

240TH REGIONAL TRAINING INSTITUTE

COMBAT LIFESAVER RECERTIFICATION CHALLENGE

COURSE MANAGEMENT PLAN



25 JANUARY 2010

Preface

The purpose of this Course management Plan is to provide guidelines for conducting the Combat Lifesaver Recertification program. The guidelines are flexible to allow any recertification site to adapt to the needs of the Unit. These guidelines provide minimum standards.

Administration

Students/ Class Management: If you have questions on Student/Class Management, please call (207) 626-4423.

Or write to: 240th Regional Training Institute
Quality Assurance Office
Bldg 17, Camp Keyes
Augusta, ME 04333

Clarification of Training Literature Terminology

When used in this publication, words such as “he,” “him,” “his,” and “men” are intended to include both the masculine and feminine genders, unless specifically stated otherwise or when obvious in context.

240TH REGIONAL TRAINING INSTITUTE
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**DEPARTMENT OF
DEFENSE, VETERANS, AND EMERGENCY MANAGEMENT
240th REGIMENT, REGIONAL TRAINING INSTITUTE
Combat Lifesaver Recertification Challenge Course Management Plan**

INTRODUCTION

As the statistics from past and recent conflicts reveal, far forward medical intervention for battlefield injuries is critical for survival. The Combat Lifesaver program is instrumental in providing this training at the basic soldier level. The result is a marked decrease in preventable deaths due to immediate point of wounding care.

Historically it has been difficult for a soldier, who has achieved a Combat Lifesaver (CLS) certification, to maintain the certification as per Army policy. The policy states that, once certified, a soldier is allowed to function as a CLS for 12 months at which time (or before) he must recertify in order to maintain his certification. If the soldier's certification is allowed to lapse beyond 12 months, he must then successfully complete a full CLS course. It takes 8 MUTA's to certify a soldier as a CLS, and 4 MUTA's every year thereafter to recertify a soldier. When you take into consideration mandatory training, briefings, inventories, and other necessary functions, units can not afford to lose their soldiers for this amount of time. The current CLS Recertification Course, or CLS(S), consists of two 8 hour days of instruction and performance testing. Units would have to send soldiers to the class site or gather them at the unit in a formal class setting thus losing those soldiers for the duration of the class. This document is intended to introduce the Combat Lifesaver Recertification Challenge as an alternative to the formal CLS(S).

COURSE DESCRIPTION

Units will identify soldiers needing recertification, contact the course manager and schedule a Recert Challenge session. It will be the responsibility of the soldier, **before his Recert Challenge session**, to ensure that he is proficient enough in the selected tasks to achieve a "GO". This challenge is not intended to teach the CLS tasks, although, if a soldier fails to achieve a "GO" on all tasks, the session will continue until completed and can be considered a review of tasks. This soldier will not receive a completion certificate and must reschedule for another testing session. Soldiers who receive a first-time "GO" on all tasks will receive a DA Form 87, certifying the soldier as a Combat Lifesaver for 12 months.

PREPARING FOR THE CHALLENGE

Once Soldier has been scheduled for testing, he must thoroughly study and become proficient in the selected CLS tasks. He will report to the appropriate testing site 5 minutes prior to scheduled test time. Site manager will ensure that all supplies, equipment, and documentation necessary to complete the challenge are serviceable and in place prior to the arrival of the recert candidate. Site manager will also choose a Challenge site that is free of unnecessary distraction, yet will enable soldier to perform actions similar to those he will encounter in a combat situation. A description of the equipment and supplies required for the Challenge is contained in appendix C.

CONDUCTING THE CHALLENGE

Proctor will verify soldier information and brief soldier on testing procedures as outlined in appendix A. Proctor will read the initial scenario, appendix B, and soldier will proceed through the tasks as suggested on the timeline in appendix C. The Challenge consists of six scenario based hands-on performance examinations and two scenario based written examinations. Sample written examinations are contained in appendix D. Once complete, the session will end with a final brief and AAR. The use of scenario testing is encouraged. Allowing the CLS to perform in his full battle gear gives a more realistic approach to the Challenge. Testing site will be the 240th RTI, Camp Keyes, Augusta ME. Future plans call for the course manager to visit requesting units and administer/proctor the Recert challenge on-site as an alternative to sending soldiers to the RTI. Current testing capacity is 4-8 soldiers per day. This can vary due to soldier punctuality and proficiency, and proctor availability. This also takes into account time for reset and student questions.

