. No, bleeding from the wound can be controlled by a pressure dressing or similar means.
B. Yes, when there is an amputation you always apply a tourniquet.

Severe Bleeding
Try to control major bleeding of an extremity using an emergency bandage from the casualty’s IFAK, direct pressure, elevating, combat gauze or other means.

If these methods do not control the bleeding, apply a tourniquet two inches above the wound to control the bleeding.

Check the Casualty for Breathing
• If the casualty is alert and not in respiratory distress, do nothing, but continue to monitor his breathing
• If the casualty is unresponsive, open the airway and perform rescue breathing
  – Insert a nasopharyngeal airway (if needed)

Check the Casualty for Open Chest Wound
A “sucking chest wound” can be caused by any object penetrating the chest cavity. Examples include knife blade, bullets or shrapnel.

Check for Other Wounds
Check the casualty for bleeding
1. Check behind the casualty’s head and neck
2. Check behind the casualty’s shoulders, back, thighs and legs

Control bleeding using an emergency bandage, combat gauze, direct pressure, and/or pressure dressing.

If bleeding from an extremity cannot be controlled using these methods, apply a tourniquet.
Check for Fractured Limbs

Some symptoms and signs of a fractured limb:
• Part of the bone is sticking through the skin
• The casualty has pain, tenderness, swelling, and/or bruising
• One leg appears shorter than the other
• The casualty heard a "snapping" sound
• The casualty has difficulty moving a limb

Applying a Splint

Do not apply traction to a fractured limb. Splint the limb in the position it was found.

CLS Splinting Rule of Thumb:
SPINT IT THE WAY YOU FIND IT

A casualty may have a fractured arm or leg. Should you ask the Soldier to move his limb to see if it is fractured?

A. Yes  B. No

A Soldier has a badly injured arm or leg, but the limb is not fractured. After you dress and bandage the injury, what can you do to help lessen the pain from the wound?

A. Apply a tourniquet  B. Apply a splint to the injured limb  C. Lower the injured arm or leg

Applying a Splint

• Immobilize the joint above and below the fracture site, when possible
• Place padding between the rigid object and the casualty’s limb. The casualty’s shirt sleeve or pant leg can serve as padding
• Do not tie a cravat directly over the fracture

I detect signs of poor circulation such as coolness, numbness, or lack of pulse. What should I do next?

A. Loosen the securing materials  B. Make sure the ends of the rigid objects are not interfering with blood circulation  C. Retie the cravats  D. All of the above

What would I do if this did not restore circulation?

A. Evacuate the casualty as soon as possible  B. Administer the pill pack  C. Reposition the extremities

Applying a Splint to a Fractured Forearm
### Administer Pill Pack
If the casualty has suffered a wound or fracture, administer the casualty’s combat pill pack. Have the casualty take all four tablets with water from his canteen.

The pack contains pain medication and antibiotics to help control infection.

### Whose combat pill pack do you administer?
1. A. The combat pill pack from your own first aid kit
2. B. The combat pill pack from the combat lifesaver bag
3. C. The combat pill pack from the casualty’s own first aid kit

### Monitor the Casualty’s Respirations
1. If a casualty becomes unconscious or his breathing rate drops below two respirations every 15 seconds, insert a nasopharyngeal airway.
2. If the casualty has a sucking chest wound and his breathing becomes faster and more labored, perform needle chest decompression.

### Monitor the Casualty’s Wounds
1. If a tourniquet has been applied, make sure that arterial bleeding is still being controlled.
2. If a pressure dressing has been applied but is not controlling bleeding, apply a tourniquet.
3. Recheck every time you move the casualty.

### Prepare the Casualty for Evacuation
A casualty with a wound that threatens the casualty’s limb or life should be evacuated as soon as possible. If medical help is not available, you will need to prepare the casualty for evacuation.

Document the casualty’s condition and treatment they have received.

### Prepare the Casualty for Evacuation
Request evacuation by medical ambulance, if possible. A medical evacuation vehicle will have medical personnel to care for the casualty during transport.

### Prepare the Casualty for Evacuation
If the casualty is to be transported by CASEVAC means, use manual carries, litters, or nonmedical vehicles to transport the casualty to a medical treatment facility or collection point.

If you accompany the casualty during evacuation, continue to monitor the casualty during transport.

### Evacuating a Casualty Using Standard Litter
If you are to be the leader of a litter team, position yourself at the casualty’s right shoulder. This is the best position to monitor the casualty while transporting the casualty by litter.

### Closing
In tactical field-care situation, you have time to render needed care to the casualty. This includes:

- Determining the casualty’s level of consciousness.
- Controlling bleeding.
- Ensuring the casualty is breathing adequately.
- Sealing any open chest wounds.
- Applying splints, if needed.
- Treating for shock/taking measures to prevent shock.
- Preparing the casualty for evacuation.
Lesson 4
Controlling Bleeding

Controlling Bleeding without a Tourniquet

The leading preventable cause of death on the battlefield is bleeding from an extremity.

In this lesson, we will cover controlling bleeding in tactical field care.

Expose the Wound

Expose the wound by pushing or cutting away loose clothing around the casualty’s wound.

Clothing or anything else stuck to the wound should be left alone to avoid further injury. Cut or tear around the stuck material so that the stuck material remains undisturbed.

In a chemically-contaminated environment, what should I do?

A. Make sure to remove clothing and apply emergency bandage directly to the wound
B. Do not expose the wound. Apply the emergency bandage over the protective clothing
C. Remove the clothing and clean the wound before it becomes more infected

Exposing the Wound

You should NOT

• Clean the wound
• Probe the wound
• Remove the shrapnel or missile from the wound
• Remove an object impaled in the wound

How should you treat a casualty who has a protruding object from their exposed wound?

A. Use your knife to cut the portion of the object that is sticking out of the wound
B. Apply an improvised bulky dressing around the object to stabilize it. Apply a supporting bandage over the bulky materials to hold them in place
C. Clean the wound to ease some of the pain

Check for Entrance and Exit Wounds

Examine the casualty to determine if there is more than one wound.

An exit wound is usually larger than an entrance wound. Both wounds need to be bandaged.

Apply an Emergency Trauma Bandage to the Wound

The Emergency Trauma Bandage can be used on any bleeding wound. It can be used both as a field dressing and as a pressure dressing.

Applying an Emergency Trauma Bandage

W81XWH-08-1-0451 Final Report Page 66
Applying an Emergency Trauma Bandage

The Emergency Trauma Bandage can be used as a pressure bandage. Yet some wounds, like a minor cut or a head wound, do not require a pressure dressing.

Apply Combat Gauze to the Wound

Combat Gauze is a 3-inch by 4-yard roll of gauze that is impregnated with an agent that will cause blood to clot when it comes into contact with the gauze.

Applying Combat Gauze to the Wound

Once the Emergency Bandage has been applied, use your hand to apply pressure over the wound. This will help control the bleeding.

Also apply a pressure dressing to help control the bleeding and to keep the Combat Gauze in place.

Use the casualty’s combat gauze before the packs in your CLS aid kit.

Applying Combat Gauze

Applying Manual Pressure

Apply direct pressure over the wound with your hand after you have applied the gauze. This pressure will help to compress the damaged blood vessels and control the bleeding. Usually manual pressure should be maintained for five to ten minutes.

If a casualty is conscious and is able to follow instructions, have him apply manual pressure to the wound while you perform other care (splint the casualty’s leg, take care of a more seriously injured soldier first, etc…)

Pressure Dressing

If you have applied an Emergency Trauma Bandage and blood continues to seep from the dressing even after manual pressure, tighten the Emergency Bandage so that it acts as a pressure dressing.

If needed, apply an improvised pressure dressing to the wound to control arterial bleeding.

Applying an Improvised Pressure Dressing

What is NOT an indication that the pressure dressing is too tight?

- A. The skin below the pressure dressing becomes cool to the touch
- B. You can slip the tip of one finger under the dressing
- C. The skin below the pressure dressing becomes numb
- D. The pulse below the pressure dressing is no longer present
- E. All of the above

Combat Gauze
What can you do if the pressure dressing is cutting off the blood circulation?

A. Remove the pressure dressing
B. Replace the pressure dressing with a new one
C. Loosen and retie the cravat

Applying Digital Pressure

Digital pressure can be used to help stop bleeding after the pressure dressing has been applied, or as an emergency measure when a pressure dressing cannot be used (such as the pressure points referenced on the next slide). While the term "digital" pressure is used, some of the techniques may require you to use the heel of your hand or your knees in order to generate enough pressure to control blood flow through the artery.

Using Pressure Points to Control Bleeding

Applying a Tourniquet

A tourniquet is a constricting band placed around an extremity to stop arterial bleeding by stopping blood circulation to the part of the limb below the tourniquet. A tourniquet is only used on an extremity when there is a danger of the casualty bleeding to death. DO NOT apply a tourniquet to the head, neck, chest, or abdomen.

When to Apply a Tourniquet

Bleeding from a major artery of the thigh, lower leg, arm, or forearm or bleeding from multiple arteries may prove to be beyond control of methods such as Emergency Bandage, Combat Gauze, and pressure dressing. If you have applied a pressure dressing and firm hand pressure and the dressing has become soaked with blood and the wound continues to bleed, you should apply a tourniquet.

Applying A Combat Application Tourniquet

A Combat Application Tourniquet (CAT) is the tourniquet of choice. It is effective and can be applied quickly. Use the CAT from the Soldier’s IFAK, if possible.
A difference between the one-handed and two-handed application is that in the two-handed application, both slots of the friction band are used.

A. True  
B. False

Storing the Combat Application Tourniquet

Your supply of CATs is limited. If you need to apply a tourniquet and do not have a CAT available, you can apply an improvised tourniquet. To minimize skin damage, ensure that the improvised tourniquet is at least two inches wide.

Preparing an Improvised Tourniquet

- A tourniquet band: Muslim bandage, belt, LBE strap. Do NOT use wire or shoelace string.
- A windlass (rigid object) to twist and tighten the band: Stick, tongue depressor, cleaning rod
- Securing material to secure the rigid object and keep it from unthreading: tape, cravat

Can I use a wire or thin material such as a strong shoestring as the tourniquet band?

A. Yes  
B. No

Tape from the aid bag, strips of cloth, the strap from load bearing equipment and roller gauze can all be used as a securing material other than a cravat.

A. True  
B. False

Applying an Improvised Tourniquet

- Put on gloves
- Straighten the casualty’s clothing to serve as padding
- Place the tourniquet band material (cravat) around the tourniquet site
- Tie the band with a half-knot (the first part of tying a shoe)
- Place the windlass on top of the half-knot
- Tie a full knot (square knot) over the windlass
- Twist the windlass until the bright red bleeding has stopped and the pulse below the tourniquet band is absent
- Wrap the securing material around the limb and tie the tails around the windlass so that the tourniquet band will not unwind
- Tie the tails of the securing material in a nonslip knot
- Check the bleeding and pulse below the tourniquet band
If blood flow cannot be stopped by a tourniquet, apply a second one.

