DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

NAVMC 3500.84B
C 466
11 June 2018

NAVMC 3500.84B

From: Commandant of the Marine Corps
To: Distribution List

Subj: HEALTH SERVICES SUPPORT TRAINING AND READINESS MANUAL

Ref: (a) MCO P3500.72A
       (b) MCO 1553.3B
       (c) MCTP 8-10A
       (d) MCTP 8-10B
       (e) MCO 1553.2C

Encl: (1) HSS T&R Manual

1. Purpose. Per reference (a), this Training and Readiness (T&R) Manual, contained in enclosure (1), establishes training standards, regulations, and policies regarding the training of Marines and assigned Navy personnel in the Health Services occupational field.

2. Cancellation. NAVMC 3500.84A.

3. Scope

    a. Per reference (b), commanders will conduct an internal assessment of the unit's ability to execute its mission and develop long-, mid-, and short-range training plans to sustain proficiency and correct deficiencies. Training plans will incorporate these events to standardize training and provide objective assessment of progress toward attaining combat readiness. Commanders will keep records at the unit and individual levels to record training achievements, identify training gaps, and document objective assessments of readiness associated with training Marines and assigned Navy personnel. References (c) and (d) provide amplifying information for effective planning and management of training within the unit.

    b. Formal school and training detachment commanders will use references (a) and (e) to ensure programs of instruction meet skill training requirements established in this Manual and provide career-progression training in the events designated for initial training in the formal school environment.

4. Information. Commanding General (CG), Training and Education Command (TECOM) will update this T&R Manual as necessary to provide current and relevant training standards to commanders. All questions pertaining to the Marine Corps Ground T&R Program and Unit Training Management should be directed to: CG, TECOM, Marine Air Ground Task Force Training and Education Standards Division (C 466), 1019 Elliot Road, Quantico, Virginia 22134.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

5. Command. This Manual is applicable to the Marine Corps Total Force.

6. Certification. Reviewed and approved this date.

K. M. IIAMS
By direction

DISTRIBUTION: PCN 10031980500

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NAVMC 3500.84B Ch 2
PSD
21 Dec 22

NAVMC 3500.84B Ch 2

From: Commandant of the Marine Corps
To: Distribution List

Subj: HEALTH SERVICES SUPPORT TRAINING AND READINESS MANUAL

Ref: (a) NAVMC 3500.84B

Encl: (1) New Chapter 6 inserted to NAVMC 3500.84B

1. Situation. To transmit new Chapter 6 insert to the basic manual.

2. Mission. Chapter 6 details the individual training and readiness events that pertain to L03A, Field Medical Service Technician, Navy Enlisted Classification.

3. Execution. Remove Chapter 6 and replace with the corresponding enclosure.

4. Information. This Health Services Support Training and Readiness Manual revision is to create a better health services capability element of Force Design 2030 effort. This revision represents the work of subject matter experts from the formal schools and the Fleet Marine Force (FMF) to update and modernize the training continuum for L03A – Field Medical Service Technician at Field Medical Training Battalions and the FMF.

5. Filing Instructions. This Change Transmittal will be filed immediately following the signature page of the basic manual.

K. M. IIAMS
Commanding General
Training and Education Command
By direction

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DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

NAVMC 3500.84B Ch 1

From: Commandant of the Marine Corps
To: Distribution List

Subj: HEALTH SERVICES SUPPORT TRAINING AND READINESS MANUAL

Ref: (a) NAVMC 3500.84B

Encl: (1) New Chapter 6 inserted to NAVMC 3500.84B

1. Situation. To transmit new Chapter 6 insert to the basic manual.

2. Mission. Chapter 6 details the individual training and readiness events that pertain to L03A, Field Medical Service Technician, Navy Enlisted Classification.

3. Execution. Remove Chapter 6 and replace with the enclosure.

4. Information. This revision addresses the requirement to provide casualty care for extended periods (48-72 hours) of time when evacuation or mission requirements surpass available capabilities and/or capacity. Prolonged Casualty Care will support future operating concepts when Marines and Sailors find themselves in austere, remote, or expeditionary settings with finite medical supplies and equipment.

5. Filing Instructions. This Change Transmittal will be filed immediately following the signature page of the basic manual.

K. M. IIAMS
Commanding General
Training and Education
By direction

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LOCATOR SHEET

Subj: HEALTH SERVICES SUPPORT TRAINING AND READINESS MANUAL

Location: _____
           (Indicate location(s) of copy(ies) of this manual)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporating Change

HSS T&R MANUAL

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OVERVIEW

CHAPTER 1

OVERVIEW

1000. INTRODUCTION

1. The training and readiness (T&R) program is the Corps' primary tool for
planning, conducting and evaluating training, and assessing training
readiness. Subject matter experts (SME) from the Fleet Marine Force (FMF)
developed core capability mission essential task lists (METL) for ground
communities derived from the Marine Corps task list. This T&R Manual is
built around these METLs and other related Marine Corps tasks (MCT). All
events contained in this Manual relate directly to these METLs and MCTs.
This comprehensive T&R program will help to ensure the Marine Corps continues
to improve its combat readiness by training more efficiently and
effectively. Ultimately, this will enhance the Marine Corps' ability to
accomplish real-world missions.

2. This T&R Manual contains the collective and individual training
requirements to prepare units to accomplish their combat mission. This T&R
Manual is not intended to be an encyclopedia that contains every minute
detail of how to accomplish training. Instead, it identifies the minimum
standards that Marines must be able to perform in combat. This T&R Manual is
a fundamental tool for commanders to build and maintain unit combat
readiness. Using this tool, leaders can construct and execute an effective
training plan that supports the unit's METL. More detailed information on
the Marine Corps ground T&R program is found in reference (a).

3. This T&R Manual is designed for use by unit commanders to determine pre-
deployment training requirements in preparation for training and for formal
schools and training detachments to create programs of instruction. This
manual focuses on individual and collective tasks performed by FMF units and
supervised by personnel in the performance of unit mission essential task(s)
(MET).

1001. UNIT TRAINING

1. The training of Marines to perform as an integrated unit in combat lies
at the heart of the T&R program. Unit and individual readiness are directly
related. Individual training and the mastery of individual core skills serve
as the building blocks for unit combat readiness. A Marine's ability to
perform critical skills required in combat is essential.

2. Commanders will ensure that all training is focused on their combat
mission. Unit training should focus on achieving proficiency in the unit
METL. This T&R Manual is a tool to help develop the unit's training plan
based on the unit METL, as approved by their higher commander and reported in
the Defense Readiness Reporting System (DRRS). Training will support the
unit METL and be designed to meet T&R standards. Commanders at all levels
are responsible for effective combat training. The conduct of standards
based training consistent with Marine Corps T&R standards cannot be over
emphasized.

1002. UNIT TRAINING MANAGEMENT

1. Effective unit training management (UTM) focuses the overall organization on development of training plans based on the unit METL and standards-based community T&R events. This is accomplished in a manner that maximizes training results and focuses the training priorities of the unit in preparation for the conduct of its mission.

2. Unit training management techniques, described in reference MCO 1553.3_, MCTP 8-10A, and MCTP 8-10B provide commanders with the requisite tools and techniques to analyze, design, develop, implement, and evaluate the training of their unit. To maintain an efficient and effective training program, leaders at every level must understand and implement UTM.

1003. SUSTAINMENT AND EVALUATION OF TRAINING

1. Marines are expected to maintain proficiency in the training events for their military occupational specialty (MOS) at the appropriate grade or billet to which assigned. Leaders are responsible for recording the training achievements of their Marines. For collective or individual training events not executed and evaluated as part of the daily routine, leaders must ensure proficiency is sustained by requiring retraining of each event at or before expiration of the designated sustainment interval.

2. The evaluation of training is necessary to properly prepare Marines for combat. Evaluations are either formal or informal, and performed by members of the unit (internal evaluation) or from an external command (external evaluation). The purpose of formal and informal evaluation is to provide commanders with a process to determine a unit's/Marine's proficiency in the tasks that must be performed in combat. Informal evaluations are conducted during every training evolution. Formal evaluations are often scenario-based, focused on the unit's METs, based on collective training standards, and usually conducted during higher-level collective events.

3. Evaluation is a continuous process that is integral to training management and is conducted by leaders at every level and during all phases of planning and the conduct of training. To ensure training is efficient and effective, evaluation is an integral part of the training plan. Ultimately, leaders remain responsible for determining if the training was effective.

1004. ORGANIZATION

This Health Services Support T&R Manual is comprised of 10 chapters and 2 appendices. Chapter 1 is an overview of the Ground T&R Program. Chapter 2 lists the core METs/Marine Corps tasks supported by the Community, which are used as part of the DRRS. Chapter 3 contains collective events. Chapters 4 through 10 contain individual events specific to medical personnel, as noted. Appendix A contains acronyms and Appendix B contains terms and definitions.

1005. T&R EVENT CODING

1. <u>Event Code</u>. The event code is an up to 4-4-4 alphanumeric character set:

    a. First up to 4 characters indicate MOS or community (e.g., 0321, 1812 or INTL)

    b. Second up to 4 characters indicate functional or duty area (e.g. DEF, FSPT, MVMT, etc.)

    c. Third 4 characters indicate the unit size and supported unit, if applicable (1000 through 9000), and sequence. Figure 1-1 shows the relationship of unit size to event code. NOTE: The titles for the various echelons are for example only, and are not exclusive. For example: 4000-level events are appropriate for section-level events as noted, but also for squad-level events.

Collective Training Command Element	Collective Training Regiment/Group	Collective Training Battalion/Squadron
9000-level	8000-level	7000-level
Collective Training Company	Collective Training Platoon	Collective Training Squad
6000-level	5000-level	4000-level
Collective Training Team/Section/Crew	Individual Training Skills Progression MOJT, Advanced Level Schools (Core Plus Skills)	Individual Training Entry-Level Formal School Training (Core Skills)
3000-level	2000-level	1000-level

Figure. 1-1 T&R Event Levels

2. <u>Grouping</u>. Categorizing events with the use of a recognizable code makes the type of skill or capability being referenced fairly obvious. Examples include: PAT for patrolling events, DEF for events in the defense, FSPT for events related to fire support, etc. There is no special significance to the functional areas, but they should be intuitive to make it as easy as possible for the T&R user to find events. When organizing this T&R Manual, functional areas are alphabetized then the associated events are numbered. The events will be numbered based upon the introduction of each new functional area, allowing up to "999" events. For example: if there are seven administrative events 4431 occupational field (OccFld), then the events should start 4431-ADMN-1001 and run through 1007. Next, the bulk fuel events, BUFL should start at 4431-BUFL-1001.

3. <u>Sequencing</u>. A numerical code is assigned to each collective (3000-9000 level) or individual (1000-2000 level) training event. The first number identifies the size of the unit performing the event, as depicted in figure 1-1. Exception: Events that relate to staff planning, to conduct of a command operations center, or to staff level decision making processes will be numbered according to the level of the unit to which the staff belongs. For example: an infantry battalion staff conducting planning for an offensive attack would be labeled as INF-PLAN-7001 even though the entire battalion is not actively involved in the planning of the operation. T&R

event sequence numbers that begin with "9" are reserved for Marine air-ground task force (MAGTF) command element events. An example of event coding is displayed in figure 1-2.