Units with organic Medics have the option to use their medics as proctors as long as there is enough adequate testing equipment and supplies. To ensure consistency, the designated medics will observe the first testing session and then begin testing on their own.

SITE MANAGERS RESPONSIBILITIES

The Commander and Commandant are ultimately responsible for the oversight of all approved training. The Recertification Challenge manager is responsible for the management, supervision and operation of the Recertification Challenge to ensure that it is presented in a professional manner at all times.

INSTRUCTOR/PROCTOR QUALIFICATIONS

The CLS Challenge can be administered by any 68W20/30/40, 18D, licensed paramedic (state or national), RN, physician's assistant, or physician. It is suggested that medical officers have knowledge of pre-hospital trauma care.

PROCTOR GUIDANCE

Proctors must perform the following actions:

- 1) Thoroughly study and be well versed in the material prior to testing.
- 2) Supervise and guide the testing process.
- 3) Provide immediate feedback on soldier performance.
- 4) Maintain testing records to include, but not limited to:
 - a. Student testing summary sheet (see appendix E)
 - b. Written performance evaluation checklists (see appendix D)
 - c. Copy of signed DA form 87 for RTI records

Appendix A

Briefing

Welcome to the Combat Lifesaver Recertification testing. In order to be re-certified as a Combat Lifesaver you must have successfully completed a Combat Lifesaver Course or Re-certification course within the last 24 months. Since you have already shown a mastery of all combat lifesaver tasks, you need only to pass a series of practical examinations in order to recertify. Only certain performance tasks are chosen for recertification testing.

The recertification performance tasks are as follows:

Task 1: Apply an Emergency bandage

Task 2: Apply Tourniquet:
One-handed or
Two-handed

Task 3: Insert Nasopharyngeal Airway

Task 4: Treat an open chest wound

Task 5: Perform needle chest decompression

Task 6: Prepare casualty for evacuation using a litter:
SKED or
Talon

Task 7: Initiate TCCC

Task 8: Request MEDEVAC

You will be given a scenario before each task and move, in-order, from one task to the next. If there is any information pertaining to any of these tasks, I will give it to you when you reach that point in your testing. You have in front of you all of the supplies and equipment needed to successfully pass this examination. Upon successful completion of this recertification practical examination you will be issued a DA form 87, "Certificate of Training". A copy of this certificate should be given to your unit's records custodian. You will remain a combat lifesaver for 12 months from the date of recertification. In order to remain a combat lifesaver past the 12-month period, you must successfully pass the Combat Lifesaver Recertification practical Examinations again before the 12 month period has expired. This is not a timed event. Questions?

Appendix B

Scenario

Task 1: “You are not exposed to enemy fire. You have located a casualty with severe bleeding from a wound on an extremity (indicate mark on the casualty’s arm, forearm, leg, or thigh). You have found no other injuries. The casualty’s breathing is adequate. In order to pass this task, you must properly apply an Emergency Bandage in an attempt to control bleeding. Begin.”

Task 2: “You have applied an Emergency Bandage and manual pressure to the wound, but the bleeding has not been controlled. You have decided to apply a tourniquet. In order to pass this task you must properly apply a Combat Application Tourniquet using the one-handed/two-handed technique.

Task 3: “You have found a casualty who is unresponsive. You have opened his airway and determined that the casualty is breathing. There does not appear to be any damage to the casualty’s head, neck, or spine. In order to pass this task, you must properly insert a nasopharyngeal airway. Begin.”

Task 4: “You have found a casualty who is unresponsive. You have opened his airway and determined that the casualty is breathing. There appears to be a wound to the casualty’s chest. In order to pass this task, you must check for wounds, properly seal the chest wound, and apply an Emergency Bandage. Begin.”

Task 5: “You have treated a casualty who had an open chest wound by sealing the wound. Some time has passed, and you notice that the casualty is having difficulty breathing and decide that needle chest decompression is needed. In order to pass this task, you must properly perform a needle chest decompression. Begin.”