A. True
B. False

After Applying a Tourniquet

1. Write a “T” and the time of application on the casualty’s skin with an indelible marker.
2. Dress and bandage any amputation stump.
3. Monitor the casualty to make sure the bleeding remains controlled.
4. Record the application of the tourniquet on the casualty’s Field Medical Card or Tactical Casualty Care Card.
5. Prepare the casualty for evacuation.

I have applied a tourniquet to the casualty’s limb, and the bleeding is now controlled. Should I clean out the casualty’s wound?

A. Yes
B. No

I apply a dressing and bandage to the stump of an amputee because it helps prevent additional contamination of the wound, and helps to prevent additional injury to the wound.

A. True
B. False

Treat the Casualty for Shock

Hypovolemic shock
— Sudden decrease in fluid circulating in system
— Blood Loss due to internal bleeding
— Burns

Signs and Symptoms of Shock
• Sweaty but cool (clammy) skin, pale skin color, and/or blotchy or bluish skin around the mouth
• Nausea
• Anxiety
• Decrease in the casualty’s level of consciousness (such as mental confusion or unconsciousness)
• Increased breathing rate
• Unusual thirst

What could I do if the weather is hot?

A. Move the casualty to shade
B. Improvise shade using a poncho and sticks
C. Fan the casualty to promote cooling by the evaporation of perspiration
D. All of the above

Placing a Casualty in the Shock Position
If the weather was cold, you should cover the casualty with a blanket, poncho, or ready heat blanket or other available materials to keep them warm and dry.

A. True  
B. False

Placing a Casualty in the Recovery Position
If the casualty is unconscious, there is too great a danger that the casualty will inhale his own vomit if placed in the shock position. For an unconscious casualty, the recovery position is used.

A. True
B. False

What should you do when placing a casualty with a head wound in the recovery position?

A. Position the casualty with his head wound facing up  
B. Do not put the casualty in the recovery position and leave him on his back  
C. Place the wound side down, as the pressure of resting it on the ground will stop the bleeding

Placing a Casualty in the Recovery Position
If the casualty in the shock or recovery position begins to vomit, quickly turn his head to the side and perform a finger sweep to clear the material from his airway.

Monitor the Casualty
If you remain with the casualty, keep checking on the casualty’s condition.

Check the casualty’s level of consciousness every 15 minutes. A decrease in AVPU status could indicate that the casualty’s condition is becoming worse.

Closing
Controlling bleeding from a wound on an extremity is an important life-saving skill, especially the skill to properly apply a tourniquet. Remember

1. A tourniquet is only applied to an arm, forearm, thigh, or leg  
2. The tourniquet must be tight enough to shut down bleeding from the artery  
3. The tourniquet must be high enough above the amputation so that it will not slip off  
4. The tourniquet band is not placed over a joint or over a fracture site

Lesson 5
Opening and managing a casualty’s airway

Checking an Airway
Move to safety first. Only take measures to restore respiration in a tactical field care situation or other situation where you are not in immediate danger from hostile action.

Check the Casualty for Responsiveness and Level of Consciousness
Check the casualty for responsiveness. Determine the casualty’s level of consciousness using the AVPU scale.
Turning a Casualty Onto His Back

If the casualty is not lying on his back, turn him onto his back. The supine position will allow you to better evaluate the casualty and provide rescue breathing, if needed. Position the casualty’s arms by the side.

Open the Casualty’s Airway (Head-Tilt/Chin Lift)

- The tongue is the most common cause of an airway obstruction.
- When a casualty is unconscious, muscles relax. This relaxation may cause the tongue to slip to the back of the mouth and block the airway.

Head-Tilt/Chin-Lift

I take special care to make sure the casualty’s mouth is NOT completely closed because:

- A. I don’t need to do this because closing his mouth doesn’t interfere with his breathing
- B. I need to insert an oropharyngeal airway
- C. I need to watch his tongue and make sure it does not block his airway

You have positioned an unconscious casualty on their back. No major wounds or neck trauma are noted, but they are not breathing. What is the FIRST thing you should do?

- A. Open airway using the head-tilt/chin-lift procedure
- B. Insert a nasopharyngeal airway
- C. Perform a jaw-thrust procedure
- D. Begin rescue breathing

After using the head-tilt/chin-lift, the casualty suddenly begins breathing on their own. What most likely happened?

- A. You are just that good
- B. The casualty’s tongue was blocking the airway, and by tilting the head, the tongue was moved away from the windpipe allowing the casualty to breathe again
- C. You woke casualty from a good nap
- D. None of the above

Check the Casualty for Breathing

While maintaining the open airway, check the casualty to see if he is breathing on his own. Place your ear over the casualty’s mouth and nose and look toward the chest and abdomen.

- a. Look to see if the casualty’s chest rises and falls
- b. Listen for air escaping during exhalation
- c. Feel for the flow of air on the side of your face

Checking for Breathing

Determine Appropriate Action

If the casualty is conscious and breathing on his own, count the number of respirations for 15 seconds. If the casualty’s respiration rate is:

- Two breaths or more during the 15 seconds and his breathing sounds fairly normal, continue to check the casualty.
- Less than two breaths in 15 seconds, a nasopharyngeal airway should be inserted.

- If the casualty’s breathing makes snoring or gurgling sounds, a nasopharyngeal airway should be inserted and place the casualty in the recovery position.
I time the casualty’s breathing for 15 seconds and I only hear: INHALE EXHALE INHALE. What should I do?
A. Perform the head-tilt/chin-lift
B. Insert a nasopharyngeal airway
C. Insert an oropharyngeal airway and place the casualty in the recovery position

Determine Appropriate Action
If the casualty is unconscious and breathing, insert a nasopharyngeal airway.
If the casualty is unconscious and not breathing, check the casualty for open chest injuries. If there is an open chest wound, seal the open chest wound.

The casualty is breathing, but still unconscious. What should I do?
A. Leave the casualty alone
B. Still perform the head-tilt/chin lift procedure
C. Perform the jaw thrust procedure
D. Insert a nasopharyngeal airway

The casualty is conscious, but has slow breathing, say one respiration every 10 seconds. What should you do?
A. Insert a nasopharyngeal airway since their respiration rate is less than two every 15 seconds
B. Not do anything. The casualty is still breathing so there is no reason to disturb him
C. Place casualty in recovery position

Determine Appropriate Action
If the casualty is unconscious, not breathing, and does not appear to have an open chest wound, check for a carotid pulse.
• If you can feel beats in the carotid artery, perform rescue breathing.
• If you cannot feel a pulse in the carotid artery, stop your rescue efforts.

Why would I check the carotid artery instead of another artery?
A. It is stronger and easier to detect
B. You will be in a good position to check the neck area
C. Both A and B
D. Neither A nor B

Checking the Carotid Pulse

Who would you NOT perform rescue breathing on?
A. The casualty who has called for assistance
B. The casualty who does not have a carotid pulse
C. The casualty who is unconscious and has a carotid pulse

Perform Rescue Breathing
Evaluation of the casualty shows:
1. The casualty is unconscious
2. The casualty is not breathing
3. The casualty does not appear to have an open chest wound
4. The casualty has a carotid pulse
5. There are no other casualties with life threatening conditions
Performing Rescue Breathing (mouth to mouth)

If rescue breathing was not effective, what should I do?

- A. Reposition the head-tilt/chin-lift to open the airway more
- B. Check and remove any foreign objects in the casualty’s mouth
- C. Administer another full breath
- D. All of the above

I repositioned the head-tilt/chin lift and found no foreign objects in his mouth. When I performed the second ventilation, his chest still did not rise and fall. What would I do?

- A. Reposition the head and try again
- B. Keep trying to perform ventilation...I cannot leave any soldier behind no matter the extent of his injuries
- C. Stop my rescue efforts...there is a limit to how far a combat lifesaver’s efforts can go

I found that the casualty had resumed breathing on his own after I administered rescue breathing for one minute. What would I have done if I found that the casualty had a pulse, but had not resumed breathing on his own?

- A. Stop my rescue efforts
- B. Continue administering rescue breathing
- C. Insert a nasopharyngeal airway

If the casualty is now breathing on his own, but is still unconscious, and I do not find any serious injuries, what should I do next if I were to monitor the casualty?

- A. Insert a nasopharyngeal airway
- B. Place the casualty in the recovery position
- C. Both A and B
- D. Neither A nor B

Student Practice

Inserting a Nasopharyngeal Airway

A nasopharyngeal airway helps to keep a casualty’s airway open so that he can breathe easily. It also helps to keep the tongue from falling to the back of the mouth and blocking the casualty’s trachea.

When would you insert a nasopharyngeal airway in a conscious casualty?

- A. When he is breathing on his own
- B. When his breathing rate is below two respirations every 15 seconds
- C. When his breathing rate is more than two respirations every 15 seconds
The preferred lubricant for a nasopharyngeal airway is water-based gel. If this gel is not available, what is the next PREFERRED substance for lubricating the NPA?

A. My own saliva
B. Saliva from the casualty’s mouth
C. Water from my canteen
D. Water from the casualty’s canteen

I inserted the tube in the casualty’s right nostril. What would I do if the tube would not insert fully into the nostril?

A. Keep trying, you may not have pushed hard enough
B. Pull the tube out and attempt to insert it in the other nostril
C. Cut off the end of the NPA to make it shorter for easy fit

Are there any types of injuries which would prevent me from trying to insert a nasopharyngeal airway?

A. Yes
B. No

What types of injuries would prevent you from inserting a nasopharyngeal airway?

A. History of head trauma
B. Exposed brain matter
C. Roof of the mouth is fractured
D. Cerebrospinal fluid (CSF) leaking from the nose or ears
E. All of the above

What should you do after inserting a nasopharyngeal airway in an unconscious casualty who is breathing adequately?

A. Nothing; he is breathing adequately
B. Place casualty in the recovery position
C. Perform rescue breathing

Student Practice

Closing

Opening the casualty’s airway, performing rescue breathing, and inserting a nasopharyngeal airway are important tasks that can result in saving a casualty’s life.

These tasks are performed only in a tactical field care situation or other situation where you are not under hostile fire.
Lesson 6

Treating Penetrating Chest Trauma

Getting There

A. Cut or tear around the stuck clothing. Attempting to remove clothing stuck to wound may cause additional pain and injury.

Open Chest Wound

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

Check for Open Chest Wounds

• Check for both entry and exit wounds
• Obtain the casualty’s armor and uniform to look for any penetrating wounds
• Look for a pool of blood under the casualty’s back
• Use your hands to feel for wounds
• Treat multiple wounds in the order you find them

Open Chest Wound

• Each lung is enclosed in a separate airtight area within the chest.
  — If an object punctures the chest wall allowing air to enter these areas, the lung on the side of puncture will begin to collapse.

• Any degree of collapse of either lung interferes with the ability to breathe and reduces the amount of oxygen available for use by the body.