Functional Area

MOS/Community--------> ####-**####**-**#**### <-1st event in sequence

Event level

Figure 1-2. T&R Event Coding

1006. T&R EVENT COMPOSITION

1. An event contained within a T&R manual is a collective or individual training standard. This section explains each of the components that make up the T&R event. These items will be included in all of the events in each T&R manual. Community-based T&R manuals may have several additional components not found in unit-based T&R manuals. The event condition, event title (behavior) and event standard should be read together as a grammatical sentence.

2. An example of a collective T&R event is provided in figure 1-3 and an example of an individual T&R event is provided in figure 1-4. Events shown in figures are for illustrative purposes only and are not actual T&R events.

XXXX-XXXX-####: Provide interior guard

SUPPORTED MET(S): MCT #.#.#

EVALUATION CODED: YES/NO   SUSTAINMENT INTERVAL: 12 months

DESCRIPTION: Text

CONDITION: Text

STANDARD: Text

EVENT COMPONENTS:
1. Event component.
2. Event component.
3. Event component.

REFERENCES:
1. Reference
2. Reference
3. Reference

PREREQUISITE EVENTS:
XXXX-XXXX-####   XXXX-XXXX-####

INTERNAL SUPPORTED:
XXXX-XXXX-####   XXXX-XXXX-####

INTERNAL SUPPORTING:

```
XXXX-XXXX-####             XXXX-XXXX-####

SUPPORT REQUIREMENTS:

  EQUIPMENT:  XXX

MISCELLANEOUS:  XXX

  ADMINISTRATIVE INSTRUCTIONS:  XXX
```

Figure 1-3. Example of a Collective T&R Event

```
XXXX-XXXX-####:  Stand a sentry post

EVALUATION CODED:  NO            SUSTAINMENT INTERVAL:  12 months

DESCRIPTION:  Text

MOS PERFORMING:  ####, ####

INITIAL TRAINING SETTING:  XXX

CONDITION:  Text

STANDARD:  Text

PERFORMANCE STEPS:
1.  Event component.
2.  Event component.
3.  Event component.

REFERENCES:
1.  Reference
2.  Reference
3.  Reference

PREREQUISITE EVENTS:
XXXX-XXXX-####             XXXX-XXXX-####

INTERNAL SUPPORTED:
XXXX-XXXX-####             XXXX-XXXX-####

INTERNAL SUPPORTING:
XXXX-XXXX-####             XXXX-XXXX-####

SUPPORT REQUIREMENTS:

  EQUIPMENT:  XXX

MISCELLANEOUS:  XXX

  ADMINISTRATIVE INSTRUCTIONS:  XXX
```

Figure 1-4. Example of an Individual Event

1. <u>Event Code</u>. The event code is explained in paragraph 1005.

2. <u>Title</u>. The name of the event. The event title contains one action verb and one object.

3. <u>Evaluation-Coded (E-Coded)</u>. Collective events categorize the capabilities that a given unit may be expected to perform. There are some collective events that the Marine Corps has determined that a unit MUST be able to perform, if that unit is to be considered fully ready for operations. These E-Coded events represent the irreducible minimum or the floor of readiness for a unit. These E-Coded events are derived from the training measures of effectiveness (MOE) for the METs for units that must report readiness in DRRS. It would seem intuitive that most E-Coded events would be for battalion sized units and higher since those are the units that report in DRRS. However, if the Marine Corps has determined that the readiness of a subordinate, supporting unit to accomplish a particular collective event is vital to the accomplishment of the supported unit's MET, then that lower echelon collective event is E-Coded.

4. <u>Supported MET(s)</u>. List all METs that are supported by the training event in the judgment of the OccFld drafting the T&R manual, even if those events are not listed as MOE in a MET.

5. <u>Sustainment Interval</u>. It is critical to understand the intent of the sustainment interval so training time is not wasted with duplicated training. Sustainment interval is expressed in number of months. Most individual T&R events and many lower level collective events are never out of sustainment because they are either part of a Marine's daily routine, or are frequently executed within the sustainment interval. Sustainment interval is relevant when an individual or collective event is not observed and evaluated within the sustainment period, has atrophied, and therefore retraining and evaluation is required.

6. <u>Billet/MOS</u>. Each individual training event will contain a billet code and/or MOS that designates who is responsible for performing that event and any corresponding formal course required for that billet. Each commander has the flexibility to shift responsibilities based on the organization of his command. These codes are based on recommendations from the collective subject matter expertise that developed this manual and are listed for each event.

7. <u>Grade</u>. The grade field indicates the rank at which Marines are required to complete the event.

8. <u>Description</u>. This field allows T&R developers to include an explanation of event purpose, objectives, goals, and requirements. It is a general description of an action requiring learned skills and knowledge, i.e., engage fixed target with crew-served weapons. This is an optional field for individual events but is required for collective events. This field can be of great value guiding a formal school or FMF unit trying to discern the intent behind an event that might not be readily apparent.

9. <u>Condition</u>. Condition refers to the constraints that may affect event performance in a real-world environment. It indicates what is provided (equipment, tools, materials, manuals, aids, etc.), environmental constraints or conditions under which the task is to be performed, and any specific cues or indicators to which the performer must respond. Commanders can modify the conditions of the event to best prepare their Marines to accomplish the assigned mission (e.g. in a desert environment; in a mountain environment;

etc.). When resources or safety requirements limit the conditions, this should be stated. The content of the condition should be included in the event on a "by exception" basis. If there exists an assumption regarding the conditions under which all or most of the events in the manual will be performed, then only those additional or exceptional items required should be listed in the condition. The common conditions under which all the events in a chapter will be executed will be listed as a separate paragraph at the beginning of the chapter.

10. <u>Standard</u>. The performance standard indicates the basis for judging the effectiveness of the performance. It consists of a carefully worded statement that identifies the proficiency level expected when the task is performed. The standard provides the minimum acceptable performance parameters and must be strictly adhered to. The standard for collective events will likely be general, describing the desired end-state or purpose of the event. The standard for individual events will be objective, quantifiable, and readily observable. Standards will more specifically describe to what proficiency level, specified in terms of accuracy, completeness, time required, and sequencing the event is to be accomplished. These guidelines can be summarized in the acronym "ACTS" (Accuracy Completeness Time Sequence). In no cases will "per the reference" or "per/in accordance with commander's intent" be used as a stand-alone standard.

11. <u>Event Components/Performance Steps</u>. Description of the actions that the event is composed of, or a list of subordinate, included T&R event and event descriptions. The event components help the user determine what must be accomplished and the proper sequence of execution of subordinate events. Event components are used for collective events; performance steps are used for individual events.

    a. The event components and performance steps will be consciously written so that they may be employed as performance evaluation check lists by the FMF. They must be sequenced to demonstrate the building block approach to training.

    b. Event components may be events one individual in the unit performs, events that small groups in the unit perform, or events involving the entire unit.

12. <u>Chained Events</u>. Enables unit leaders to effectively identify prerequisite, supporting, and supported events that ultimately support MCTs/METs. Supported events are chained to supporting events to enable the accomplishment of the supported event to standard and therefore are considered "chained". The completion of identified supported events can be utilized to update sustainment interval credit for supporting events, based on the assessment of the commander.

13. <u>Prerequisite Events</u>. Prerequisites are academic training or other T&R events that must be completed prior to attempting the task. They are lower-level events or tasks that give the individual/unit the skills required to accomplish the event. They can also be planning steps, administrative requirements, or specific parameters that build toward mission accomplishment.

14. <u>Supported Event</u>. An event whose performance is inherently supported by the performance of one or more supporting events. A supported event will be classified as internal supported if it has been developed specifically for

the community. A supported event that has been chained to an event from an external community T&R will be classified as external supported.

15. <u>Supporting Event</u>. An event whose performance inherently supports the performance of a supported event. A supporting event will be classified as internal supporting if it has been developed specifically for the community. A supporting event that has been chained to a community event from an external community T&R will be classified as external supporting.

16. <u>Initial Training Setting</u>. All individual events will designate the setting at which the skill is first taught, either formally, managed on the job training (MOJT) within the FMF, or via a distance learning product (DL).

17. <u>References</u>. The training references shall be utilized to determine task performance steps. They assist the trainee in satisfying the performance standards, or the trainer in evaluating the effectiveness of task completion. T&R manuals are designed to be a training outline, not to replicate or replace doctrinal publications, reference publications or technical manuals. References are key to developing detailed lesson plans, determining grading criteria, and ensuring standardization of training. For individual events only one authoritative reference is required.

18. <u>Distance Learning Products</u>. Distance learning products include: Individual multimedia instruction, computer-based training, MarineNet, etc. This notation is included when, in the opinion of the T&R manual group charter in consultation with the MAGTF T&R Standards Division representative, the event can be taught via one of these media vice attending a formal course of instruction or receiving MOJT.

19. <u>Support Requirements</u>. This is a list of the external and internal support the unit and Marines will need to complete the event. This is a key section in the overall T&R effort, as resources will eventually be tied directly to the training towards METS. Future efforts to attain and allocate resources will be based on the requirements outlined in the T&R manual. The list includes, but is not limited to:

  • Range(s)/Training Area
  • Ordnance
  • Equipment
  • Materials
  • Other Units/Personnel

The ordnance requirements for one year of training for the events in the T&R will be aggregated into a table contained in an appendix to the T&R. The task analyst and the OccFld representatives will be careful not to "double count" ammunition that might be employed in the performance of collective and individual events that are chained.

20. <u>Suitability of Simulation/Simulators/DL products</u>. The following "Suitability and Sequence" codes listed in figure 1-5 have been developed to communicate characteristics for employing simulations during training. Units of measure have been assigned based on the amount of time it takes a Marine or unit to train to task utilizing a particular simulator. Suitability and sequence codes are captured in the event title in a parenthetical remark, as well as within the simulation field of the T&R event. The simulation field

also identifies the type of simulation, units of measure, and any other pertinent information.

Code	Requirement
L	The event can only be trained to standard in a Live environment. Any event assessed as "NO" for Simulatable was coded "L."
P	The event must be performed to standard in simulator as a PREREQUISITE to live fire qualification as per current doctrine, policy, or T&R manual.
S/L	Event must be trained to standard in simulation then live unless simulation capacity is not available, then live only training is appropriate.
L/S	Event must be trained to standard in a live environment then simulation unless simulation capacity is not available, then live only training is appropriate.
S	Event can ONLY be conducted to standard and qualification in simulator.

Figure 1-5. Suitability and sequence codes

a. Training simulation capabilities offer an opportunity to build and sustain proficiency while achieving and/or maintaining certain economies. Commanders should take into consideration simulation tools as a matter of course when designing training.

b. Simulation Terms:

(1) Simulation: A model of a system animated discretely or continuously over a period of time. A simulation may be closed-loop (i.e., it executes based in initial inputs without human intervention), or it may be open-loop (i.e., human input to alter the variables in the system during execution is allowed). A simulation is an approximation of how the modeled system will behave over time. Simulations are constructed based on verified and validated mathematical models of actual systems. Simulations can be very simple or complex depending on the degree of fidelity and resolution needed to understand the behavior of a system.