Task 6: “You have decided to evacuate the casualty to a nearby collection point using a SKED/Talon litter. The casualty is unconscious. All wounds have been treated. The casualty has no fractures and is breathing normally. The casualty has no wounds that require any special positioning. In order to pass this task, you must properly prepare the SKED/Talon litter, place the casualty onto the litter using an appropriate log roll, and secure the casualty to the litter without additional injury to the casualty. I/we/he/she/they can assist you. However, I/we/they are only allowed to perform according to the instructions that you give me/us/them. Provide instruction as needed and make sure I/we/they perform your instructions correctly. Begin.”

Task 7: Read scenario then fill out the simulated TCCC card for the casualty. The casualty’s TCCC card is in his left arm cargo pocket.

Task 8: Read scenario then fill out the MEDEVAC request worksheet. When complete, request evacuation using the proper opening statement. Wait for acknowledgement then continue with your simulated transmission until done.

Appendix C

Sample Testing Timeline

TASK	EQUIPMENT	TIME
Briefing/Admin		5 min
Scenario		5 min
Apply Emergency Trauma Dressing	CLS Kit Rescue Randy	5 min
Apply Tourniquet: One-handed or Two-handed	CLS Kit Rescue Randy	5 min
Insert Nasopharyngeal Airway	CLS Kit Airway Trainer	5 min
Treat an open chest wound	CLS Kit Rescue Randy	5 min
Perform needle chest decompression	CLS Kit ACTAR manikin	5 min
Prepare casualty for evac using a litter: SKED or Talon	Rescue Randy SKED or Talon	10 min
Initiate TCCC	TCCC on casualty	5 min
Request MEDEVAC	9-Line format	5 min
Review/AAR		5 min
	TOTAL	60 min

NAME _____ DATE _____

WRITTEN PERFORMANCE EVALUATION

LESSON 7: INITIATING A FIELD MEDICAL CARD

INSTRUCTIONS: Read the scenario below. Then fill out the Field Medical Card for the casualty using the simulated form that is provided for you.

SCENARIO

The casualty's name is Robert H. Jones. He is a sergeant (E-5) and an infantryman (MOS 11B) in the U.S. Army. His social security number is 487-29-9930 and he is a Protestant. He has suffered a serious wound to the front of his left thigh this morning (18 November 2009). You quickly applied an emergency trauma dressing, but it was not sufficient to control the bleeding. You then successfully applied a tourniquet at about 1045 and initiated an intravenous infusion with Hextend at about 1050. He is in pain, but alert.

You have been told to stay with the casualty until a combat medic arrives.

1. LAST NAME, FIRST NAME / NOM ET PRENOM		RANK/GRADE		MALE / HOMME	
SSN / NUMERO MATRICULE		SPECIALTY CODE / GPM		FEMALE / FEMME	
2. UNIT / UNITE		RELIGION / RELIGION			
FORCE / ELEMENT			NATIONALITY / NATIONALITÉ		
A/T	AF/A	N/M	MC/M		
BC / BC		NBC / NBC		DISEASE / MALADIE	
3. INJURY / BLESSURE				PSYCH/PSYCH	
FRONT / DEVANT		BACK / ARRIERE		AIRWAY / TRACHEE	
				HEAD / TETE	
				WOUND / BLESSURE	
				NECK/BACK INJURY / BLESSURE AU COU/AU DOS	
				BURN / BRULURE	
				AMPUTATION / AMPUTATION	
				STRESS / TENSION	
				OTHER (Specify) / AUTRE (Specifiez)	

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE					
ALERT / ALERTE		PAIN RESPONSE / REPOSE A LA DOULER			
VERBAL RESPONSE / REPOSE VEBALE		UNRESPONSIVE / SANS REPOSE			
5. PULSE / POULS		TIME / HEURE		6. TOURNIQUET / GARROT	
				<input type="checkbox"/> NO / NON <input type="checkbox"/> YES / OUI	
7. MORPHINE / MORPHINE		DOSE / DOSE		8. IV / IV	
<input type="checkbox"/> NO / NON <input type="checkbox"/> YES / OUI				TIME / HEURE	
9. TREATMENT/OBSERVATIONS/CURRENT MEDICATIONS/ALLERGIES/NBC (ANTIDOTE) TRAITEMENT/OBSERVATIONS/PRESENTE MEDICATION/ALLERGIES/ANTIDOTES					
10. DISPOSITION / DISPOSITION		RETURNED TO DUTY / RETOUR A L'UNITE		TIME / HEURE	
		EVACUATED / EVACUE			
		DECEASED / DECEDE			
11. PROVIDER/UNIT / OFFICIER MEDICALE/UNITE				DATE/DATE (YYMMDD)	

NAME _____ DATE _____

WRITTEN PERFORMANCE EVALUATION

LESSON 7: INITIATING A TACTICAL COMBAT CASUALTY CARE CARD

INSTRUCTIONS: Read the scenario below. Then fill out the simulated TCCC Card for the casualty on the following page.