Open Chest Wound

Signs and Symptoms of an Open Chest Wound

• Sucking or hissing sounds from the wound
• The casualty is coughing up blood
• Frothy blood is coming from the wound (caused by bubbles in the blood from mixing with air)
• Shortness of breath or difficulty breathing
• Abnormal appearance of the chest during breathing (likely from broken ribs)
• Pain in the shoulder or chest that increases with breathing
• Blush tint to the casualty’s lips, mouth, fingertips or nail beds (from decreased oxygen levels in blood)
• Signs of shock such as rapid and weak heartbeat

Seal the Open Chest Wound

Seal the open chest wound with an airtight material to prevent air from entering the chest and collapsing the lung.

If you must improvise, be sure to use a non-porous seal to prevent air from entering.

You are treating a casualty with a sucking chest wound. No other chest wounds are discovered. What should you do FIRST?

A. Turn him onto his side, so the wound can drain
B. Seal the wound so that air cannot enter the chest through the wound
C. Administer a chest needle decompression with 14ga needle

Treat an Open Chest Wound

Treating an Open Chest Wound

• Obtain the casualty’s emergency bandage package
• Cut four strips of tape of appropriate length (this step can be done at any time)
• Cut open one end of the plastic wrapper of the Emergency Trauma Bandage
• Remove the bandage and set it aside
• Cut around the edges of the plastic wrapper to form a flat surface
Treating an Open Chest Wound

• Edges of sealing material should extend at least two inches beyond the edges of the wound in all directions.
• Have casualty exhale and hold their breath.
• Place the inside surface of the plastic wrapper directly over the wound.
• Tape down all four edges of the plastic wrapper to the casualty’s chest.

You have sealed a sucking chest wound. What should you do NEXT?

• A. Check for additional wounds and position the casualty with injured side down.
• B. Move the casualty to another area.
• C. Apply a tourniquet to severe extremity wounds.

Why did I make sure that the sealing material would extend at least two inches beyond the edges of the wound in all directions?

• A. The wound will get bigger the longer the casualty has it.
• B. If the material is too small, it could be sucked into the wound.

Why did I have the casualty exhale and hold his breath before I applied the sealing material?

• A. This forces some of the air out of the chest wound.
• B. It is easier to seal when the chest is deflated.
• C. When the chest is exhaled you don’t have to push as hard to seal, therefore you will not hurt the wound.

What would I do if I found two open chest wounds, such as an entrance wound and an exit wound?

• A. Leave the entrance wound alone, by sealing the exit wound the other one will be fine.
• B. Treat both the same way.

Why did I make sure that the sealing material would extend at least two inches beyond the edges of the wound in all directions?

• A. The wound will get bigger the longer the casualty has it.
• B. If the material is too small, it could be sucked into the wound.

What is special about the way you place a casualty with an open chest wound in the recovery position?

• A. You place the casualty in the recovery position with the injured side away from the ground.
• B. You place the casualty in the recovery position with the injured side nearest the ground.

Seal the Open Chest Wound

Do not remove an object that is protruding from the chest wound.

1. Place airight material around the object to form as airight a seal as possible.
2. Stabilize the object by placing a bulky dressings made from the cleanest material available around the object.
3. Apply improvised bandages to hold the sealing material and dressings in place.

Position the Casualty with a Dressed Open Chest Wound

• Place a conscious casualty in the sitting position with their back supported or on side with injured side next to the ground.
• If a casualty wishes to sit up, make sure he has support against his back.
• Evacuate the casualty with the injured side down.

Position the Casualty with a Dressed Open Chest Wound

Place an unconscious casualty in the recovery position so that drainage or vomit can escape his mouth without being inhaled.
Why should the injured chest be placed in the lower position?
A. Pressure from the ground will act like a splint
B. The pressure will reduce the pain
C. Less pressure on the uninjured lung will help it function better
D. All of the above

**Tension Pneumothorax**

- Pneumothorax is a medical condition and potential emergency wherein air or gas is present in the space between the chest wall and the lung and the air cannot escape.
- A tension pneumothorax is a life-threatening condition that results from a progressive deterioration and worsening of a simple pneumothorax.

**Signs and Symptoms of Tension Pneumothorax**
- Anxiety, agitation, and apprehension
- Diminished or absent breath sounds
- Cyanosis
- Rapid shallow breathing
- Distended neck veins

**After you have sealed all of the open chest wounds, what complication should you be monitoring the casualty for?**
A. The seal coming undone
B. Increased respiratory distress
C. Decreased level of responsiveness
D. B & C

**Perform Needle Chest Decompression**

The buildup of trapped air in the casualty’s chest can be relieved by puncturing the air pocket with a needle and catheter unit and allowing the trapped air to escape.

**Performing a Needle Chest Decompression**

Obtain a large bore (14 ga) needle and catheter unit and strip of tape from your aid bag.
Performing a Needle Chest Decompression

- Firmly insert the needle into the skin at a 90 degree angle
- Insert the needle until the chest cavity is penetrated
- You will feel a “pop” as the needle enters the chest cavity

Performing a Needle Chest Decompression

Withdraw the needle while holding the catheter in place. Secure the catheter hub to the chest wall with tape.

Closing

A chest wound that allows air to enter the chest is a danger to the respiratory system. Placing an air-tight seal over the wound helps to keep air from entering the chest area. If respiratory distress is noted, perform a needle chest decompression to relieve the pressure.

Closing

When the casualty is evacuated, he can be positioned on his side with the injured side down.

Closing

Place the casualty in a sitting-up supported position if he finds that position more comfortable.

Perform Needle Chest Decompression

- If possible, monitor the casualty until medical care arrives
- When the casualty is evacuated, he can be positioned on his side with the injured side down.

Which of the following are indicators of a tension pneumothorax?

A. Casualty has an open chest wound
B. Casualty has increasingly progressive respiratory distress
C. Casualty has distended neck veins
D. Casualty has cool clammy skin
E. All of the above

Why do you insert the needle just above the third rib instead of just below the second rib?

A. Because the third rib sounds better
B. To avoid damaging the blood vessels and nerves that run along the bottom of each rib
C. The third rib is one of the easiest to visually locate

How do you know you have hit the air pocket in the chest?

A. You feel a bump
B. You feel a “pop” or hear air escaping

What do you do with the needle after you remove it from the catheter?

A. Place it back in the package so that it can be used again
B. Throw it on the ground
C. Dispose of it so that it does not injure other soldiers
Purpose of the US Field Medical Card (DD Form 1380)

- Provides medical personnel with essential information about the casualty's injury and treatment given
- Used in forward combat areas by North Atlantic Treaty Organization (NATO) troops
- Instructions in French and English
- Prepared on any casualty treated within a theater of operations

Field Medical Card Pad

Field Medical Cards are issued in pads containing 10 sets. A set consists of an original card with attached wire, a protective sheet, and a duplicate paper form.

The front side of the card has areas for the casualty's ID, description of the injury or illness, and treatment rendered.

Initiating a Field Medical Card

The FMC is usually initiated by the combat medic. However, the combat lifesaver can initiate the Field Medical Card if no combat medic is available or if the combat medic directs the combat lifesaver to initiate the card.

Block 1

- Last name, first name, middle name (last name first name middle initial format)
- Rank
- SSN
- MOS
- Sex
- Religion

Block 3

- Casualty is suffering trauma (shattered bone) mark box "TROUM" / "TRAUMA" / "TRAUM"
- Casualty is suffering from combat stress or other psychological injury mark box "PSYCH" / "PSYCH" / "PSYCH"
- Mark figures to show location of injuries (entry and exit)
- Mark appropriate box or boxes to describe casualty's injuries if "OTHER" is marked explain injuries

Block 4

Check appropriate box for level of consciousness

AVPU system

Block 9

- Tourniquet applied to R leg above knee @ 1424. IV (Normal Saline) L forearm, 16ga, wide open. Bandage applied over stump. Pt. states allergy to PCN.

Block 11

- Enter your initials (not your name) in the far right of the signature box of Block 11

Secondary Information (Front of Form)

If you have time, you can also fill out some of the other blocks on the front of the form after you have filled in the primary five blocks.
Enter the casualty’s unit

Enter the casualty’s country, for example “USA”

Check the appropriate armed service element. Mark the “A/T” box for Army, “AF/A” for Air Force, “N/M” for Navy, and “MC/M” for Marine Corps.

Block 5/6

Skip Block 5 since you have not been taught to take an accurate pulse and record it properly

Block 6: If a tourniquet was applied, mark the YES block. If not applied, leave blank

If you checked “YES”, enter date in YY/MM/DD format and the time in 24-hour time that the tourniquet was applied.

Block 7

Skip this block

Used by Combat Medic to record the administration of Morphine.

Block 8

If an intravenous infusion (IV) has been initiated

Write the type of IV fluid [Normal saline] in the “IV/IV” box

Write the date and time that the IV solution was begun in the “TIME/HEURE” box. Write the date in YY/MM/DD format and the time in 24-hour time format.

Block 10

Check the box in front of the appropriate disposition (Return to Duty or Evacuated)

Enter the date (YY/MM/DD) and time (military) of the disposition in the “TIME/HEURE” box.

07/01/30 14:40

Initiating and Attaching a Field Medical Card

To attach a FMC I should thread the wire through the front belt loop of uniform and then twist the wire. I should then position the card so that it is in plain view.

A. True
B. False

You treat an injured Soldier, then return him to duty instead of evacuating him. What should you do with the FMC that you initiated on the Soldier?

A. Attach it to the Soldier’s belt loop
B. Leave it in the pocket
C. Have the Soldier keep the FMC in his pocket in case he gets hurt

Student Practice
Tactical Combat Casualty Care Card

- Each Soldier will carry his own TCCC card in his personal first aid kit.
- The Soldier should complete the Name/ID section and the Allergies section on his card before placing it in his kit.

Completing the TCCC Card

- If possible, use a permanent marker to make entries on the card. Include as much information as you can on the card.
- Circle the intervention you performed on the card.
- Mark an X on the casualty at the injured sight.
- Record any vital signs you were able to obtain from the casualty.
- Write notes or explanations in the remarks box.
- Sign the card.
- **If an item is not known, leave the box blank.**

Student Practice

- Attach the TCCC card to the casualty or place the card in the upper left sleeve or the left trouser cargo pocket of the casualty’s clothing.

Attach the Card

- Attach the TCCC card to the casualty or place the card in the upper left sleeve or the left trouser cargo pocket of the casualty’s clothing.

Closing

- We have covered filling out the Field Medical Card and the Tactical Combat Casualty Care Card in preparation for evacuating the casualty.

Lesson 8 Requesting Medical Evacuation

- MEDEVAC

**MEDEVAC**

Medical Evacuation (MEDEVAC) is the movement of wounded, injured or ill persons to medical treatment facilities by air or ground ambulances. During evacuation, casualties receive care from medical personnel, usually combat medics, who are assigned to the ambulance.

**CASEVAC**

**CASEVAC** is when nonmedical vehicles, such as a truck used to haul supplies or transport troops, are used to transport casualties.

- CASEVAC

**CASEVAC** is when nonmedical vehicles, such as a truck used to haul supplies or transport troops, are used to transport casualties.