(2) Simulator: A simulator is the physical apparatus employed as the interface for humans to interact with a model or observe its output. A simulator has input controls and outputs in the form of human sensory stimuli (visual, auditory, olfactory, tactile/haptic, and taste). For instance, some of the features of the vehicle cab (the seat, steering wheel, turn signals, accelerator pedal, brakes, and windshield) and projection screen. Both the vehicle cab and projection screen are the interface by which a human being interacts with the simulated environment of a driving a vehicle and observe the outputs of the mathematical models of vehicle dynamics.

(3) Model: A mathematical representation of the behavior (i.e., shows the behavior of projectiles, combat simulations, etc.) of a system at a distinct point in time.

(4) Live: Real people operates real systems to include both live people operating real platforms or systems on a training range and battle staffs from joint, component or service tactical headquarters using real world command and control systems.

(5) Virtual: Real people operating simulated systems. Virtual simulations inject humans-in-the-loop in a central role by exercising motor control skills (e.g., flying an air platform simulator, engaging targets in indoor simulated marksmanship trainer), decision skills, and/or communication skills.

(6) Constructive: Models and simulations that involve simulated people operating simulated systems (i.e., MAGTF Tactical Warfare Simulation). Real people make inputs to such simulations, but are not involved in determining the outcomes.

(7) Live, Virtual and Constructive (LVC) Training Environment: Defined by combining any of the three training domains LVC to create a common operational environment, by which units can interact across LVC domains as though they are physically located in the same operational environment.

(8) Distance Learning: Any instruction and evaluation provided through a variety of DL delivery systems (i.e., MarineNet) where the students and instructors are separated by time and/or location.

c. Figure 1-6 depicts an event title with simulation code and simulation and/or simulators that can be used, as displayed within a T&R event.

XXXX-XXX-XXXX: Call for indirect fire using the grid method (L/S)

SUPPORT REQUIREMENTS:

SIMULATION EVALUATION:

SIMULATED	**SUITABILITY**	**SIMULATOR**	**UNIT OF MEASURE**	**HOURS**	**PM**
Yes	L/S	ODS	Marine Hours	12	Y

Figure 1-6. Example of simulation/simulators displayed within a T&R event

21. Miscellaneous

a. This field provides space for any additional information that will assist in the planning and execution of the event. Units and formal learning centers are cautioned not to disregard this information or to consider the information of lesser importance than what is contained in other parts of the T&R event. Miscellaneous fields provide an opportunity for the drafters of the T&R event to communicate vital information that might not fit neatly into any other available field. The list may include, but is not limited to:

- Admin Instructions
- Special Personnel Certifications
- Equipment Operating Hours
- Road Miles

1007. COMBAT READINESS PERCENTAGE (CRP)

1. The Marine Corps ground T&R program includes processes to assess readiness of units and individual Marines. Every unit in the Marine Corps maintains a basic level of readiness based on the training and experience of the Marines in the unit. Even units that never trained together are capable

of accomplishing some portion of their missions. Combat readiness assessment does not associate a quantitative value for this baseline of readiness, but uses a "Combat Readiness Percentage" as a method to provide a concise descriptor of the recent training accomplishments of units and Marines.

2. Combat readiness percentage is the percentage of required training events that a unit or Marine accomplishes within specified sustainment intervals.

3. Unit combat readiness is assessed as a percentage of the successfully completed and current (within sustainment interval) key training events called E-Coded Events. E-Coded events and unit CRP calculation are described in follow-on paragraphs. The CRP achieved through the completion of E-Coded Events is directly relevant to readiness assessment in DRRS.

1008. CRP CALCULATION

1. Collective training begins at the 3000-level (team, crew, or equivalent). Unit training plans are designed to accomplish the events that support the unit METL while simultaneously sustaining proficiency in individual core skills. E-Coded collective events are the only events that contribute to unit CRP. This is done to assist commanders in prioritizing the training toward the METL, taking into account resource, time, and personnel constraints.

2. Unit CRP increases after the completion of E-Coded events. The number of E-Coded events for the MET determines the value of each E-Coded event. For example, if there are 4 E-Coded events for a MET, each is worth 25% of MET CRP. The MET CRP is calculated by adding the percentage of each completed and current (within sustainment interval) E-Coded training event. The percentage for each MET is calculated the same way and all are added together and divided by the number of METS to determine unit CRP. For ease of calculation, we will say that each MET has four E-Coded events, each contributing 25% towards the completion of the MET. If the unit has completed and is current on three of the four E-Coded events for a given MET, then they have completed 75% of the MET. The CRP for each MET is added together and divided by the number of METS to get unit CRP; unit CRP is the average of MET CRP.

For Example:

    MET 1: 75% complete (3 of 4 E-Coded events trained)
    MET 2: 100% complete (6 of 6 E-Coded events trained)
    MET 3: 25% complete (1 of 4 E-Coded events trained)
    MET 4: 50% complete (2 of 4 E-Coded events trained)
    MET 5: 75% complete (3 of 4 E-Coded events trained)

To get unit CRP, simply add the CRP for each MET and divide by the number of METS:

    MET CRP: 75 + 100 + 25 + 50 + 75 = 325

    Unit CRP: 325 (total MET CRP)/5 (total number of METS) = 65%

3. Combat readiness percentage is a valuable tool to assist commanders in readiness reporting by providing objective data to support and inform their subjective assessment.

1009. CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR TRAINING

1. All personnel assigned to the FMF must be trained in chemical, biological, radiological, and nuclear (CBRN) defense in order to survive and continue their mission in this environment. Individual proficiency standards are defined as survival and basic operating standards. Survival standards are those that the individual must master in order to survive CBRN attacks. Basic operating standards are those that the individual, and collectively the unit, must perform to continue operations in a CBRN environment.

2. In order to develop and maintain the ability to operate in a CBRN environment, CBRN training is an integral part of the training plan and events in this T&R Manual. Units should train under CBRN conditions whenever possible. Per reference (c), all units must be capable of accomplishing their assigned mission in a contaminated environment.

1010. NIGHT TRAINING

1. While it is understood that all personnel and units of the FMF are capable of performing their assigned mission in "every clime and place, "current doctrine emphasizes the requirement to perform assigned missions at night and during periods of limited visibility. Basic skills are significantly more difficult when visibility is limited.

2. To ensure units are capable of accomplishing their mission they must train under the conditions of limited visibility. Units should strive to conduct all events in this T&R Manual during both day and night/limited visibility conditions. When there is limited training time available, night training should take precedence over daylight training, contingent on the availability of equipment and personnel.

1011. RISK MANAGEMENT (RM)

1. Risk management is a process that enables commanders to plan for and minimize risk while still accomplishing the mission. It is a tool to aid decision making used by Marines at all levels to increase effectiveness by anticipating hazards and reducing the potential for loss, thereby increasing the probability of success. Risk management minimizes risks to acceptable levels, commensurate with mission accomplishment.

2. All leaders and Marines will integrate RM in the planning process and implement hazard controls to reduce risk to acceptable levels. Applying the RM process will reduce mishaps, injuries, and damage they cause, thereby increasing both individual performance and unit readiness. Risk management assists the commander in avoiding unnecessary risk, determining the balance between training realism and unnecessary risks in training, making an informed decision to implement a course of action, identifying feasible and effective control measures, adjusting training plans to fit the level of proficiency and experience of Marines/Sailors, and providing reasonable alternatives for mission accomplishment.

3. Specifically, commanders are required to implement and document deliberate RM in the planning and execution of all training evolutions and

activities. Furthermore, the authority to approve or accept risk assessment code (RAC) 1 or 2 hazards will not be delegated below lieutenant colonel (O5). Further guidance for RM is found in Marine Corps Order 3500.27_.

1012. IMPROVISED EXPLOSIVE TRAINING

1. Improvised explosive device (IED) threat impacts all elements of the MAGTF and all Marines regardless of MOS, location, or operational environment. The ability to effectively operate and survive in environments with an IED threat is critical to force protection, maintaining combat effectiveness, and mission accomplishment.

2. Per Marine Corps policy on organizing, training, and equipping for operations in an IED environment (MCO 3502.9), Marines must be capable of not only accomplishing their assigned mission, but also accomplishing their mission in environments with an IED threat. Counter-improvised explosive device (C-IED) training must be integrated into the unit training plan in order-to ensure personnel assigned to the FMF train and maintain proficiency in C-IED tactics, techniques, and procedures.

CHAPTER 2

HEALTH SERVICES MISSION ESSENTIAL TASKS MATRIX

HSS T&R MANUAL

CHAPTER 2

HEALTH SERVICES MISSION ESSENTIAL TASKS MATRIX

2000. MEDICAL BATTALION CORE MISSION ESSENTIAL TASK LIST (METL)

The Medical Battalion METL Table lists the Standardized Core Mission
Essential Tasks (MET), derived from the Marine Corps Task List (MCTL), for
the Medical Battalions. This METL is used for readiness reporting in the
Defense Readiness Reporting System (DRRS).

MCT 1.1.2	Provide Task-Organized Forces
MCT 1.12.2	Support Amphibious Operations
MCT 4.5.3	Conduct Casualty Treatment
MCT 4.5.4	Conduct Temporary Casualty Holding
MCT 4.5.5	Conduct Casualty Evacuation
MCT 4.5.8	Conduct Medical Regulating

2001. MEDICAL BATTALION CORE MISSION ESSENTIAL TASKS

The Medical Battalion Mission Essential Task Matrix contains the METs
identified in the Medical Battalion METL. The Medical Battalion MET matrix
includes the designated MET number and supporting collective events.