SCENARIO

You locate an injured soldier on the battlefield at about 1040, 27 September 2010. The soldier previously moved himself to a safe location and is no longer exposed to enemy fire. He has suffered a gunshot wound to his right shoulder and no other injury. The wound is not an open chest wound and does not interfere with the casualty's respirations. The casualty states that he was wounded due to enemy action. You expose the entrance and exit wounds and applied an Emergency Dressing to both wounds (not a pressure dressing), which is controlling bleeding. You assist the casualty to a sitting up position with his back supported by a stone wall and administer the casualty's combat pill pack to him.

At 1050, you check the casualty's vital signs. His pulse rate is 80 beats per minute and his respiration rate is 24 respirations per minute. He is in pain, but is still alert.

You are now initiating a TCCC Card because the soldier does not have an initiated TCCC Card in his first aid kit. The casualty states that his name is PFC Thomas J. Smith and that he is an infantryman in the U.S. Army. He states that he does not have any allergies. The casualty will be transported to the battalion aid station without being examined by a combat medic.

INITIATE THE FOLLOWING SIMULATED TCCC CARD.

Note: Your standing operating procedure for initiating the TCCC Card states:

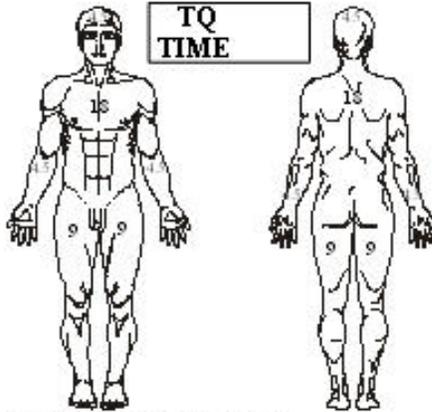
Record the administration of the combat pill pack in the "Other" line in the drugs section.

Record the application of an Emergency Dressing or First Aid Dressing to the trunk, neck, or head in the "notes" section.

Name/ID: _____

DTG: _____ ALLERGIES: _____

Friendly Unknown NBC



GSW BLAST MVA Other _____

TIME				
AVPU				
PULSE				
RESP				
BP				

DD FORM XXXX (Tactical Combat Casualty Care Card)

A: Intact Adjunct Cric Intubated

B: Chest Seal Needled Chest Tube

C: TQ Hemostatic Packed PressureDx
IV IO

FLUIDS: NS / LR 500 1000 1500

Hextend 500 1000

Other: _____

DRUGS (Type / Dose / Route):

PAIN

ABX

OTHER

Medic's Name _____

<i>TYPE OF INFORMATION</i>	<i>INFORMATION</i>	<i>TRANSMITTED REMARKS/ SPECIAL INSTRUCTION</i>
Location of Pickup Site	Line 1 Grid coordinates of pickup site	To preclude misunderstanding, a statement should be made that grid zone letters are included in the message.
Radio Frequency, Call Sign and Suffix	Line 2 Frequency of the radio at the pickup site Call sign and suffix	The call sign and suffix is that of the person to be contacted at the pickup site.
Number of Casualties by Precedence	Line 3 Number of casualties Brevity code	Brevity Codes: A (Urgent)--within 2 hours B (Urgent surgical)--within 2 hrs C (Priority)--within 4 hours D (Routine)--within 24 hours E (Convenience) If two or more categories must be reported in the same request, insert the proword BREAK between each category.
Special Equipment Required	Line 4 Brevity code	Brevity Codes: A (None) B (Hoist) C (Extraction equipment) D (Ventilator)
Number of Casualties by Type	Line 5 Number of casualties Brevity code	Brevity Codes: L (Litter) A (Ambulatory) If both types are included in the same request, insert the proword BREAK between the types.