- Medical Evacuation

**Medical Evacuation**

During CASEVAC, the combat lifesaver may be told to accompany the casualties to monitor and provide care.
MEDEVAC Request

- Transmitted over radio
- Makes transmission of information faster, clearer, and more accurate
- Same format for both air and ground evacuation
- Helps medical units determine correct priority for committing evacuation assets
- Helps to ensure that the casualty receives appropriate evacuation

Overclassification

- A tendency to classify a wound or injury as being more severe than it actually is
- Proper classification is needed to ensure that those casualties in greatest need are evacuated first and receive the care necessary for their survival
- MEDEVAC casualties are picked up as soon as possible considering available resources and pending missions

Preparing a Medical Evacuation Request

- A special 9 line format used to request medical evacuation
- Instead of stating what type of information is being transmitted, a line number is given
- Brevity codes are used to identify specific information being transmitted
- Prose words are used to shorten transmissions
- The information is always transmitted in sequence
- There are two MEDEVAC request formats, one for combat and one for peacetime

The MEDEVAC request has nine lines, but not all of the lines have to be transmitted before the ambulance is sent. Which lines must you transmit before the ambulance begins its mission?

A. Line 1 only
B. Line 1 through Line 5
C. Line 5 through Line 9
D. Line 4 through Line 7

Line 1: Location of the Pickup Site

Needed for ground contact.

These can all be obtained from the signal operating instruction (SOI) or from the Automated Net Control Device (ANCD) or from the radio supervisor.

Line 3: Number of Casualties by Precedence

The following EVAC categories, based upon medical triage, are used to prioritize missions when multiple requests are received:

- Urgent
- Urgent Surgical
- Priority
- Routine
- Convenient

A Soldier suffered a broken bone in his forearm from a fall. You have applied a splint to the injured arm and the casualty does not have circulatory or respiratory problems. The casualty will be evacuated. How should you classify the casualty?

A. Urgent
B. Urgent Surgical
C. Priority
D. Routine
E. Convenient

Line 4: Special Equipment Required

Determine what special equipment, if any, will need to be placed aboard the EVAC platform before it begins the mission.
**Line 5: Number of Casualties by Type**
Determine the number of casualties that will be evacuated on a litter and the number that are ambulatory.

**Line 6: Security of Pickup Site**
This information will help the unit controlling evacuation to determine whether the EVAC platform needs a military escort.
1. No enemy troops in area
2. Possible enemy troops in area: approach with caution
3. Enemy troops in area: approach with caution
4. Enemy troops in area: armed escort required

**Line 7: Method of Marking Pickup Site**
- Determine how the pickup site should be marked for identification. Common methods are:
  1. Panels
  2. Pyrotechnic signal
  3. Smoke signal
  4. Signal person
  5. Strips of fabric or parachute
  6. Tree branches, peats of wood, or stones placed together
  7. Signal lamp, flashlight, or vehicle lights
  8. Open flame

**DO NOT transmit marking colors until requested by an ambulance.**

**Why shouldn’t you tell the helicopter pilot what color smoke you are going to use?**
A. They already have enough information to remember
B. The enemy may be listening to your conversation and use that color to lure the helicopter into an ambush
C. You don’t have enough time to transmit that information

**Line 8: Casualty Nationality and Status**
Determine what category or categories represent the casualties. The categories are:
1. United States Military
2. United States Civilian
3. Military other than US
4. Civilian other than US
5. Enemy prisoner of war (EPW)

**Line 9: Nuclear, Biological, and Chemical Contamination**
Determine if there is chemical, biological, or radiological contamination present at the pickup site. If there is no chemical, biological or radiological contamination present this line is not transmitted.

**Student Practice**

**Transmitting Rules**
- Do not transmit on a directed net without permission
- Do not transmit if you are under radio silence
- Do not engage in unofficial conversation
- Do not engage in excessive tuning and testing
- Do not transmit your personal sign or name

**Transmitting a Medical Evacuation Request**
Begin Transmission:
1. Say: “I have a MEDEVAC request. Over”
2. Break for acknowledgement by receiving operator

---

**9/28/11**
Transmitting a Medical Evacuation Request

Transmit the MEDEVAC request using appropriate procedures:
1. Use the appropriate prowords and codes
2. Give the line number identifier followed by applicable information
3. Use phonetic alphabet

End Transmission - After transmitting the request, state “OVER” and wait for acknowledgement of the transmission or request for additional information from the receiving station.

Monitor Frequency - After the transmission has ended, monitor the frequency given in line 2 of the request. The air or ground ambulance will contact you on this frequency, if needed.

Prepare Site - Prepare and mark the pickup site as indicated in line 7 of the MEDEVAC request, if needed.

Student Practice

Closing

Now that you have requested a medical evacuation, you need to get the casualty to the pickup site.

Lesson 9

Tactical Casualty Movement

Movement to Safety Under Fire

- Moving a casualty to safety is an important aspect of providing care on the battlefield.
- If you are under enemy fire and the tactical situation allows, attempt to control life threatening bleeding by applying a tourniquet. Then quickly move yourself and the casualty to a location where you can safely administer additional care.

Movement Techniques

- If the casualty is able to move to a safe location under his own power and perform self aid, a rescue attempt is not necessary.

Manual Drags

Drags are techniques for moving a casualty for a short distance.

Movement to Safety Under Fire

- You should develop a plan for moving the casualty and yourself to a safe location BEFORE you attempt to rescue the casualty.
- Good Medicine can be bad tactics.
- Open areas may be under enemy observation.
One Person Drag
This technique provides a lower profile for both the rescuer and the casualty. Because it consumes high levels of energy it can only be used for a limited distance.

Two Person Drag
This is a much easier technique for rescuers and moves much more quickly, but exposes the rescuers to a higher profile than does the crouch technique.

Disadvantages of Manual Drags
1. Require significant strength to drag a fully combat loaded Soldier any distance. They are only used for short distances
2. The rescuer may display a larger profile than to the enemy
3. Bending over to grasp a casualty may displace the rescuer's body armor and expose more of his torso to small arms fire and fragmentation wounds
4. There is no optimal place to grip the casualty to begin the drag
Class Discussion

• Based on this actual scenario, what other courses of action could you have taken?

Specialized Drag Equipment

Drag Handle: A drag strap that can be attached to a down casualty. Attach the snap link to the Soldier’s body armor or wrap it around their lower extremities.

Dragon Harness

• Worn under the individual’s body armor.
• Encircles the individual’s torso and lower extremities.
• Two handles are rolled and stored behind the casualty’s neck, ready to be unrolled and grasped for movement of the casualty.

How is the Dragon harness drag different from the Rat strap drag?

A. The Soldier applies the Rat strap to himself before he goes on the mission
B. The Soldier applies the Dragon harness to himself before he goes on the mission
C. The Rat strap is black and the Dragon harness is green

Manual Carries

Hawes Carry: The primary one-person carry

Student Practice (Hawes Carry)
Manual Carries
Two-Person Supporting Carry - Two rescuers grasp the casualty's wrists over opposite shoulders, lean forward and lift the casualty to move him.

Other Carries
Other one-person and two-person carries can be used. Selection must be based on the tactical situation, and the rescuers must have practiced the manual carries before using them.

The main reason that the Hawes carry has replaced the fireman's carry as the preferred one-person carry is due to the increased weight of the Soldier's equipment.

A. True
B. False

Closing
In most tactical casualty movement situations, the combat lifesaver needs to move the casualty to safety before giving care.

This lesson has identified several different methods of tactical casualty movement that may assist you in moving injured Soldiers to safety.

Lesson 10
Evacuating a Casualty Using a Litter

Evacuation
SKED Litter: A compact and lightweight litter can evacuate a casualty on land or water.

Using a SKED Litter
Student Practice

Talon Litter
The Talon litter: A compact folding litter whose small size allows it to fit into vehicles easier than a conventional litter.
**Position of Leader**

- During a four person litter carry, the Senior Medical Provider (leader) is positioned at the casualty’s right shoulder.
- In the absence of a medic, that Senior Medical Provider will be the combat life saver.

**Student Practice (Talon Litter)**

**Long Spine Boards**

If the casualty has a suspected head, neck, or back injury, a long spine board should be applied to the casualty before the casualty is placed on the litter.

---

**Improvized Litters**

There are times when a casualty may have to be carried to a collection point and no commercial litters are available. In such a situation, you may need to construct a litter from available supplies.

**Blanket and Pole Litter**

An improvised litter made using two tent poles and a blanket.

**Poncho and Pole Litter**

A variation of the blanket and pole litter using a poncho instead of a blanket.

---

**Student Practice (Improvised Litters)**

**Why should you make sure the hood and drawstrings were not hanging out of the hole in the poncho?**

- A. They could rip the poncho
- B. They could catch on brush or other obstacles, which could result in the litter falling

**Do all improvised litters require two rigid objects such as tent poles or tree limbs?**

- A. Yes
- B. No

---

**Student Practice (Talon Litter)**

**Long Spine Boards**

If the casualty has a suspected head, neck, or back injury, a long spine board should be applied to the casualty before the casualty is placed on the litter.
When a litter team rises:

A. The two litter bearers at the casualty’s head rise first.
B. The two litter bearers at the casualty’s feet rise first.
C. All four litter bearers rise at the same time.

Closing

We have discussed how to prepare an improvised litter when a commercial litter is not available. Litters are an important part of the third stage of tactical combat casualty care—that is, tactical evacuation care.
The enhanced PowerPoint (Final Version) with CPS integration will be sent to the Contracting Officer’s Representative (COR).
Appendix D
eModules

The published eModules (on CD) will be sent to the Contracting Officer’s Representative (COR).
Appendix E
Student Assessment Surveys

Questions for Trainees

Section 1

Please complete this section if this is NOT the first time you have taken this training course.

Skip to Section 2 if this was your first time.

1) How many times have you taken this training (including this course)? _____

2) Circle the number that best reflects whether, if given the choice, you would prefer to repeat the instructional portion of this course in the clicker or non-clicker format.

   The clicker version refers to the format of the training that you just completed that included the use of a personal response clicker. The non-clicker version refers to training that you had in the past that did not use the personal response clickers.

   1 2 3 4 5
   I would rather repeat the clicker version of training I have no preference I would rather repeat the non-clicker version training

   1 2 3 4 5
   I was more engaged in the clicker version of training I have no preference I was more engaged in the non-clicker version

   1 2 3 4 5
   I learned more in the clicker version of training I have no preference I learned more in the non-clicker version

   1 2 3 4 5
   I enjoyed the clicker version of training I have no preference I enjoyed the non-clicker version of training
Please write your answers to the following questions in the space provided.

4) Which lesson, if any, was most improved in the clicker version? Please explain.

Section 2

Use the following scale to indicate how much you agree with each of the statements that follow. This is for everyone to complete.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
<td>Somewhat agree</td>
<td>Neutral</td>
<td>Somewhat disagree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

This training exceeded my expectations. 1 2 3 4 5

I am confident that I could successfully use the skills I’ve learned in combat. 1 2 3 4 5

I found this training course engaging. 1 2 3 4 5

The use of personal response clickers made the class more engaging. 1 2 3 4 5

The use of personal response clickers made me better aware of how well I understood class material. 1 2 3 4 5
Please write your answers to the following questions in the space provided.