MCT 1.1.2 Provide Forces	
HSS-OPS-5001	Conduct combat operations center (COC) functions
HSS-OPS-6001	Conduct combat operations center (COC) functions
HSS-OPS-6002	Provide role 2 command and control
HSS-OPS-7001	Conduct combat operations center (COC) functions
HSS-OPS-7002	Conduct planning for Defense Support to Civil Authorities (DSCA)
HSS-PLAN-6001	Plan for operations
HSS-PLAN-7001	Conduct planning
HSS-SVCS-4001	Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4002	Establish a role 1 facility
HSS-SVCS-4003	Establish aid station
HSS-SVCS-4004	Provide damage control resuscitation
HSS-SVCS-5001	Establish role 2 health services support capability
HSS-SVCS-6001	Establish role 2 health services support capability
MCT 1.12.2 Support Amphibious Operations	
HSS-OPS-5001	Conduct combat operations center (COC) functions
HSS-OPS-6001	Conduct combat operations center (COC) functions
HSS-OPS-6002	Provide role 2 command and control
HSS-OPS-7001	Conduct combat operations center (COC) functions
HSS-OPS-7002	Conduct planning for Defense Support to Civil Authorities (DSCA)
HSS-PLAN-6001	Plan for operations
HSS-PLAN-7001	Conduct planning
HSS-SVCS-4001	Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4002	Establish a role 1 facility
HSS-SVCS-4003	Establish aid station
HSS-SVCS-4004	Provide damage control resuscitation

HSS-SVCS-5001	Establish role 2 health services support capability
HSS-SVCS-6001	Establish role 2 health services support capability
MCT 4.5.3 Conduct Casualty Treatment	
HSS-OPS-7002	Conduct planning for Defense Support to Civil Authorities (DSCA)
HSS-SVCS-3001	Receive casualties
HSS-SVCS-3002	Manage a mass casualty
HSS-SVCS-3003	Conduct casualty holding
HSS-SVCS-4001	Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4002	Establish a role 1 facility
HSS-SVCS-4003	Establish aid station
HSS-SVCS-4004	Provide damage control resuscitation
HSS-SVCS-4005	Coordinate patient movement
HSS-SVCS-5001	Establish role 2 health services support capability
HSS-SVCS-6001	Establish role 2 health services support capability
MCT 4.5.4 Conduct Temporary Casualty Holding	
HSS-OPS-5001	Conduct combat operations center (COC) functions
HSS-OPS-6001	Conduct combat operations center (COC) functions
HSS-OPS-7001	Conduct combat operations center (COC) functions
HSS-OPS-7002	Conduct planning for Defense Support to Civil Authorities (DSCA)
HSS-SVCS-3001	Receive casualties
HSS-SVCS-3002	Manage a mass casualty
HSS-SVCS-3003	Conduct casualty holding
HSS-SVCS-4001	Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4002	Establish a role 1 facility
HSS-SVCS-4003	Establish aid station
HSS-SVCS-4004	Provide damage control resuscitation
HSS-SVCS-5001	Establish role 2 health services support capability
HSS-SVCS-6001	Establish role 2 health services support capability
MCT 4.5.5 Conduct Casualty Evacuation	
HSS-OPS-5001	Conduct combat operations center (COC) functions
HSS-OPS-6001	Conduct combat operations center (COC) functions
HSS-OPS-7001	Conduct combat operations center (COC) functions
HSS-OPS-7002	Conduct planning for Defense Support to Civil Authorities (DSCA)
HSS-PLAN-6001	Plan for operations
HSS-PLAN-7001	Conduct planning
HSS-SVCS-3001	Receive casualties
HSS-SVCS-3002	Manage a mass casualty
HSS-SVCS-3003	Conduct casualty holding
HSS-SVCS-3004	Conduct casualty evacuation
HSS-SVCS-4001	Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4002	Establish a role 1 facility
HSS-SVCS-4003	Establish aid station
HSS-SVCS-4004	Provide damage control resuscitation
HSS-SVCS-4005	Coordinate patient movement
HSS-SVCS-5001	Establish role 2 health services support capability
HSS-SVCS-6001	Establish role 2 health services support capability
MCT 4.5.8 Conduct Medical Regulating	
HSS-OPS-5001	Conduct combat operations center (COC) functions
HSS-OPS-6001	Conduct combat operations center (COC) functions
HSS-OPS-7001	Conduct combat operations center (COC) functions
HSS-OPS-7002	Conduct planning for Defense Support to Civil Authorities

	(DSCA)
HSS-SVCS-3001	Receive casualties
HSS-SVCS-3002	Manage a mass casualty
HSS-SVCS-3003	Conduct casualty holding
HSS-SVCS-3004	Conduct casualty evacuation
HSS-SVCS-4001	Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4002	Establish a role 1 facility
HSS-SVCS-4003	Establish aid station
HSS-SVCS-4004	Provide damage control resuscitation
HSS-SVCS-4005	Coordinate patient movement
HSS-SVCS-5001	Establish role 2 health services support capability
HSS-SVCS-6001	Establish role 2 health services support capability

2002. DENTAL BATTALION CORE MISSION ESSENTIAL TASK LIST (METL)

The Dental Battalion METL Table lists the Standardized Core Mission Essential Tasks (MET), derived from the Marine Corps Task List (MCTL), for the Dental Battalions. This METL is used for readiness reporting in the Defense Readiness Reporting System (DRRS).

MCT 1.1.2	Provide Task-Organized Forces
MCT 4.5.3.1	Conduct Casualty Triage
MCT 4.5.7.2	Maintain Dental Health Readiness
MCT 4.5.7.3	Provide Emergency Dental Services

2003. DENTAL BATTALION CORE MISSION ESSENTIAL TASKS

The Dental Battalion Mission Essential Task Matrix contains the METs identified in the Dental Battalion METL. The Dental Battalion MET matrix includes the designated MET number and supporting collective events.

MCT 1.1.2 Provide Forces	
HSS-DENT-3001	Provide dental services
HSS-DENT-3002	Perform emergency dental treatment
HSS-DENT-3003	Establish a dental facility
HSS-DENT-3004	Support a mass casualty
MCT 4.5.3.1 Conduct Casualty Triage	
HSS-DENT-3004	Support a mass casualty
MCT 4.5.7.2 Maintain Dental Health Readiness	
HSS-DENT-3001	Provide dental services
HSS-DENT-3002	Perform emergency dental treatment
HSS-DENT-3003	Establish a dental facility
MCT 4.5.7.3 Provide Emergency Dental Services	
HSS-DENT-3001	Provide dental services
HSS-DENT-3002	Perform emergency dental treatment
HSS-DENT-3003	Establish a dental facility

2004. DENTAL BATTALION CORE PLUS MISSION ESSENTIAL TASK LIST (METL). The Dental Battalion METL Table lists the Core Plus Mission Essential Tasks (MET), derived from the Marine Corps Task List (MCTL), for the Dental Battalions.

MCT 1.12.2	Support Amphibious Operations

2005. DENTAL BATTALION CORE PLUS MISSION ESSENTIAL TASKS
The Dental Battalion Core Plus Mission Essential Task Matrix contains the
METs identified in the Dental Battalion Core Plus METL. The MET matrix
includes the designated MET number and supporting collective events.

MCT 1.12.2 Support Amphibious Operations	
HSS-DENT-3001	Provide dental services
HSS-DENT-3002	Perform emergency dental treatment
HSS-DENT-3003	Establish a dental facility
HSS-DENT-3004	Support a mass casualty

CHAPTER 3

COLLECTIVE EVENTS

HSS T&R MANUAL

CHAPTER 3

COLLECTIVE EVENTS

3000. PURPOSE. Chapter 3 contains collective training events for the Health Services Support community.

3001. EVENT CODING

Events in this T&R Manual are depicted with an up to 12-character, 3-field alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the following methodology:

    a. Field one. This field represents the community. This chapter contains the following community codes:

Code	Description
HSS	Health Services Support

    b. Field two. This field represents the functional/duty area. This chapter contains the following functional/duty areas:

Code	Description
DENT	Dental
OPS	Operations
PLAN	Planning
SVCS	Services-HSS

    c. Field three. This field provides the level at which the event is accomplished and numerical sequencing of events. This chapter contains the following event levels:

Code	Description
7000	Battalion Level
6000	Company Level
5000	Platoon Level
4000	Squad/Section
3000	Crew/Team

3002. INDEX OF MEDICAL COLLECTIVE EVENTS

Event Code	E-Coded	Event	Page
7000 Level Events			
HSS-OPS-7001	YES	Conduct combat operations center (COC) functions	3-3
HSS-OPS-7002	YES	Conduct planning for Defense Support to Civil Authorities (DSCA)	3-4
HSS-PLAN-7001	YES	Conduct planning	3-5
6000 Level Events			

HSS-OPS-6001	YES	Conduct combat operations center (COC) functions	3-6
HSS-OPS-6002	YES	Provide role 2 command and control	3-7
HSS-PLAN-6001	YES	Plan for operations	3-8
HSS-SVCS-6001	YES	Establish role 2 health services support capability	3-8
5000 Level Events			
HSS-OPS-5001	YES	Conduct combat operations center (COC) functions	3-9
HSS-SVCS-5001	YES	Establish role 2 health services support capability	3-10
4000 Level Events			
HSS-SVCS-4001	YES	Provide role 2 health services support (HSS) capabilities	3-11
HSS-SVCS-4002	YES	Establish a role 1 facility	3-12
HSS-SVCS-4003	YES	Establish aid station	3-12
HSS-SVCS-4004	YES	Provide damage control resuscitation	3-13
HSS-SVCS-4005	YES	Coordinate patient movement	3-14
3000 Level Events			
HSS-SVCS-3001	YES	Receive casualties	3-15
HSS-SVCS-3002	YES	Manage a mass casualty	3-16
HSS-SVCS-3003	YES	Conduct casualty holding	3-17
HSS-SVCS-3004	YES	Conduct casualty evacuation	3-18

3003. MEDICAL COLLECTIVE EVENTS

HSS-OPS-7001: Conduct combat operations center (COC) functions

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The COC is the location where the aggregation and dissemination of information provides the Commander and staff with situational awareness, thus facilitating the decision making process.

CONDITION: Given an operations order, current unit TO&E and battle staff, communication assets and C2 systems.

STANDARD: To continuously integrate all necessary systems, personnel and processes IAW prescribed doctrine.

EVENT COMPONENTS:
1. Organize battle staff.
2. Establish COC.
3. Maintain battle rhythm.
4. Coordinate movement of forces.
5. Execute Information Management procedures.

6. Conduct battle drills.
7. Maintain communications with higher, adjacent, subordinate, and supporting units.
8. Maintain common operational picture.
9. Synchronize staff section operations.

REFERENCES:
1. DCOCSOP Digital COC SOP for Battalion Operations in Irregular Warfare
2. MCDP 1-0 Marine Corps Operations
3. MCRP 3-40A.5 Health Service Support Field Reference Guide
4. MCWP 2-10 Intelligence Operations
5. MCWP 3-10 MAGTF Ground Operations
6. MCWP 3-40 Logistics Operations
7. MCWP 6-2 MAGTF Command and Control Operations

CHAINED EVENTS:

INTERNAL SUPPORTING EVENTS:
HSS-OPS-6001 Conduct combat operations center (COC) functions
HSS-PLAN-6001 Plan for operations
HSS-SVCS-6001 Establish role 2 health services support capability

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HSS-OPS-7002: Conduct planning for Defense Support to Civil Authorities (DSCA)

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: HSS must be capable of integrating with and operating in DSCA within the National Incident Management System (NIMS) and adhere to Federal Emergency Management Agency training requirements. For additional guidance, contact CBIRF.

CONDITION: Given a MAGTF, Joint, Combined, and/or Interagency environment, a higher headquarters operations order, and commander's guidance.

STANDARD: To achieve unity of effort and incorporate all sourced capabilities within the NIMS.

EVENT COMPONENTS:
1. Establish communications with Incident Command System authorities.
2. Integrate staff battle rhythms in support of Incident Command System.
3. Receive Incident Action Plan from Incident Commander.
4. Execute missions in support of Incident Commander Objectives.