<i>TYPE OF INFORMATION</i>	<i>INFORMATION</i>	<i>TRANSMITTED REMARKS/ SPECIAL INSTRUCTION</i>
Security of Pickup Site (wartime)	Line 6 Brevity code	Brevity Codes: N (No enemy troops in area) P (Possible enemy troops in area; approach with caution) E (Enemy troops in area; approach with caution) X (Enemy troops in area; armed escort required)
Methods of Marking Pickup Site	Line 7 Brevity code	Brevity Codes: A (Panels) B (Pyrotechnic signal) C (Smoke signal) D (None) E (Other)
Casualty Nationality and Status	Line 8 Brevity code	Brevity Codes: A (Military, US) B (Civilian, US) C (Military, non-US) D (Civilian, non-US) E (Enemy prisoner of war) The number of casualties in each category is not transmitted.
NBC Contamination (wartime)	Line 9 Brevity code	Brevity Codes: N (Nuclear) B (Biological) C (Chemical) This line is included only when applicable. Do not transmit line 9 if no chemical, biological, or radiation contamination is present.

**COMBAT LIFESAVER
STUDENT SUMMARY SHEET
RECERTIFICATION COURSE and
CHALLENGE**

Student's Name _____

	1st Try	2nd Try	3rd Try	Date Passed
Section I: Written Performance				
Lesson 7	Go/NoGo	Go/NoGo	Go/NoGo	
Lesson 8	Go/NoGo	Go/NoGo	Go/NoGo	
Section II: Performance Checklist				
Lesson 4 Part 1	Go/NoGo	Go/NoGo	Go/NoGo	
Lesson 4 Part 2	Go/NoGo	Go/NoGo	Go/NoGo	
Lesson 5 Part 1	Go/NoGo	Go/NoGo	Go/NoGo	
Lesson 5 Part 2	Go/NoGo	Go/NoGo	Go/NoGo	
Lesson 6 Part 1	Go/NoGo	Go/NoGo	Go/NoGo	
Lesson 6 Part 2	Go/NoGo	Go/NoGo	Go/NoGo	
Lesson 10	Go/NoGo	Go/NoGo	Go/NoGo	
OVERALL SCORE	GO / NOGO			

COMPOSITE RISK MANAGEMENT WORKSHEET

For use of this form, see FM 100-14; the proponent agency is TRADOC

1. MSN/TASK Combat Lifesaver Recertification		2a. DTG BEGIN 200906060700		2b. DTG END 200906061600		3. DATE PREPARED (YYYYMMDD) 20090502	
4. PREPARED BY							
a. LAST NAME AGUILAR, Ernest P.			b. RANK SFC		c. POSITION Course Manager		
5. SUBTASK	6. HAZARDS	7. INITIAL RISK LEVEL	8. CONTROLS	9. RESIDUAL RISK LEVEL	10. HOW TO IMPLEMENT	11. HOW TO SUPERVISE (WHO)	12. WAS CONTROL EFFECTIVE?
Movement to and from RTI	Inclement weather/civilian traffic	H	Adjust for conditions/drive defensively/fatigue management	L	Safety Briefing/emphasis on students who drive long distances	Course Manager/Guest Instructors	
Movement around RTI grounds and in classroom	Tripping hazards	M	Be aware of surroundings/safety cones placed around site to limit vehicle movement/power cords run along walls or under carpet	L	Safety Briefing	Course Manager/Guest Instructors	
Perform practical exercise tasks	Mishandling of simulated casualty	M	Perform task at a speed conducive with safe handling	L	Safety Briefing	Course Manager/Guest Instructors	
	Latex allergy	M	Provide latex-free substitute/identify students with latex allergy	L	Safety Briefing	Course Manager/Guest Instructors	
Performing Needle/chest decompression	Needlestick	M	"Muzzle awareness"/sharps containers	L	Brief students on proper needle etiquette and use of sharps container	Course Manager/Guest Instructors	
Perform CPR	Body fluid transfer	L	Proper disinfection/1:1 student to manikin ratio with no swapping of manikins	L	Brief students to keep track of his/her manikin	Course Manager/Guest Instructors	
LOW		MODERATE		HIGH		EXTREMELY HIGH	