1) In what ways, if any, did the response clickers help you learn the material?

2) How would you improve the use of response clickers in this training class?
Appendix F
Instructor Surveys

Questions for the Instructors

1) Circle the number that best reflects whether, if given the choice, you would prefer to repeat the instructional portion of this course in the clicker or non-clicker format.

The clicker version refers to the format of the training that you just completed that included the use of a personal response clickers. The non-clicker version refers to training that you had in the past that did not use the personal response clickers.

1 2 3 4 5
I would rather teach the I have no preference I would rather teach the
clicker version of training non-clicker version training

1 2 3 4 5
I was more engaged teaching I have no preference I was more engaged
the clicker version of training teaching the non-clicker version

1 2 3 4 5
I think the soldiers learned I have no preference I think the soldiers learned
more in the clicker version more in the non-clicker
of training version of training

1 2 3 4 5
I enjoyed teaching the I have no preference I enjoyed teaching the
clicker version of training non-clicker version of
training

1 2 3 4 5
The course was easier to I have no preference The course was easier to
Teach teach

W81XWH-08-1-0451 Final Report Page 96
Please write your answers to the following questions in the space provided.

1) In what ways did your instruction benefit from the use of personal response clickers, if any?

2) In what ways do you think the trainees benefited from the use of response clickers, if any?

3) If you continue using this format of instruction, what changes would you make, if any?

4) Which lessons, if any, were most improved from the use of the response clickers? Please explain.
Appendix G
SLOAN-C Emerging Technologies For Online Learning
Abstract and PowerPoint Presentation

Presenter(s):
Dr. Bea Babbitt (University of Nevada, Las Vegas, US)
Dr. Angelina Hill (University of Nevada, Las Vegas, US)
Gordon Louie (University of Nevada, Las Vegas, US)

Session Information:
July 12, 2011 - 10:30am
Atherton Conference Room

Major Emphasis of Presentation:
Effective Practice; Research Study

Audience Level:
All

Session Duration:
50 Minutes

Concurrent Session:
1

Abstract:
A detailed look at the impact of an enhanced Army training course. Enhanced training included personal response clickers and enhanced presentation clarity. A research study at a National Guard Center will be presented that assessed the impact the course had on performance, and perceptions of trainees and instructors.

Extended Abstract:
Attendees will learn about the impact of an enhanced Army training program. We will show them first-hand how we altered an existing Army training curriculum to incorporate a response system into the lecture, while enhancing the clarity of the presentation. Although response clickers are commonly used in educational settings, the collaboration between a University and an Army Training Center is unique, and this work demonstrates the practicality of expanding the use of technology in all types of classrooms.

Keeping with the spirit of this project, we’ll have attendees become active participants of our lecture discussion by answering questions with response clickers. We’ll ask willing participants to take on the role of instructor to demonstrate instructional techniques key to the success of the technology. We will talk about what was involved to develop engaging interactive questions for an existing curriculum to be used with the clickers. The collaborative process was central to motivating instructors to take the time to work effectively with an unfamiliar system. We’ll also discuss how we trained a set of novice instructors, most with limited computer skills, to use the response system. We’ll walk attendees through our challenges along the way, and what we’ve learned to overcome them. Several related references for effective teaching with technology will be provided.

A complete description of a research study designed to investigate the effectiveness of the enhanced course will be described. We expected that trainees would have greater satisfaction and engagement in the enhanced training class. Instructors were also asked a set of questions to evaluate their perceptions of the enhanced lecture experience. It was expected that they would also be more engaged in the course, and they would perceive their
trainees as benefiting from the enhanced experience. A total of 117 soldiers taking a Combat Lifesaver course at Fort Indiantown Gap, a National Guard Training Center, participated in the study. Sixty-two of the soldiers had never taken a Combat Lifesaver course before. The other 52 soldiers had taken at least one prior course.

Trainees were asked a set of questions related to the clickers. All ratings to questions about satisfaction and engagement in the course were significantly positive (compared to neutral). The average ratings of each of these questions showed agreement (between strongly and somewhat). Questions related to engagement received the most positive ratings. Trainees were asked a set of questions related to the clickers. All ratings to questions about satisfaction and engagement in the course were significantly positive, demonstrating that the clickers had the desired effect of making the course more interactive. Trainees also provided a qualitative account of their experience. The most frequent response given to how they benefited is that they were more motivated/engaged, and many noted that they benefited from the immediate feedback.

Soldiers who have taken a prior Combat Lifesaver course were asked a set of questions comparing the clicker and non-clicker versions of training. They indicated a strong preference for a training course with clickers. All rating to questions comparing the clicker vs. non-clicker version were significantly more favorable for the clicker training (compared to neutral). Not as many repeat trainees indicated definitively that they learned as much in the training with clickers, although no students indicated they learned more in the non-clicker training.

Each of the course sections evaluated were team taught by two instructors. Five instructors were involved in total. The instructors, who have all taught the course without using clickers, provided ratings to questions comparing the clicker vs. non-clicker versions of the course. This was a rather small sample of instructors, but the instructors did not give as favorable ratings of preferring the clicker training as the students gave. The only question that instructors rated with a significantly strong preference was that they thought the soldiers learned more in the clicker version of the course, with four of the five instructors having some preference for the training with clickers. This is especially interesting given that none of the instructors thought that the clicker version was easier to teach.

The main benefit the instructors noted was that clickers made the trainees more attentive/alert, and that the trainee feedback was an asset so that they could identify topics needing further discussion. Several instructors also commented that a main benefit to trainees was the discussion that was elicited following a question. When asked what changes they would make if they were to continue using this format, two instructors suggested moving the questions to the end of the lecture. This viewpoint highlighted to us the importance of making sure that instructors are keenly aware of the benefits of using clickers as an interactive learning tool throughout the lecture. Instructors were given training on the use of clickers to varying degrees, depending on whether they were able to attend a training the was provided, and the extent of training they received from informed instructional leaders. But getting instructors to a point where they understand the benefits of clickers, and can use them as an effective learning tool requires substantial effort and buy-in.

Exam performance of cohort from the year prior was compared to the performance of trainees who took the enhanced courses to see if the enhanced course resulted in higher test scores. There was no significant difference between the exam scores, but this could be due to a ceiling effect. Strategies for measuring performance with more sensitivity will be discussed. Overall, the results of this study show that trainees in the enhanced version of Combat Lifesaver training rated themselves as very engaged, and soldiers who have taken the training in the past would prefer this enhanced version over the old version. Trainees also perceived themselves as learning more.

We'll end the session by discussing the implications of the results. We'll have participants explore how course enhancements of this type could extend to other settings, how instructors can make the most effective use of these enhancements, and other related topics of interest.
Enhancing an Army Training Course with Technology: Impact on Trainees and Instructors

Dr. Bea Babbitt, Dr. Angelina Hill, Gordon Louie
University of Nevada, Las Vegas
Division of Educational Outreach
ET4Online July 12, 2011
San Jose, CA
Question 1
How much do you already know about Student Response Systems (SRS)?

A. **Advanced** - I have used an SRS system in training.

B. **Above average** - I am somewhat familiar with this tool.

C. **Average** - I have heard a little about the tool.

D. **Basic** - I am very Zen-like at the moment.
Combat Lifesaver (CLS) Training

• Emergency medical training for non-medic soldiers in combat
  – Bridge between self (buddy) aid and the Combat Medic (68W)
  – Instructed to treat and stabilize injuries related to:

- blast injury
- amputation
- severe bleeding
- penetrating chest injuries

- simple airway management
- evacuation techniques
Combat Lifesaver Training

- Active and reserve Army personnel are offered CLS training.
  
  - Those passing a written and performance tests are Combat Lifesaver certified

- Training courses have about 40 soldiers, with varying ranks and CLS experience
Army Principles of Training

• Principles center around challenging training that extracts greatest value from every opportunity

  – Realistic conditions
  – Performance oriented
  – Train to standard
  – Train to adapt
  – Train to sustain proficiency
Project Goals

• Enhance trainee engagement and performance

• Facilitate effective instruction that can be widely adopted
Program of Instruction (POI)

• A standardized curriculum is needed in order to facilitate large-scale training

• The Army had been implementing CLS training through 3 disjointed curricula

• A universal POI was developed which standardized
  – learning outcomes
  – modular training times
  – logistical requirements necessary to execute a regimented training protocol
Project Components

• Program of Instruction (POI)
  – Outlines the objectives of the training program
  – Specifies all aspects of how to carry out training
  – Allows for consistency across all training facilities
Project Components

• E-modules
  – Supplements instruction
  – Additional exposure to most important concepts in an interactive environment

Tourniquet

Directions

1. Place the tourniquet by mousing over the tourniquet, clicking on the tourniquet and holding down the mouse button while dragging the tourniquet to the proper location of the body.
Project Components

• Revised presentation of lecture content
  
  – Enhanced clarity
  – Completely aligned with Army curriculum
  – Incorporates student response system
Project Components

• Classroom Performance System
  – Imbed clicker questions
  – Train instructors to:
    • operate the clicker software
    • use questions to promote learning
    • make effective use of real-time data
Using SRS for Simple Knowledge Level Questions

• Asking simple fact-based questions can allow you to get immediate feedback as to whether or not students are paying attention.

• Creates an accountability environment in class where “no student is allowed to hide.”
Question 2
Do not remove a tourniquet that has been in place for more than _____ hours.

A. 3
B. 4
C. 5
D. 6
Using SRS to Have Students Focus on a Concept that is Important

• Higher level questions (application or analysis) can be used to cause learners to pause and reflect on **WHY** they might (or might not) take a course of action.

• This is particularly useful to draw attention to **critical concepts** in the lecture.
Controlling Hemorrhaging

Quickly check the casualty for potentially life threatening arterial bleeding from an extremity
Question 3
Standard procedure is to place the tourniquet two inches above the wound, but you placed it well above the two inches. Why did you do that?

A. Two inches above the wound is actually NOT the standard procedure.

B. I was applying the tourniquet quickly. It can be placed properly when a safe location is reached.

C. The wound was bleeding heavily. Therefore, the standard procedure does not apply.
Make Questions Difficult

Questions should not be too easy as students tend to learn more from questions they find challenging.
Applying an Improvised Tourniquet

Your supply of CATs is limited. If you need to apply a tourniquet and do not have a CAT available, you can apply an improvised tourniquet. To minimize skin damage, ensure that the improvised tourniquet is at least two inches wide.
Question 4
Can I use a wire or thin material such as a strong shoestring as the tourniquet band?

A. Yes
B. No
Demonstrate to Students What They Are Learning

• Ask a thought provoking question prior to delivering related content. Then, ask the same question again after going over the content. The results should show improved performance.

• Do not show the correct answer.
Question 5
You are in a fire fight. You see one of your fellow Soldiers go down. What do you do?

A. Stop firing and help your fellow Soldier

B. Continue firing
Question 5 (again)
You are in a fire fight. You see one of your fellow Soldiers go down. What do you do?