REFERENCES:

1. CTSOP CBIRF Tactical SOP
2. JP 3-08 Interorganizational Cooperation
3. NRF National Response Framework

CHAINED EVENTS:

   INTERNAL SUPPORTING EVENTS:
   HSS-PLAN-6001 Plan for operations

HSS-PLAN-7001: Conduct planning

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.5 Conduct Casualty Evacuation

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: This process, in an operational and non-operational environment, that develops an order/plan to direct actions and focuses subordinate activities towards accomplishing the mission. The purpose of this plan is to communicate the Commander's intent, guidance, and tasks in a clear, useful form that is easily understood by those who must execute the mission with the default being deliberate planning by using the Marine Corps Planning Process (MCPP). Depending upon time, type of unit, environment, and situation, the unit may decide to utilize other planning methods (Rapid Response Planning Process (R2P2)) or modify the planning process. For the purposes of measuring capability, the standard of MCPP will be utilized for measuring readiness of core tasks.

CONDITION: Given Commander's Guidance, higher headquarters operations order/plan, and required principal and special staff.

STANDARD: To issue a timely and complete operations order that satisfies the Commander's intent with annexes, appendices, and tabs per MCWP 5-1 Appendix K IAW prescribed doctrine.

EVENT COMPONENTS:
1.   Determine time available.
2.   Establish timeline for planning and preparation.
3.   Conduct Operational Planning Team.
4.   Conduct problem framing.
5.   Coordinate planning with higher, adjacent, subordinate, and supporting units.
6.   Issue warning order to subordinate and supporting units.
7.   Conduct course of action (COA) development.
8.   Conduct COA war gaming.
9.   Conduct COA comparison and decision.
10. Develop order.
11. Transition from planning to execution (at a minimum with the CONOPS brief).
12. Implement feedback mechanisms.

REFERENCES:
1. Atn Handbook AtN handbook
2. Culture Matters The Peace Corps Cross-Cultural Workbook
3. MCDP 5 Planning
4. MCRP 3-40A.5 Health Service Support Field Reference Guide
5. MCTP 3-40A Health Service Support Operations
6. MCWP 5-10 Marine Corps Planning Process

CHAINED EVENTS:

   INTERNAL SUPPORTING EVENTS:
   HSS-OPS-6001 Conduct combat operations center (COC) functions
   HSS-PLAN-6001 Plan for operations

SUPPORT REQUIREMENTS:

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   Implement Cultural Considerations and Human Network dynamics throughout the
   planning process.
   This task can be sustained by utilizing internal unit events such as
   supporting Company level training which will entail battalion planning. Units
   must understand how to nest T&R tasks with how the battalion is operating in
   the environment (non-operational, operational).

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HSS-OPS-6001: Conduct combat operations center (COC) functions

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The COC is the locations where the aggregation and
dissemination of information provides the Commander and staff with
situational awareness thus facilitating the decision making process.

CONDITION: Given an operations order, current unit TO&E and battle staff,
communication assets and C2 systems.

STANDARD: To continuously integrate all necessary systems, personnel and
processes IAW prescribed doctrine.

EVENT COMPONENTS:
1. Organize battle staff.
2. Establish COC.
3. Maintain battle rhythm.

4. Coordinate movement of forces.
5. Execute Information Management procedures.
6. Conduct battle drills.
7. Maintain communications with higher, adjacent, subordinate, and supporting units.
8. Maintain common operational picture.
9. Synchronize staff section operations.

REFERENCES:
1. DCOCSOP Digital COC SOP for Battalion Operations in Irregular Warfare
2. MCDP 1-0 Marine Corps Operations
3. MCWP 2-10 Intelligence Operations
4. MCWP 3-10 MAGTF Ground Operations

CHAINED EVENTS:

 INTERNAL SUPPORTED EVENTS:
 HSS-PLAN-7001 Conduct planning

 INTERNAL SUPPORTING EVENTS:
 HSS-OPS-5001 Conduct combat operations center (COC) functions
 HSS-SVCS-4002 Establish a role 1 facility
 HSS-SVCS-4005 Coordinate patient movement
 HSS-SVCS-5001 Establish role 2 health services support capability

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HSS-OPS-6002: Provide role 2 command and control

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The HSSO reviews and develops HSS requirements for OPLANs, supporting logistics, and combat logistic annexes. With other staff officers, the HSSO evaluates need and develops MLG HSS responses that meet support requirements beyond the organic capability of the GCE and ACE.

CONDITION: Given Commander's Guidance, higher headquarters operations order and company staff.

STANDARD: To communicate the Commander's intent, guidance, and decisions in a clear, useful form that is easily understood by those who must execute the order.

EVENT COMPONENTS:
1. Establish medical watch.
2. Maintain battle rhythm.
3. Coordinate movement of forces.
4. Execute Information Management procedures.
5. Conduct battle drills.
6. Maintain communications with higher, adjacent, subordinate, and

supporting units.
7. Maintain common operational picture.
8. Conduct cross boundary coordination.
9. Synchronize staff section operations.

REFERENCES:
1. MCRP 3-40A.7 Patient Movement
2. MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

  INTERNAL SUPPORTED EVENTS:
  HSS-OPS-7001 Conduct combat operations center (COC) functions
  HSS-PLAN-7001 Conduct planning

  INTERNAL SUPPORTING EVENTS:
  HSS-OPS-5001 Conduct combat operations center (COC) functions
  HSS-SVCS-5001 Establish role 2 health services support capabilities

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HSS-PLAN-6001: Plan for operations

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.5 Conduct Casualty Evacuation

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The process that develops an order to direct actions and focus subordinate activities toward accomplishing the mission.

CONDITION: Given Commanders Guidance, key leaders, higher headquarters operations order, company staff, and aid of references.

STANDARD: To communicate all elements of the Commander's intent, guidance, and decisions in a clear, useful form that is understood by those who must execute the order IAW prescribed doctrine.

EVENT COMPONENTS:
1. Conduct Problem Framing.
2. Determine planning process (Campaign, MCPP, R2P2, Hasty Planning, or other method).
3. Determine Time Available.
4. Establish timeline for planning and preparation.
5. Issue Warning Order.
6. Implement Cultural Considerations into Mission Planning.
7. Create orders (OPORD, FRAGO, Decision Support Tools, etc).
8. Issue orders.
9. Implement feedback mechanisms.
10. Coordinate planning with higher, adjacent, subordinate, and supporting units.

REFERENCES:
1. MCDP 5 Planning
2. MCDP-6 Command and Control
3. MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

   INTERNAL SUPPORTED EVENTS:
   HSS-PLAN-7001 Conduct Planning

   INTERNAL SUPPORTING EVENTS:
   HSS-DENT-3003 Establish a dental facility
   HSS-OPS-5001 Conduct combat operations center (COC) functions
   HSS-SVCS-4005 Coordinate patient movement
   HSS-SVCS-5001 Establish role 2 health services support capability

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HSS-SVCS-6001: Establish role 2 health services support capability

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The Surgical Company provides forward resuscitative surgery system/shock trauma platoons, medical treatment, ancillary capabilities as employed, temporary (normally 72 hours) holding of casualties from supported forces, and prepare and evacuate casualties.

CONDITION: Given a mission and probability of displacement or relocation.

STANDARD: To provide expeditionary health services support.

EVENT COMPONENTS:
1. Provide damage control surgery.
2. Provide damage control resuscitation.
3. Provide temporary casualty holding.
4. Provide ancillary capabilities, as needed.
5. Evacuate casualties.

REFERENCES:
1. MCRP 3-40A.7 Patient Movement
2. MCTP 3-40A Health Service Support Operations
3. NAVMED P-117 Manual of the Medical Department
4. NAVMED P-5010 Navy Sanitation

CHAINED EVENTS:

INTERNAL SUPPORTED EVENTS:
HSS-OPS-7001 Conduct combat operations center (COC) functions
HSS-PLAN-7001 Conduct planning

INTERNAL SUPPORTING EVENTS:
HSS-OPS-5001 Conduct combat operations center (COC) functions
HSS-SVCS-5001 Establish role 2 health services support capability

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HSS-OPS-5001: Conduct combat operations center (COC) functions

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The COC is the location where the aggregation and dissemination of information provides the Commander and staff with situational awareness thus facilitating the decision making process.

CONDITION: Given an operations order, current unit TO&E and battle staff, communication assets and C2 systems.

STANDARD: To continuously integrate all necessary systems, personnel and processes IAW prescribed doctrine.

EVENT COMPONENTS:
1. Organize battle staff.
2. Establish a COC.
3. Maintain battle rhythm.
4. Coordinate movement of forces.
5. Execute Information Management procedures.
6. Conduct battle drills.
7. Maintain communications with higher, adjacent, subordinate, and supporting units.
8. Maintain common operational picture.
9. Synchronize staff section operations.

REFERENCES:
1. DCOCSOP Digital COC SOP for Battalion Operations in Irregular Warfare
2. MCDP 1-0 Marine Corps Operations
3. MCWP 2-10 Intelligence Operations
4. MCWP 3-10 MAGTF Ground Operations

CHAINED EVENTS:

INTERNAL SUPPORTED EVENTS:
HSS-OPS-6001 Conduct combat operations (COC) functions
HSS-OPS-6002 Provide role 2 command and control

HSS-PLAN-6001 Plan for operations
HSS-SVCS-6001 Establish role 2 health services support capability

INTERNAL SUPPORTING EVENTS:
HSS-SVCS-4001 Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4005 Coordinate patient movement

HSS-SVCS-5001: Establish role 2 health services support capability

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The Surgical Platoon provides forward resuscitative surgery system/shock trauma platoons, medical treatment, ancillary capabilities as employed, temporary (normally 72 hours) holding of casualties from supported forces, and prepare and evacuate casualties.

CONDITION: Given a mission and probability of displacement or relocation.

STANDARD: To provide expeditionary health services support.

EVENT COMPONENTS:
1. Provide damage control surgery.
2. Provide damage control resuscitation.
3. Provide temporary casualty holding.
4. Provide ancillary capabilities, as needed.
5. Evacuate casualties.

REFERENCES:
1. MCRP 3-40A.7 Patient Movement
2. MCTP 3-40A Health Service Support Operations
3. NAVMED P-117 Manual of the Medical Department
4. NAVMED P-5010 Navy Sanitation

CHAINED EVENTS:

    INTERNAL SUPPORTED EVENTS:
    HSS-OPS-6002 Provide role 2 command and control
    HSS-PLAN-6001 Plan for operations
    HSS-SVCS-6001 Establish role 2 health services support capability

    INTERNAL SUPPORTING EVENTS:
    HSS-SVCS-4001 Provide role 2 health services support (HSS) capabilities
    HSS-SVCS-4003 Establish aid station
    HSS-SVCS-4004 Provide damage control resuscitation
    HSS-SVCS-4005 Coordinate patient movement

HSS-SVCS-4001: Provide role 2 health services support (HSS) capabilities

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The role 2 HSS capabilities provides all the capabilities of a role 1 and adds damage control resuscitation and damage control surgery to include ancillary services, temporary holding, command and control, and supported patient evacuation.

CONDITION: Given a higher headquarters guidance, personnel, and equipment.

STANDARD: To provide surgical care to combat casualties IAW MCTP 3-40A.