A. Stop firing and help your fellow Soldier

B. Continue firing
Evaluating the Project’s Effectiveness

• Sample
  – 117 soldiers at Fort Indiantown Gap
  – Three training classes
  – Five instructors
All ratings to questions about satisfaction and engagement were **significantly positive**

<table>
<thead>
<tr>
<th>Satisfaction &amp; Engagement Questions</th>
<th>Average Rating</th>
<th>Agree (Strongly &amp; Somewhat)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training exceeded my expectations</td>
<td>4.37</td>
<td>97</td>
</tr>
<tr>
<td>Confident I could apply learned skills in combat</td>
<td>4.55</td>
<td>105</td>
</tr>
<tr>
<td>Found training course engaging</td>
<td>4.68</td>
<td>108</td>
</tr>
<tr>
<td>Clickers made class more engaging</td>
<td>4.55</td>
<td>99</td>
</tr>
<tr>
<td>Clickers made me better aware of how well I understood materials</td>
<td>4.46</td>
<td>98</td>
</tr>
<tr>
<td>I could easily follow along with the textbook</td>
<td>4.11</td>
<td>89</td>
</tr>
</tbody>
</table>

5 = strongly agree, 4 = somewhat agree, 3 = neutral, 2 = somewhat disagree, 1 = strongly disagree
Satisfaction & Engagement

• Asked what ways, if any, the clickers helped them learn the material
  • Hands on, fun, engaging
  • Easy to participate in class
  • Allowed more discussion
  • Instructors gave more immediate feedback
  • Can contribute without pressure from classmates

Interactivity (37.6%)
Reinforcement (37.6%)
Anonymity (8.8%)
Other (4.8%)
Comparison Results

- Soldiers having taken a prior CLS training were asked comparison questions.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Average rating</th>
<th>5 Clicker training</th>
<th>4 Between clicker &amp; no preference</th>
<th>3 No preference</th>
<th>2 Between no preference &amp; non-clicker</th>
<th>1 Non-clicker training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat clicker version</td>
<td>4.58</td>
<td>37</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>More engaged in clicker version</td>
<td>4.60</td>
<td>37</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Learned more in clicker version</td>
<td>4.28</td>
<td>28</td>
<td>10</td>
<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Enjoyed clicker version</td>
<td>4.60</td>
<td>36</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Had easier time following along with book in this version</td>
<td>4.12</td>
<td>25</td>
<td>9</td>
<td>14</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Instructor Perceptions

• Five instructors were asked to compare the new and old versions of the course.
  
  – Rated the new course as more difficult to teach
  – Did not have a clear preference for the new course
  – However, they thought that trainees learned more in the new version.
Performance

• Exam scores
  – Compared average performance of all trainees at Fort Indiantown Gap in 2008 to sample average
  – Scores did not significantly differ

<table>
<thead>
<tr>
<th></th>
<th>2008 Cohort</th>
<th>Sample – Enhanced course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>88.43</td>
<td>87.28</td>
</tr>
<tr>
<td>SD</td>
<td>7.22</td>
<td>6.59</td>
</tr>
<tr>
<td>N</td>
<td>1182</td>
<td>117</td>
</tr>
</tbody>
</table>
Result Summary

• Trainees rated themselves as more engaged and as learning more
• Instructors also perceived trainees as learning more
• Soldiers repeating training preferred the enhanced version
Keys to Success

• Work closely with subject matter experts to develop effective questions
  – Expect several rounds of revisions

• Devote as much time as possible to instructor training
  – Even the most capable instructors
Keys to Success

• Technical glitches can be a greater setback to the instructor than to the students

• Add technology *slowly*
  – Electronic tablets, rosters, etc.
References

• General Information about Student Response Systems (non-biased clearinghouse of research and reviews)
  http://cft.vanderbilt.edu/docs/classroom-response-system-clickers-bibliography/

• Information on the specific SRS device used in this study – specific to K-12 and Higher Education
  www.einstruction.com

• Information of the specific SRS device used in this study – focused on use in adult learning
  www.interactivelearningnow.com
Contact Information

• Dr. Bea Babbitt, Principal Investigator
• Development of a Blended Learning Ecology for Army Combat Lifesaver Training
• University of Nevada, Las Vegas
  (702) 895-1506
  bea.babbitt@unlv.edu
Appendix H
ATACCC Abstract and Poster Presentation

Authors:       Bea Babbitt, Ph.D.
               Angelina Hill, Ph.D.
               Gordon Louie
               Patricia Harrison

Title:        Integrating New Technologies into CCC Training

Abstract:
Numerous new technologies and sophisticated simulations have been developed for use in combat casualty care training. Their promise is to deliver more active, realistic, and improved learning. However, attempts to integrate these new technologies into current instruction present many challenges to medical training programs. This presentation will describe the collaboration between an Army National Guard Medical Battalion Training Site and the University of Nevada, Las Vegas to design, implement, and evaluate an enhanced CCC training program that integrated new and refined classroom technologies. The focus of this project was the integration of an electronic response system into the learning setting but the lessons learned apply more generally to the effective integration of learning technologies into medical CCC training.

The Department of Defense describes a “best practice” as a superior method or an innovative practice that contributes to improved performance of the process. Higher education researchers speak of “high impact practices” that have been shown to result in greater student learning. New learning technologies are often intended to promote many high impact instructional practices including active learning, frequent and prompt feedback, increased time on task, increased faculty/trainee and peer interaction, and greater content realism and relevancy.

As we describe how we enhanced the existing Army CCC training curriculum to integrate the new technology, we will address some common challenges to effective technology integration and implementation. We’ll address the challenges in curricular planning for technology use, the challenges for instructors learning to use and then teach with the new technology, and the changes in teacher/trainee and peer-to-peer interactions when using the new technology. Finally, we will report on learning impact and instructor and student comparisons of training with and without the implemented technology.
Integrating New Technologies into CCC Training: Impact on Trainees and Instructors

Dr. Bea Babbitt, Dr. Angelina Hill, Gordon Louie, and Patricia Harrison

University of Nevada, Las Vegas

Division of Educational Outreach

ABSTRACT

The focus of this project was to design, implement, and evaluate the use of Classroom Response System technology in Combat Lifesaver Training.

Despite challenges, instructors rated the enhanced course as beneficial to their trainees. Trainees reported being more engaged, and perceived themselves as learning more in the enhanced course.

OBJECTIVES

• Increase and evaluate Trainee satisfaction, engagement, and performance in Combat Lifesaver training through Enhanced Lecture, including:
  • Enhanced clarity of content Presentations
  • Better alignment of curriculum
  • Implementation of Student Response System (clickers)
  • Train Instructors on creation and delivery of Classroom Performance System software and how to respond to returned data.

METHODS

Project Milestones included:
• Revision of content
• Generation of adequately difficult questions
• Training Instructors to deliver the enhanced lecture materials and how to effective management of a highly interactive classroom
• Evaluation of the effectiveness of the Enhanced Lecture in regard to performance and perception of the Combat Lifesaver Training course.

Participants:
117 soldiers, from three classes of 50, 50, and 17, taking Combat Lifesaver Training at the Pennsylvania Army National Guard Medical Battalion Training Center, Fort Indiantown Gap, participated in the study.

All classes were taught between two Instructors, comprising a total of 5 Instructors in the sampled population.

Procedure:
• Trainees used Student Response Systems to answer about 8 questions per lesson in the enhanced lecture version of the class.
• Trainees completed a final written exam given to all CLS Training classes, and responded to a satisfaction questionnaire following the course. Those repeating training were also asked to compare the original and new versions of the course.
• Instructors were also asked to compare aspects of the traditional and enhanced versions of the course.

Analysis:
Survey results and course performance data was then statistically analyzed against the performance of the 2008 Training Cohort (comprised of 1182 Trainees) that had been conducted under traditional teaching methods.

It was anticipated that Trainees would improve performance on course evaluations, Instructors would observe trainees as having benefited from the enhanced experience, and that both Trainees and Instructors would be more engaged in the CLS Training.

RESULTS

When asked what ways, if any, the clickers helped them learn the material, students responded:
• Hands on, fun, engaging
• Easy to participate in class
• Allowed more discussion
• Instructors gave more immediate feedback
• Can contribute without pressure from classmates

Despite rating the enhanced course as more difficult to teach, and not indicating a clear preference to teach the new version, no Instructors thought that the students learned more in the old version of the course.

Exam Performance Results:

<table>
<thead>
<tr>
<th></th>
<th>2008 Cohort</th>
<th>Original - Enhanced course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>88.43</td>
<td>87.28</td>
</tr>
<tr>
<td>SD</td>
<td>7.22</td>
<td>6.59</td>
</tr>
<tr>
<td>N</td>
<td>1182</td>
<td>117</td>
</tr>
</tbody>
</table>

There was no significant difference between the exam scores of the 2008 cohort (m = 88.43, SD = 7.22) and the trainees who took the enhanced course (m = 87.28, SD = 6.59), t(1188) = 1.54, p = .124, d = 0.16. The possibility of a ceiling effect warrants further investigation.

CONCLUSIONS

Instructors and trainees both evaluated the enhanced training course positively, indicating increased engagement and improved learning.

Lessons Learned:
• Experts in pedagogy and in classroom technology must work very closely with content experts.
• Adding technology was only effective when it focused on instructor-valued content.
• Piloting is crucial.
• Presentation material and response questions need to be adapted based on instructor flow and student performance.
• Work with a content matter expert to design questions.
• Training of instructors and hands-on practice is essential.
• Technical glitches can be a greater setback to the instructor than to the students.

REFERENCES

General Information about Student Response Systems (non-biased clearhouse of research and reviews):

Information on the specific SRS device used in this study specific to K-12 and Higher Education:
http://www.einstruction.com

Information on the specific SRS device used in this study focused on use in adult learning:
www.interactivelearningnow.com

CONTACT

Dr. Bea Babbitt, Principal Investigator
Development of a Blended Learning Ecology for Army Combat Lifesaver Training

University of Nevada, Las Vegas
(702) 895-1106
bea.babbitt@unlv.edu
Appendix I

Manuscript: Examining the Efficacy of Personal Response Devices in Army Training

Examining the Efficacy of Personal Response Devices in Army Training

Angelina M. Hill

University of Nevada, Las Vegas

Beatrice C. Babbitt

University of Nevada, Las Vegas
Abstract

Benefits of personal response devices (PRDs) have been demonstrated in a variety of settings and disciplines in higher education. This study looked outside of higher education to investigate the efficacy of PRDs in an Army training course in terms of trainee performance, engagement, and satisfaction. Instructors were also surveyed to determine their perceptions of the impact of PRDs on student learning and engagement. Trainees reported that they were more engaged and had a better understanding of how well they understood the material because of the PRDs. Trainees who had previously taken the course without PRDs reported a preference for the training with PRDs in terms of being more engaged, learning more, and enjoying the course more. No improvement in performance was detected when comparing final exam scores in these courses to prior courses that did not use PRDs. Instructors appeared to see benefits afforded to their students, but they also found the course more challenging to teach, highlighting the need for adequate training to use the new technology, and care taken to developing effective questions.
The Impact of Personal Response Devices in an Army Training Course

Personal Response Devices (PRDs) have demonstrated success in terms of engagement (e.g., Caldwell, 2007; Hall, Collier, Thomas, & Hilgers, 2005) student satisfaction (e.g., Byrd, Coleman, & Werneth, 2004; Johnson, 2005; Lowery, 2005), and performance (e.g., Edens, 2009; Poulis, Massen, Robens & Gilbert, 1998; Ribbens, 2007) in a variety of venues. In the college classroom, PRDs have been shown to be beneficial in a variety of disciplines. The greatest extent of research has been in the science arena, but research studies have also been conducted in the fields of medicine, mathematics, business, social science, and more (Kay & LeSage, 2009). PRD use is also widespread at the K-12 level. Although research is much more comprehensive in higher education, a survey of K-12 teachers provided evidence that they use many of the same techniques used to make PRDs effective in higher education (Penuel, Boscardin, Masyn, & Crawford, 2007).