EVENT COMPONENTS:
1. Identify lift requirements.
2. Move to location.
3. Establish role 2 HSS capability.
4. Establish communications.
5. Establish ancillary capabilities, as needed.
6. Manage/provide Class VIIIB
7. Receive casualties.
8. Treat casualties.
9. Maintain capability for hasty retrograde.

REFERENCES: MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

   INTERNAL SUPPORTED EVENTS:
   HSS-OPS-5001 Conduct combat operations center (COC) functions
   HSS-SVCS-5001 Establish role 2 health services support capability

   INTERNAL SUPPORTING EVENTS:
   HSS-SVCS-3001 Receive casualties
   HSS-SVCS-3002 Manage a mass casualty
   HSS-SVCS-3003 Conduct casualty holding
   HSS-SVCS-3004 Conduct casualty evacuation

HSS-SVCS-4002: Establish a role 1 facility

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: Applies to all ACE, GCE, LCE, MHS HSS elements

CONDITION: Given a higher headquarters guidance, personnel, and equipment.

STANDARD: To provide basic and resuscitative unit level medical care IAW Chapter 1 of MCTP 3-40A.

EVENT COMPONENTS:
1. Identify lift requirements.
2. Move to location.
3. Employ tentage/equipment.
4. Establish communications.
5. Establish ancillary capabilities, as needed.
6. Maintain capability for hasty retrograde.

REFERENCES: MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

  INTERNAL SUPPORTED EVENTS:
  HSS-OPS-5001 Conduct combat operations center (COC) functions

  INTERNAL SUPPORTING EVENTS:
  HSS-SVCS-3001 Receive casualties
  HSS-SVCS-3002 Manage a mass casualty
  HSS-SVCS-3003 Conduct casualty holding
  HSS-SVCS-3004 Conduct casualty evacuation

HSS-SVCS-4003: Establish aid station

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The aid station provides direct Level I medical support and provides an advanced level of case in the overall effort to sustain the combat force. The aid station is designed to provide HSS under combat conditions. It operates as far forward as the tactical situation permits and prepares patients for return to duty or evacuation to the appropriate level of treatment.

CONDITION: Given personnel, equipment, and supplies.

STANDARD: To triage, stabilize casualty, and coordinate evacuation to higher level of care or return casualty to duty.

EVENT COMPONENTS:
1.   Conduct triage.
2.   Treat casualties.
3.   Stabilize for evacuation.
4.   Track casualties received.
5.   Prepare casualty reports.
6.   Provide temporary shelter in conjunction with emergency treatment.
7.   Coordinate patient evacuation.
8.   Initiate medical treatment of combat stress casualties.
9.   Provide routine primary care.
10. Provide ancillary capabilities as stated in the TO/TE.
11. Maintain health records.
12. Coordinate medical resupply (replenishment).
13. Process disease non-battle injury report.
14. Implement PREVMED/force health protection programs.

REFERENCES:
1. MCRP 3-40A.7 Patient Movement
2. MCTP 3-40A Health Service Support Operations
3. NAVMED P-117 Manual of the Medical Department
4. NAVMED P-5010 Navy Sanitation

CHAINED EVENTS:

    INTERNAL SUPPORTED EVENTS:
    HSS-SVCS-5001 Conduct combat operations center (COC) functions

    INTERNAL SUPPORTING EVENTS:
    HSS-SVCS-3001 Receive casualties
    HSS-SVCS-3002 Manage a mass casualty
    HSS-SVCS-3003 Conduct casualty holding
    HSS-SVCS-3004 Conduct casualty evacuation

HSS-SVCS-4004: Provide damage control resuscitation

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Applies to all ACE, GCE, LCE, MHG HSS elements. It operates as far forward as the tactical situation permits and prepares patients for return to duty or evacuation to the appropriate level of treatment.

CONDITION: Given personnel, equipment, and supplies.

STANDARD: To triage, stabilize casualty and coordinate evacuation to higher level of care or return casualty to duty.

EVENT COMPONENTS:
1.   Conduct triage.
2.   Treat casualties.
3.   Stabilize for evacuation.
4.   Track casualties received.
5.   Prepare casualty reports.
6.   Provide temporary shelter in conjunction with emergency treatment.
7.   Transfer evacuees from aid station to evacuation platform.
8.   Provide routine primary care, per mission requirements.
9.   Provide ancillary capabilities, as needed.
10. Coordinate medical resupply (replenishment).
11. Process disease non-battle injury report.

REFERENCES:
1. MCRP 3-40A.7 Patient Movement
2. MCTP 3-40A Health Service Support Operations
3. NAVMED P-117 Manual of the Medical Department
4. NAVMED P-5010 Navy Sanitation

CHAINED EVENTS:

   INTERNAL SUPPORTED EVENTS:
   HSS-SVCS-5001 Conduct combat operations center (COC) functions

   INTERNAL SUPPORTING EVENTS:
   HSS-SVCS-3001 Receive casualties
   HSS-SVCS-3002 Manage a mass casualty
   HSS-SVCS-3003 Conduct casualty holding
   HSS-SVCS-3004 Conduct casualty evacuation

HSS-SVCS-4005: Coordinate patient movement

SUPPORTED MET(S):
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: Patient movement is a system that provides a continuum of care and coordinates the movement of patients from point of injury or onset of disease through successive levels of medical care, to an appropriate taxonomy of care that can meet the needs of the patient. Prompt movement of casualties through the evacuation system to treatment facilities is essential to decrease morbidity and mortality.

CONDITION: Given a patient personnel, equipment, supplies, and a mode of transport.

STANDARD: To evacuate patients to appropriate level of care.

EVENT COMPONENTS:
1. Receive patient movement request.
2. Coordinate with patient movement assets, as required.
3. Determine means of patient movement.
4. Determine patient destination facility.
5. Track patient movement.

REFERENCES:
1. MCRP 3-40A.7 Patient Movement
2. MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

    INTERNAL SUPPORTED EVENTS:
    HSS-OPS-5001
    HSS-PLAN-6001
    HSS-SVCS-5001

    INTERNAL SUPPORTING EVENTS:
    HSS-SVCS-3001 Receive casualties
    HSS-SVCS-3002 Manage a mass casualty
    HSS-SVCS-3003 Conduct casualty holding
    HSS-SVCS-3004 Conduct casualty evacuation

HSS-SVCS-3001: Receive casualties

SUPPORTED MET(S):
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: This can be performed at any HSS facility by a crew of personnel up to the size of a platoon depending on the mission, situation and capabilities.

CONDITION: Given a facility, personnel, and equipment.

STANDARD: To correctly receive, triage, and treat casualties.

EVENT COMPONENTS:
1. Develop a casualty reception plan.
2. Conduct triage.
3. Treat casualties.
4. Provide ancillary capabilities, as needed.
5. Disposition casualties.
6. Coordinate for evacuation, as needed.
7. Prepare casualty for evacuation.
8. Submit reports, if applicable.

REFERENCES: MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

INTERNAL SUPPORTED EVENTS:
HSS-SVCS-4001 Provide role 2 health services support (HSS) capabilities
HSS-SVCS-4002 Establish a role 1 facility
HSS-SVCS-4003 Establish aid station
HSS-SVCS-4004 Provide damage control resuscitation
HSS-SVCS-4005 Coordinate patient movement

INTERNAL SUPPORTING EVENTS:
CLIN-HSS-2101 Manage traumatic brain injuries (TBI)
CLIN-HSS-2102 Conduct concussion/Traumatic Brain Injury (TBI) training
CLIN-HSS-2103 Manage field preventive medicine
CLIN-HSS-2104 Perform medical care
HSS-MED-2001 Provide first responder medical support
HSS-MED-2002 Perform Tactical Combat Casualty Care
HSS-MED-2003 Conduct triage
HSS-MED-2004 Treat environmental injuries
HSS-MED-2005 Manage mass casualty incident
HSS-MED-2006 Identify diseases of operational importance
HSS-MED-2007 Evacuate casualties
HSS-MED-2008 Perform En-Route Care (ERC)
HSS-MED-2101 Perform general and health services administrative tasks
HSS-MED-2104 Conduct sustainment training
L03A-HSS-2001 Perform disease non-battle injury patient care
L03A-HSS-2002 Evaluate traumatic brain injuries
L03A-HSS-2003 Manage dehydration casualties
L03A-HSS-2101 Perform dental care

HSS-SVCS-3002: Manage a mass casualty

SUPPORTED MET(S):
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.5 Conduct Casualty Evacuation

MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: This can be performed anywhere. It may be a crew of personnel up to the size of a battalion depending on the mission and situation.

CONDITION: Given casualties that exceed existing resources, personnel, equipment, and supplies.

STANDARD: To provide appropriate stabilization care to casualties during a mass casualty incident preventing further injury or death.

EVENT COMPONENTS:
1.   Determine the nature of incident.
2.   Activate mass casualty plan.
3.   Identify non-medical assets available to assist.
4.   Conduct triage.
5.   Provide emergency treatment, as indicated.
6.   Provide ancillary capabilities, as needed.
7.   Determine patient transportation requirements.
8.   Establish communication for evacuation of casualties.
9.   Recesses triage categories assigned, as needed (NATO Casualty Categories).
10. Evacuate casualties.

REFERENCES: MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

   INTERNAL SUPPORTED EVENTS:
   HSS-SVCS-4001 Provide role 2 health services support (HSS) capabilities
   HSS-SVCS-4002 Establish a role 1 facility
   HSS-SVCS-4003 Establish aid station
   HSS-SVCS-4004 Provide damage control resuscitation
   HSS-SVCS-4005 Coordinate patient movement

   INTERNAL SUPPORTING EVENTS:
   CLIN-HSS-2101 Manage traumatic brain injuries (TBI)
   CLIN-HSS-2104 Perform medical care
   CLIN-HSS-2105 Perform dental care
   HSS-MED-1001 Conduct an inventory
   HSS-MED-2001 Provide first responder medical support
   HSS-MED-2002 Perform Tactical Combat Casualty Care
   HSS-MED-2003 Conduct triage
   HSS-MED-2004 Treat environmental injuries
   HSS-MED-2005 Manage mass casualty incident
   HSS-MED-2006 Identify diseases of operational importance
   HSS-MED-2007 Evacuate casualties
   HSS-MED-2008 Perform En-Route Care (ERC)
   HSS-MED-2010 Manage Health Service Support for military operations
   HSS-MED-2011 Manage field medical services training program
   HSS-MED-2101 Perform general and health services administrative tasks
   HSS-MED-2103 Conduct training
   HSS-MED-2104 Conduct sustainment training

L03A-HSS-2001 Perform disease non-battle injury patient care
L03A-HSS-2002 Evaluate traumatic brain injuries
L03A-HSS-2003 Manage dehydration casualties
L03A-HSS-2004 Maintain health services records
L03A-HSS-2101 Perform dental care

HSS-SVCS-3003: Conduct casualty holding

SUPPORTED MET(S):
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.4 Conduct Temporary Casualty Holding
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: This can be performed at any HSS facility by a crew of personnel up to the size of a platoon depending on the mission, situation, and capabilities.

CONDITION: Given a facility, personnel, and equipment.

STANDARD: To maintain disposition of casualty and prepare for evacuation.