Research on the impact of PRDs has grown substantially in the 2000s, but this growth has not been evenly distributed across educational settings. A recent review of the literature by Kay and LeSage (2009) noted a lack of research outside of higher education and mathematics/science-based courses, and that conducting this research would help provide a fuller understanding of the impact of PRDs. The current study was performed to see if the effectiveness of PRDs will extend to a structured educational setting outside of higher education, an Army training course. PRDs are currently used in a variety of military trainings, such as in Army JROTC instruction (WIDS Wire, 2010), Navy Submarine Training, and Air Force Medical Training (eInstruction, 2011). However, evidence of effectiveness in military settings in not readily available in the published literature.

The specific Army training course under investigation (Combat Lifesaver training) is
given to active and reserve Army personnel so that they can provide emergency medical care as non-medic soldiers in combat. Typically, trainees use PRDs, a small handheld electronic device, to respond to questions embedded in presentation materials. The number or percentage of responses for each response option are displayed immediately and usually graphically. To understand the potential effectiveness of PRDs in an Army training environment, consider the variety of ways that PRDs have been shown to enhance instruction in higher education. Most obvious is their ability to provide students with immediate feedback. This feedback in and of itself is beneficial to learning (Edens, 2009), and provides students with knowledge of how well they understand compared to their peers (Stuart, Draper, & Brown, 2004). Given that Combat Lifesaver training takes place during a condensed one-week period, a large amount of material is covered each day, making the use of daily/immediate feedback seem highly beneficial.

Other advantages of PRDs depend on the effectiveness of the questions, the climate in the classroom, and the instructor. PRDs have been shown to be more beneficial when questions promote discussion (DeBourgh, 2008) and deep thinking, as opposed to retrieval of facts (MacGeorge, Homan, Dunning, Elmore, Bodie, Khichadia, Lichti, Feng, & Geddes, 2008). Only a small amount of the material covered in Combat Lifesaver training can be learned easily and through basic memorization. Most of the information is complex, making it difficult for soldiers to apply this knowledge in combat if not understood at a deeper level that integrates the information into what they already know.

PRDs have also been shown to be more effective when instructors are aware of student performance, and adjust the material they emphasize accordingly (Oerman & Gaberson, 2006). Trainee performance typically varies widely in a Combat Lifesaver training course. A typical course has trainees with varying rank, and given that the course can be repeated numerous times,
some trainees have more direct exposure to the material than others. This diversity makes it appear very beneficial for instructors to quickly assess performance so that they can tailor each class.

Similar to the variations in classroom size across higher education’s colleges and universities, the Combat Lifesaver training size also varies based on the training site, and available facilities. The always-changing military deployment schedule creates a need to implement instructional techniques that are not dependent on classroom size. Most of the benefits of PRDs have been observed in large classrooms (Boyle, Nicol, Hamilton, & Dempster, 2001; Nicol & Boyle, 2003), where personal feedback and interaction with the instructor is more challenging. Smaller classrooms, however, have also been shown to benefit (e.g., Herreid, 2006). Although small classes make student discussion and engagement more feasible, PRDs can further motivate students to be involved (Lea, 2008).

At a surface level, it appears that the effects of PRDs that have been documented in higher education should extend to Combat Casualty training. At the most general level, PRDs enhance student engagement, which promotes active learning (Hall et al., 2005). A more active learning environment leads to more engaged students, and is believed to enhance student learning (Chickering & Gamson, 1997). In contrast to many advanced Army laboratory training environments, the lecture environment for Combat Casualty training has typically been passive. It was suspected that training would greatly benefit from a more engaged environment that promoted active engagement. The following study looks at the impact of PRDs in an Army training course by investigating the various ways in which active learning can impact the classroom: Changes in student performance, engagement, and satisfaction. Benefits and challenges to instructors were also investigated.
Method

Participants

A sample of 117 soldiers taking a Combat Lifesaver course at a National Guard Training Center participated in the study. Sixty-two of the soldiers had never taken a Combat Lifesaver course before. The other 52 soldiers had taken the course at least once before. Refer to Table 1 for the specific number of prior Combat Lifesaver courses taken by the soldiers in the study.

The sample was obtained from three Combat Lifesaver training classes. Two were offered in May of 2010. Both of these courses had 50 trainees. The third class was offered in August of 2010 and had seventeen trainees.

The instructors of these three training classes also participated in the study. All classes were team taught with two instructors. Instructors varied by class, with the exception of one instructor who took part in two classes. This resulted in five different instructors. All were experienced teaching the Combat Lifesaver training course.

Materials and Procedure

Instructors involved in the study had previously taught the course using a lengthy PowerPoint presentation without the use of PRDs. As part of the study, instructors used a revised PowerPoint presentation that included an average of eight questions per lesson, developed with curriculum experts from the Army National Guard Medical Operations Instructional Team, for response using PRDs. The PowerPoint presentation was also reduced in length to focus on content that was identified as most valuable by the instructors and curriculum experts, and to better align with the student self-study guide. Instructors delivered the presentation using the CPS Pulse student response system sold by the company eInstruction. This system enabled questions to be incorporated directly into the PowerPoint presentation, and instructors provided
aggregate class results in chart form immediately following student responses. All soldiers were provided with the CPS Pulse response devices during the lectures.

Soldiers completed the Combat Lifesaver course over a five-day period. Approximately half of the overall course was lecture and half was lab and simulation exercises. This study only investigated the lecture portion of the class. Following the complete delivery of the lecture part of the course, a questionnaire was given to each of the soldiers. This questionnaire, which is provided in Appendix A, asked soldiers about their satisfaction, engagement, and perceived amount of learning in the training. The questions made specific reference to their use of the PRD, which instructors referred to as “clickers.” Soldiers who had taken the course in the past were also asked questions related to their preference for this new “clicker” version of the training vs. the “non-clicker” version.

At the end of each course, a questionnaire was also given to instructors. This questionnaire, provided in Appendix B, asked instructors about their preferences regarding their teaching of the new “clicker” version vs. the “non-clicker” version, as well as how they perceived students to benefit from the new version.

In addition to surveying the soldiers, performance was also evaluated by comparing results of the standard exam that accompanies all Combat Lifesaver courses. This exam is taken at the completion of the course, and must be completed with a successful pass rate of 70 percent in order for trainees to receive Combat Lifesaver certification. The exam consisted of 40 multiple-choice questions that are directly related to the content covered in lecture. The exam was not altered in any way from previous trainings for this study. Exam questions differed from the questions that were included in the PowerPoint presentation to be answered using the PRDs, but they did assess the same content.
Results

Soldier Satisfaction and Engagement Ratings

Survey responses from soldiers were analyzed using a chi-square test of goodness of fit to determine whether soldiers showed agreement to positive aspects of the training course, and to the incorporation of PRDs. The results for each survey item are presented in Table 2. As you can see, all questions resulted in the soldiers showing significant agreement to the positive aspects of the course and use of PRDs. When asked specifically about the use of the PRDs, soldiers showed significant agreement (89.3% strongly or somewhat agreed) that the PRDs made the class more engaging, $\chi^2 (1, N = 112) = 69.14, p < .001, \omega = .79$. Soldiers also agreed (87.6% strongly or somewhat agreed) that the PRDs made them better aware of how well they understood the material, $\chi^2 (1, N = 113) = 63.94, p < .001, \omega = .75$.

An independent-samples t-test revealed no significant differences across soldiers who were repeating the course vs. first-timers in terms of PRDs making the class more engaging, $t(110) = 1.00, p = .339$, or in terms of PRDs making them better aware of how well they understood the material, $t(111) = .838, p = .414$.

Questions asking soldiers who were repeating the course to rate their preference for the version of the course with vs. without PRDs were also evaluated using a chi-square test of goodness of fit to determine whether soldiers showed a preference for the PRD version. The results for each survey item are presented in Table 3. This table shows that all questions resulted in soldiers showing a significant preference for the version of the course that includes PRDs. Over eighty percent (82.4%) indicated that they would rather repeat the clicker version of the course, and the same percentage indicated that they were more engaged in this version of the course. An even higher percentage (84.3%) indicated that they enjoyed the PRD version more than prior versions.
Soldiers also gave a significant preference for having learned more in the PRD version (72.5%), but this preference resulted in a smaller effect size ($\chi^2 (1, N = 51) = 10.37, p < .001, \omega = .45$) than did questions related to engagement and enjoyment (see Table 3).

**Qualitative Feedback from Soldiers**

Trainees were asked to write what ways, if any, the response clickers helped them learn the material. The majority of the trainees provided responses that fell into three major categories regarding perceived benefits from (1) various types of interactivity, (2) reinforcement of material, and (3) ability to participate with anonymity. Almost half of all soldiers (48.7%) remarked on various ways that the PRDs made the course more interactive. The answer given most frequently was that answering the questions kept them more engaged/motivated. Almost a quarter of respondents (22.22%) remarked on positive ways the PRDs reinforced the material. This included benefits from thinking about and forming a response to the question that is followed by immediate feedback, as well as how the discussion with the instructor following the answer reinforced their understanding. Finally, a handful of soldiers (6.84%) remarked on the benefits of the anonymous environment that the PRDs promoted, allowing them to participate when they might not otherwise, without the influence or worry of getting the answer incorrect in front of peers.

Trainees were also asked to write about how they would improve the use of clickers in the training class. Seventy students (nearly sixty percent (59.85%) of soldiers, and seventy percent of all comments provided) remarked on program glitches (i.e. computer freezes, clickers not responding). A handful of unique responses, such as utilizing timers for self-read portions and incorporating short videos to maximize interactivity further demonstrated the soldiers’ engagement with the training.
Performance

Final exam performance of soldiers in the study was compared to the performance of all soldiers having taken a course without the use of PRDs during the previous year at the same National Guard Training Center. Scores from 1,065 soldiers were included in this cohort. An independent-samples t-test revealed no significant difference between the exam scores of soldiers in the PRD classes (M = 87.28, SD = 6.59) with all trainees who took the non-PRD course the following year (M = 88.43, SD = 7.22), t(1180) = 1.54, p = .124, d = 0.16.

Instructor Perceptions

Instructors, all having taught the course prior to incorporating PRDs provided ratings to questions comparing the course with vs. without the use of PRDs. Given that only five instructors participated in the study, too few responses were collected to conduct any inferential statistics on their preference for the use of PRDs. However, no instructors indicated a clear preference for the training that used PRDs. Many of the instructors had a slight preference (between clicker and no preference) for the course with PRDs in terms of teaching that version again, being more engaged, and believing that the soldiers learned more. None of the instructors, however, favored the PRD training (even between PRD and no preference) in terms of it being easier to teach.

Instructors were also asked a series of open-ended questions about the enhanced course. The main benefits they saw from the clickers related to instruction was that they made the trainees more attentive/alert, and that the trainee feedback was an asset so that they could identify topics needing further discussion. Three of the five instructors also commented that a main benefit to trainees was the discussion that was elicited following a question. When asked what changes they would make if they were to continue using this format, the main suggestions
that emerged were related to the questions in terms of revisions to some of the questions, moving questions to the end of the lecture, and trimming the number of questions to reduce lecture time.

**Discussion**

Trainees and instructors both indicated that the PRDs enhanced engagement in the classroom. Greater engagement has been shown when all students respond to questions posed by the instructor, rather than just a few who typically respond (Frederickson & Ames, 2009). Trainees also perceived themselves as learning more, but this was not supported by increased exam performance. The trainees’ performance scores, however, were very high prior to the use of PRDs. It is likely that a ceiling effect may have made it difficult to detect increased performance due to the PRDs. Testing, in addition to the final exam, wasn’t feasible in this training, but future performance measures developed for the sole purpose of measuring PRD effectiveness are needed to better understand PRDs’ impact on performance.

Trainees who had taken the same training in the past, that did not include PRDs, indicated that they preferred the course with PRDs. The choice wasn’t as clear for the instructors. Instructors appeared to see the engagement and learning benefits afforded to their students, but they also reported that including the PRDs made the course more difficult to teach. Three issues appeared to be central to this difficulty: technical problems, classroom management, and required changes in pedagogy.

Instructors needed to become familiar with new software to implement the PRDs. That software was sometimes incompatible with other technology being used resulting in program freezes. Clearly, instructors will find the course more difficult to teach while experiencing technical problems, highlighting the importance of substantial training to make them comfortable using the new technology. Trainees also needed adequate training to operate the new technology.
Instructor were given training to use PRDs, but none of the instructors were experts, and most experienced technical difficulties during the trainings. The extent of technical difficulties was probably more prevalent in these trainings than in higher education settings because of the high level of computer security necessary at a National Guard Training Center. Many of the trainees noted the technical difficulties when asked how to improve the training. But even with these glitches, trainees still showed a clear preference for the inclusion of PRDs.

A second concern of the instructors was how they could discuss the questions effectively without increasing lecture time. The discussion elicited by the questions, which is crucial to the effectiveness of the PRDs, created timing and class management issues for some instructors. The discussions appeared to take increased instructional time and the transition back to the lecture was a challenge for some instructors. Such issues would likely be largely reduced if not completely eliminated with additional training and experience using the PRDs. With experience, instructors should recognize that clickers eliminate the need to discuss topics that are well understood and allow more time to discuss topics where misunderstandings are evidenced (Anderson, 2011). Smooth transitions back to the lecture will occur as instructors establish standard classroom protocols for PRD use.

A third instructor concern related to question wording. Some of the textbook derived questions were too simple to evoke meaningful discussion. The research team collaborated with the instructors to improve this aspect of the training but more work in this area appears to be needed.

Finally, the effective use of PRDs requires that instructors capitalize on the learning that takes place when students actively interact with content. The discussions that take place following PRD use are crucial to enhancing students understanding. As students defend their
answers to their peers, they clarify points of uncertainty or misunderstanding and increase their
critical thinking abilities (Frederickson & Ames, 2009). Instructors who have not used this
approach will need extensive training regarding the pedagogy behind effective PRD use.

Overall, the use of PRDs made the training class a more engaging and enjoyable setting
for soldiers. However, instructors must invest time to comfortably operate the software and to
adjust to a different way of teaching. This makes it important that instructors are sufficiently
motivated to use the PRDs, and this can be done through proper pedagogical training, and by
providing sufficient experience operating the software. Under these circumstances, it appears
that PRDs can be a valuable addition to Army training.
References


Appendix A

Questions for Trainees

Section 1

*Please complete this section if this is NOT the first time you have taken this training course. Skip to Section 2 if this was your first time.*

1) How many times have you taken this training (including this course)? ____

2) Circle the number that best reflects whether, if given the choice, you would prefer to repeat the instructional portion of this course in the clicker or non-clicker format.

   The *clicker version* refers to the format of the training that you just completed that included the use of a personal response clicker. The *non-clicker version* refers to training that you had in the past that did not use the personal response clickers.

   1
   I would rather repeat the
   clicker version of training

   2
   I was more engaged in the
   clicker version of training

   3
   I learned more in the
   clicker version of training

   4
   I enjoyed the clicker version
   of training

   5
   I would rather repeat the
   non-clicker version training

   1
   I have no preference

   2
   I have no preference

   3
   I have no preference

   4
   I have no preference

   5
   I have no preference

*Please write your answers to the following questions in the space provided.*

4) Which lesson, if any, was most improved in the clicker version? Please explain.
Appendix A

Section 2

Use the following scale to indicate how much you agree with each of the statements that follow. This is for everyone to complete.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
<td>Somewhat agree</td>
<td>Neutral</td>
<td>Somewhat disagree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

This training exceeded my expectations.  1  2  3  4  5
I am confident that I could successfully use the skills I’ve learned in combat.  1  2  3  4  5
I found this training course engaging.  1  2  3  4  5
The use of personal response clickers made the class more engaging.  1  2  3  4  5
The use of personal response clickers made me better aware of how well I understood class material.  1  2  3  4  5

Please write your answers to the following questions in the space provided.

1) In what ways, if any, did the response clickers help you learn the material?

2) How would you improve the use of response clickers in this training class?
Appendix B

Questions for the Instructors

1) Circle the number that best reflects whether, if given the choice, you would prefer to repeat the instructional portion of this course in the clicker or non-clicker format.

The clicker version refers to the format of the training that you just completed that included the use of a personal response clickers. The non-clicker version refers to training that you had in the past that did not use the personal response clickers.

I would rather teach the clicker version of training

I have no preference

I would rather teach the non-clicker version training

I was more engaged teaching the clicker version of training

I have no preference

I was more engaged teaching the non-clicker version

I think the soldiers learned more in the clicker version of training

I have no preference

I think the soldiers learned more in the non-clicker version of training

I enjoyed teaching the clicker version of training

I have no preference

I enjoyed teaching the non-clicker version of training

The course was easier to Teach

I have no preference

The course was easier to teach

Please write your answers to the following questions in the space provided.

1) In what ways did your instruction benefit from the use of personal response clickers, if any?

2) In what ways do you think the trainees benefited from the use of response clickers, if any?

3) If you continue using this format of instruction, what changes would you make, if any?
Table 1

*Number of Combat Lifesaver Courses Taken Previously*

<table>
<thead>
<tr>
<th>Prior Completions</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>65</td>
</tr>
<tr>
<td>1</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Table 2

*Analysis of Soldier's Perceptions of Enhanced Lecture*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>% Satisfied</th>
<th>N</th>
<th>$X^2$</th>
<th>$\omega$</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training exceeded my expectations</td>
<td>86.8</td>
<td>114</td>
<td>61.895</td>
<td>0.737</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Confident I could apply learned skills in combat</td>
<td>93.8</td>
<td>112</td>
<td>85.75</td>
<td>0.875</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Found training course engaging</td>
<td>95.6</td>
<td>113</td>
<td>93.885</td>
<td>0.912</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Clickers made class more engaging</td>
<td>89.3</td>
<td>112</td>
<td>69.143</td>
<td>0.786</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Clickers made me better aware of how well I understood materials</td>
<td>87.6</td>
<td>113</td>
<td>63.938</td>
<td>0.752</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>I could easily follow along with the textbook</td>
<td>80.5</td>
<td>113</td>
<td>42.133</td>
<td>0.611</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Table 3

*Analysis of Soldier's Perceptions of Enhanced Lecture vs. Traditional (Past)*

<table>
<thead>
<tr>
<th>Clicker to non-clicker training Questions</th>
<th>% Indicating Preference (above neutral)</th>
<th>N</th>
<th>$X^2$</th>
<th>$\omega$</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat clicker version</td>
<td>82.4</td>
<td>51</td>
<td>21.353</td>
<td>0.647</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>More engaged in clicker version</td>
<td>82.4</td>
<td>51</td>
<td>21.353</td>
<td>0.647</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Learned more in clicker version</td>
<td>72.5</td>
<td>51</td>
<td>10.373</td>
<td>0.451</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Enjoyed clicker version</td>
<td>84.3</td>
<td>51</td>
<td>24.02</td>
<td>0.686</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Had easier time following along with book in this version</td>
<td>62.6</td>
<td>51</td>
<td>3.314</td>
<td>0.255</td>
<td>0.069</td>
</tr>
</tbody>
</table>
## SUPPORTING DATA

### Table 1

**Analysis of Soldier's Perceptions of Enhanced Lecture**

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>% Satisfied</th>
<th>N</th>
<th>chi square</th>
<th>w</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training exceeded my expectations</td>
<td>86.8</td>
<td>114</td>
<td>61.895</td>
<td>0.736843672</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Confident I could apply learned skills in combat</td>
<td>93.8</td>
<td>112</td>
<td>85.75</td>
<td>0.875</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Found training course engaging</td>
<td>95.6</td>
<td>113</td>
<td>93.885</td>
<td>0.91150464</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Clickers made class more engaging</td>
<td>89.3</td>
<td>112</td>
<td>69.143</td>
<td>0.785715097</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Clickers made me better aware of how well I understood materials</td>
<td>87.6</td>
<td>113</td>
<td>63.938</td>
<td>0.752212077</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>I could easily follow along with the textbook</td>
<td>80.5</td>
<td>113</td>
<td>42.133</td>
<td>0.610621329</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

### Table 2

**Analysis of Soldier's Perceptions of Enhanced Lecture vs. Traditional (Past)**

<table>
<thead>
<tr>
<th>Clicker to non-clicker training Questions</th>
<th>% Satisfied</th>
<th>N</th>
<th>chi square</th>
<th>w</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat clicker version</td>
<td>82.4</td>
<td>51</td>
<td>21.353</td>
<td>0.647059715</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>More engaged in clicker version</td>
<td>82.4</td>
<td>51</td>
<td>21.353</td>
<td>0.647059715</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Learned more in clicker version</td>
<td>72.5</td>
<td>51</td>
<td>10.373</td>
<td>0.450990196</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Enjoyed clicker version</td>
<td>84.3</td>
<td>51</td>
<td>24.02</td>
<td>0.686280112</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Had easier time following along with book in this version

<table>
<thead>
<tr>
<th>Prior Completions</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>65</td>
</tr>
<tr>
<td>1</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>