EVENT COMPONENTS:
1. Assess casualty.
2. Provide medical services.
3. Provide holding capability/facilities until evacuation or discharge.
4. Maintain accountability of casualty and their gear.
5. Reassess casualty, as needed.
6. Prepare for extended casualty holding, as needed.
7. Provide ancillary capabilities, as needed.
8. Document treatment as necessary.
9. Prepare casualty for evacuation.

REFERENCES: MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

    INTERNAL SUPPORTED EVENTS:
    HSS-SVCS-4001 Provide role 2 health services support (HSS) capabilities
    HSS-SVCS-4002 Establish a role 1 facility
    HSS-SVCS-4003 Establish aid station
    HSS-SVCS-4004 Provide damage control resuscitation
    HSS-SVCS-4005 Coordinate patient movement

    INTERNAL SUPPORTING EVENTS:
    CLIN-HSS-2101 Manage traumatic brain injuries (TBI)
    CLIN-HSS-2102 Conduct concussion/Traumatic Brain Injury (TBI) training
    CLIN-HSS-2103 Manage field preventive medicine
    CLIN-HSS-2104 Perform medical care
    HSS-MED-2003 Conduct triage

HSS-MED-2005 Manage mass casualty incident
HSS-MED-2006 Identify diseases of operational importance
HSS-MED-2007 Evacuate casualties
HSS-MED-2008 Perform En-Route Care (ERC)
HSS-MED-2101 Perform general and health services administrative tasks
HSS-MED-2103 Conduct training
HSS-MED-2104 Conduct sustainment training
L03A-HSS-2001 Perform disease non-battle injury patient care
L03A-HSS-2002 Evaluate traumatic brain injuries
L03A-HSS-2003 Manage dehydration casualties
L03A-HSS-2101 Perform dental care

HSS-SVCS-3004: Conduct casualty evacuation

SUPPORTED MET(S):
MCT 4.5.5 Conduct Casualty Evacuation
MCT 4.5.8 Conduct Medical Regulating

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: This can be performed from anywhere to include the point of injury or a HSS facility. It may be a crew of personnel up to the size of a squad depending on the mission, situation, and transport platform.

CONDITION: Given a casualty, personnel, equipment, and a mode of transport.

STANDARD: To evacuate to the appropriate level of care.

EVENT COMPONENTS:
1. Submit evacuation request.
2. Receive guidance from higher headquarters.
3. Prepare this casualty.
4. Prepare documentation.
5. Conduct casualty turnover.
6. Evacuate casualty.

REFERENCES:
1. MCO P3040.4 Marine Corps Casualty Procedures Manual
2. MCRP 3-40A.7 Patient Movement
3. MCTP 3-40A Health Service Support Operations
4. MCTP 3-40G Services in an Expeditionary Environment

CHAINED EVENTS:

    INTERNAL SUPPORTED EVENTS:
    HSS-SVCS-4001 Provide role 2 health services support (HSS) capabilities
    HSS-SVCS-4002 Establish a role 1 facility
    HSS-SVCS-4003 Establish aid station
    HSS-SVCS-4004 Provide damage control resuscitation
    HSS-SVCS-4005 Coordinate patient movement

    INTERNAL SUPPORTING EVENTS:

CLIN-HSS-2101 Manage traumatic brain injuries (TBI)
CLIN-HSS-2102 Conduct concussion/Traumatic Brain Injury (TBI) training
CLIN-HSS-2104 Perform medical care
CLIN-HSS-2105 Perform dental care
HSS-MED-2001 Provide first responder medical support
HSS-MED-2003 Conduct triage
HSS-MED-2006 Identify diseases of operational importance
HSS-MED-2007 Evacuate casualties
HSS-MED-2008 Perform En-Route Care (ERC)
HSS-MED-2101 Perform general and health services administrative tasks
HSS-MED-2104 Conduct sustainment training
L03A-HSS-2001 Perform disease non-battle injury patient care
L03A-HSS-2002 Evaluate traumatic brain injuries
L03A-HSS-2003 Manage dehydration casualties

3004. INDEX OF DENTAL COLLECTIVE EVENTS

Event Code	E-Coded	Event	Page
		3000 Level Events	
HSS-DENT-3001	YES	Provide dental services	3-19
HSS-DENT-3002	YES	Perform emergency dental treatment	3-20
HSS-DENT-3003	YES	Establish a dental facility	3-21
HSS-DENT-3004	YES	Support a mass casualty	3-21

3005. DENTAL COLLECTIVE EVENTS

HSS-DENT-3001: Provide dental services

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.7.2 Maintain Dental Health Readiness
MCT 4.5.7.3 Provide Emergency Dental Services

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The dental facility provides general dental support focusing on emergency care. A standardized approach shall be utilized by all personnel to ensure continuity of care.

CONDITION: Given a patient, personnel, equipment, and supplies in an operational environment.

STANDARD: Ensuring injuries/illnesses are assessed and identified, patient care is performed, decreasing the risk of further injury/illness.

EVENT COMPONENTS:
1. Triage.
2. Perform history and physical examination.
3. Identify injury/illness.
4. Render standard of care.
5. Utilize ancillary capabilities, as needed.

6. Document patient care.
7. Disposition patient.

REFERENCES:
1. FM 8-10-1 Tactics, Techniques, and Procedures for the Medical Company
2. FM 8-10-6 Medical Evacuation in a Theater of Operations
3. MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

    INTERNAL SUPPORTING EVENTS:
    CLIN-HSS-2105 Perform dental care
    HSS-MED-2001 Provide first responder medical support
    HSS-MED-2003 Conduct triage
    HSS-MED-2101 Perform general and health services administrative tasks
    HSS-MED-2103 Conduct training
    HSS-MED-2104 Conduct sustainment training
    L03A-HSS-2001 Perform disease non-battle injury patient care
    L03A-HSS-2003 Manage dehydration casualties
    L03A-HSS-2004 Maintain health services records
    L03A-HSS-2101 Perform dental care

SUPPORT REQUIREMENTS:

    EQUIPMENT: ADAL 662, tentage, engineers/utilities support, communications (internet, DENCAS remote)

HSS-DENT-3002: Perform emergency dental treatment

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.7.2 Maintain Dental Health Readiness
MCT 4.5.7.3 Provide Emergency Dental Services

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: This can be performed from anywhere to include the point of injury/illness or a HSS facility. It may be a crew of personnel up to the size of a squad depending on the mission and situation. A standardized approach shall be utilized by all personnel to ensure continuity of care.

CONDITION: Given a patient, personnel, and equipment in an operational environment.

STANDARD: Ensuring injuries/illnesses are assessed and identified, patient care is performed, decreasing the risk of further injury or death.

EVENT COMPONENTS:
1. Triage.
2. Perform history and physical examination.
3. Identify injury/illness.

4.   Render standard of care.
5.   Document care.
6.   Disposition patient.

REFERENCES:
1.   FM 8-10-1 Tactics, Techniques, and Procedures for the Medical Company
2.   FM 8-10-6 Medical Evacuation in a Theater of Operations
3.   MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

  INTERNAL SUPPORTING EVENTS:
  CLIN-HSS-2105 Perform dental care
  HSS-MED-1001 Conduct an inventory
  HSS-MED-2003 Conduct triage
  HSS-MED-2101 Perform general and health services administrative tasks
  HSS-MED-2103 Conduct training
  HSS-MED-2104 Conduct sustainment training
  L03A-HSS-2001 Perform disease non-battle injury patient care
  L03A-HSS-2003 Manage dehydration casualties
  L03A-HSS-2004 Maintain health services records
  L03A-HSS-2101 Perform dental care

SUPPORT REQUIREMENTS:

  EQUIPMENT: ADAL 662, tentage, engineers/utilities support, communications (internet, DENCAS remote).

HSS-DENT-3003: Establish a dental facility

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.7.2 Maintain Dental Health Readiness
MCT 4.5.7.3 Provide Emergency Dental Services

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The dental facility provides general dental support focusing on emergency care. This can be performed anywhere. It may be a crew of personnel up to the size of a platoon depending on the mission and situation.

CONDITION: Given a mission, personnel, equipment, and supplies in an operational environment.

STANDARD: To provide general and emergency dental services.

EVENT COMPONENTS:
1.   Identify lift requirements.
2.   Move to location.
3.   Employ tentage/equipment.
4.   Establish communications.

5. Maintain capability for retrograde.

REFERENCES:
1. MCO 6600.3 Dental Health Care Program
2. TM 10-8340-211-13 Operator, Unit and Direct Support Maintenance Manual for the Tent, General Purpose

CHAINED EVENTS:

   INTERNAL SUPPORTED EVENTS:
   HSS-PLAN-6001 Plan for operations

   INTERNAL SUPPORTING EVENTS:
   HSS-MED-2010 Manage Health Service Support for military operations
   HSS-MED-2102 Deploy Class VIII health services supplies
   HSS-MED-2103 Conduct training
   HSS-MED-2104 Conduct sustainment training

SUPPORT REQUIREMENTS:

   EQUIPMENT: ADAL 662, tentage, engineers/utilities support, communication (internet, DENCAS remote), motor transportation

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HSS-DENT-3004: Support a mass casualty

SUPPORTED MET(S):
MCT 1.1.2 Provide Forces
MCT 1.12.2 Support Amphibious Operations
MCT 4.5.3 Conduct Casualty Treatment
MCT 4.5.3.1 Conduct Casualty Triage

EVALUATION-CODED: YES   **SUSTAINMENT INTERVAL**: 6 months

READINESS-CODED: NO

DESCRIPTION: This can be performed anywhere. It may be a crew of personnel up to the size of a squad depending on the mission and situation.

CONDITION: Given casualties that exceed existing resources, personnel, equipment, and supplies.

STANDARD: To assign the four degrees of urgency to wounds or illnesses, decide the order of treatment, and otherwise augment medical personnel as directed.

EVENT COMPONENTS:
1. Determine the nature of incident.
2. Augment triage efforts.
3. Provide emergency treatment, as indicated.
4. Provide ancillary capabilities, as needed.
5. Reassess triage categories assigned, as needed (NATO Casualty Categories).

REFERENCES: MCTP 3-40A Health Service Support Operations

CHAINED EVENTS:

    INTERNAL SUPPORTING EVENTS:
HSS-MED-2002 Perform Tactical Combat Casualty Care
HSS-MED-2003 Conduct triage
HSS-MED-2011 Manage field medical services training program
HSS-MED-2103 Conduct training
HSS-MED-2104 Conduct sustainment training
L03A-HSS-2002 Evaluate traumatic brain injuries

CHAPTER 4

MARINE CORPS SKILLS (MCS) INDIVIDUAL EVENTS

HSS T&R MANUAL

CHAPTER 4

MARINE CORPS COMMON SKILLS (MCCS) INDIVIDUAL EVENTS

4000. PURPOSE. This chapter details the individual training events designated as HSS Marine Corps common skills. An HSS Marine Corps common skill is a skill that is a core capability for Naval personnel assigned to the Fleet Marine Force. Each individual event provides an event title, along with the conditions events will be performed under, and the standard to which the event must be performed to be successful.

4001. EVENT CODING

Events in this T&R Manual are depicted with an up to 12-character, 3-field alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the following methodology:

    a. Field one. This field represents the community. This chapter contains the following community code:

        Code   Description
        HSS   Health Services Support

    b. Field two. This field represents the functional/duty area. This chapter contains the following functional/duty areas:

        Code   Description
        CBRN   Chemical, Biological, Radiological, Nuclear
        MATN   Marine Corps Martial Arts Tan Belt
        MCCS   Marine Corps Common Skills

    c. Field three. This field provides the level at which the event is accomplished and numerical sequencing of events. This chapter contains the following event levels:

        Code   Description
        2000   Core Plus Skills
        2100   Advanced Core Plus Skills

4002. INDEX OF INDIVIDUAL EVENTS

HSS-MCCS-1006	Perform corrective action	4-9
HSS-MCCS-1007	Demonstrate weapons carries	4-10
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4003. INDIVIDUAL EVENTS

HSS-CBRN-1001: Employ the Field Protective Mask

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a CBRN environment, a field protective mask (SL-3 complete), CBRN alarm and CBRN incident indicator, or an order to mask.

STANDARD: Within a time limit of nine seconds of the issuance of the alarm, CBRN incident indicator, or an order.

PERFORMANCE STEPS:
1.   Identify the nomenclature of the field protective mask.
2.   Identify the CBRN alarm (vocal, visual, and percussion).
3.   Identify indicators of a CBRN incident.
4.   Close eyes and stop breathing.
5.   Don mask.
6.   Clear mask.
7.   Check mask for proper seal.
8.   Sound the alarm to warn others.
9.   Remove the mask after the UNMASK order is given.
10. Stow the mask.

REFERENCES:
1.   MCRP 10-10E.9 MTTP for CBRN Decontamination Operations
2.   TM 09204G/09205G-OI/1 Operator & Field Maintenance Manual for M50 Mask

SUPPORT REQUIREMENTS:

  ORDNANCE:

   DODIC   QUANTITY
   K765 Riot Control Agent, CS 21 cartridges per Platoon

RANGE/TRAINING AREA:

   Facility Code 17230 Gas Chamber

  MATERIAL:
1.   Field Protective Mask (SL-3 complete)
2.   Safety vehicle
3.   Field Tactical Radio

  UNITS/PERSONNEL:
1.   Corpsman
2.   Range OIC/RSO

HSS-CBRN-1002: Manage CBRN injuries

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty, equipment, and supplies, in the absence of a CBRN team.

STANDARD: To prevent further injury or death within the scope of care.

PERFORMANCE STEPS:
1.   Distinguish between emergent and non-emergent conditions.
2.   Determine type of CBRN exposure, if available.
3.   Identify signs and symptoms of CBRNE exposure injury.
4.   Identify indications, issue, and reconstitution for Mark I antidote kits.
5.   Determine extent of CBRN exposure.
6.   Perform decontamination of CRBNE casualties.
7.   Prevent further contamination.
8.   Treat conditions as indicated.
9.   Arrange follow-on care.
10. Document care provided.

REFERENCES: NAVMED P-5041 Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as "FORMAL" applies to enlisted personnel only. Officer personnel will receive this training MOJT at the units based on mission requirements. Advanced Training is available at Fort Detrick Medical Management of CBRN. Providers are encouraged to attend when unit needs permit.

_____

HSS-MCCS-1001: Perform weapons handling procedures

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service pistol, magazines, magazine pouch, dummy ammunition, holster, and personal protective equipment.

STANDARD: IAW MCRP 8-10B.3.

PERFORMANCE STEPS:
1. Don gear.
2. Handle the pistol IAW the four weapons safety rules.
3. Show the pistol clear.
4. Transfer the pistol from one Sailor to another.
5. Holster the pistol.
6. Fill the magazine.
7. Withdraw the pistol from the holster.
8. Assume the Ready carry.
9. Take the pistol from condition 4 to condition 1.
10. Fire the pistol (ensure the shooter is using dummy ammunition or simulation).
11. Execute reloads (speed and tactical.
12. Execute immediate action.
13. Execute remedial action.
14. Take the pistol from condition 1 to condition 4.
15. Holster the pistol.

REFERENCES:
1. MCRP 3-01.2 Pistol Marksmanship
2. TM 9-1005-317-10 Operator's Manual, Pistol, Semiautomatic, 9mm, M9

SUPPORT REQUIREMENTS:

    ORDNANCE:

    DODIC   QUANTITY
    A359 Cartridge, 9mm Dummy M917 3 rounds per Sailor

    MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as "FORMAL" applies to officer personnel only. Enlisted personnel will receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1002: Perform preventative maintenance

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service pistol, magazines, cleaning gear.

STANDARD: To ensure operation and serviceability of the weapon.

PERFORMANCE STEPS:
1.   Handle the pistol IAW the four weapons safety rules.
2.   Place the pistol in Condition 4.
3.   Disassemble the pistol.
4.   Clean the pistol.
5.   Lubricate the pistol.
6.   Reassemble the pistol.
7.   Disassemble the magazine.
8.   Clean the magazine.
9.   Lubricate the magazine.
10. Reassemble the magazine.
11. Perform a user serviceability inspection.
12. Perform function check.

REFERENCES:
1.   MCRP 3-01.2 Pistol Marksmanship
2.   TM 9-1005-317-10 Operator's Manual, Pistol, Semiautomatic, 9mm, M9

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as "FORMAL" applies to officer personnel only. Enlisted personnel will receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1003: Engage targets

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service pistol, magazines, magazine pouch, 50 rounds of ammunition, personal protective equipment, and stationary targets from 3 to 25 yards.

STANDARD: To achieve hits on target.

PERFORMANCE STEPS:
1.   Perform a user serviceability inspection.
2.   Handle the pistol safely.
3.   Fill the magazine.
4.   Load the pistol.
5.   Make the pistol ready to fire.
6.   Assume a carry/transport.
7.   Present the pistol to the target(s) while assuming a firing position.
8.   Engage the target(s) while applying the fundamentals of marksmanship and techniques of fire.
9.   Apply corrective action, as required.

10. Assess the situation.
11. Conduct a reload.

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program
2. MCRP 3-01.2 Pistol Marksmanship

SUPPORT REQUIREMENTS:

    ORDNANCE:

      <u>DODIC</u>   <u>QUANTITY</u>
      A363 Cartridge, 9mm Ball M882 50 rounds per Sailor

RANGE/TRAINING AREA:

    Facility Code 17570 Pistol Known Distance (KD) Range

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as "FORMAL" applies to officer personnel only. Enlisted personnel will receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1004: Perform weapons handling procedures

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service rifle, sling, magazines, individual field equipment, and dummy ammunition.

STANDARD: In accordance with MCRP 8-10B.2.

PERFORMANCE STEPS:
1. Demonstrate understanding of the four safety rules.
2. Demonstrate assembly and adjustment of the Common Weapon Sling.
3. Demonstrate filling a magazine.
4. Take a weapon from condition 4 to condition 1.
5. Take a weapon from condition 1 to condition 4.
6. Perform reloads (speed, tactical).

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program
2. MCRP 8-10B.2 Rifle Marksmanship

SUPPORT REQUIREMENTS:

ORDNANCE:

DODIC   QUANTITY
A060 Cartridge, 5.56mm Dummy M199 5 rounds per Sailor

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as
"FORMAL" applies to enlisted personnel only. Officer personnel will
receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1005: Perform preventative maintenance

EVALUATION-CODED: NO   SUSTAINMENT INTERVAL: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-
MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service rifle, sling, and cleaning gear.

STANDARD: To ensure the weapon is complete, clean, and serviceable IAW TM
05538/10012-OR.

PERFORMANCE STEPS:
1. Ensure the weapon is in Condition 4.
2. Disassemble the weapon.
3. Clean the weapon.
4. Lubricate the weapon.
5. Assemble the weapon.
6. Perform a user's serviceability inspection.

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program
2. MCRP 8-10B.2 Rifle Marksmanship
3. TM 05538/10012-OR Operator's Manual With Components List For Rifle M16A2,
    Rifle M16A4, Carbine M4, Carbine M4A1 CQBW (Sep 2012)

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as
"FORMAL" applies to enlisted personnel only. Officer personnel will
receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1006: Perform corrective action

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service rifle, sling, a filled magazine, cartridge belt, magazine pouch, dummy ammunition and a scenario where the service rifle has stopped firing.

STANDARD: To return the weapon to service.

PERFORMANCE STEPS:
1. Take cover as the tactical situation dictates.
2. Observe the indicators of the stoppage/malfunction.
3. Perform corrective action for the stoppage/malfunction.
4. Resume engagement.
5. If corrective actions do not correct the problem, clear weapon of ammunition and evacuate weapon to a higher maintenance level.

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program
2. MCRP 8-10B.2 Rifle Marksmanship

SUPPORT REQUIREMENTS:

  ORDNANCE:

  DODIC   QUANTITY
  A060 Cartridge, 5.56mm Dummy M199 5 rounds per Sailor

MISCELLANEOUS:

  ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as "FORMAL" applies to enlisted personnel only. Officer personnel will receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1007: Demonstrate weapons carries

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service rifle, individual field equipment, combat sling, and (2) magazines.

STANDARD: In accordance with the four safety rules.

PERFORMANCE STEPS:
1. Assemble a combat sling.
2. Don and adjust a combat sling.
3. Execute a controlled carry.
4. Execute a tactical carry.
5. Execute an alert carry.
6. Execute a ready carry.

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program
2. MCRP 8-10B.2 Rifle Marksmanship

MISCELLANEOUS:

 ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as "FORMAL" applies to enlisted personnel only. Officer personnel will receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1008: Zero the weapon

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service rifle with primary aiming device, individual field equipment, sling, magazines, cleaning gear, ammunition, and a target.

STANDARD: To achieve 3 out of 5 shots within a 4 minute of angle group at a specific range.

PERFORMANCE STEPS:
1.   Mount the sight to rifle, if applicable.
2.   Establish a pre-zero sight setting.
3.   Assume a stable firing position.
4.   Place the weapon in Condition 1.
5.   Fire a 5 round shot group.
6.   Identify the center of the shot group.
7.   Determine required sight adjustments.
8.   Make required sight adjustments.
9.   Repeat steps 4 thru 8.
10. Fire a third shot group for confirmation of zero.

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program

2. MCRP 8-10B.2 Rifle Marksmanship

SUPPORT REQUIREMENTS:

    ORDNANCE:

      <u>DODIC</u>   <u>QUANTITY</u>
      A059 Cartridge, 5.56mm Ball M855 10/Clip 15 rounds per Sailor

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Initial training setting in this event as "FORMAL" applies to enlisted personnel only. Officer personnel will receive this training MOJT at the units based on mission requirements.

HSS-MCCS-1009: Demonstrate Basic Rifle Marksmanship Skills

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a service rifle with primary aiming device, individual field equipment, sling, magazines, ammunition, and stationary targets at mid and long ranges.

STANDARD: To strike the target without any safely violations during execution of Table 1/1A.

PERFORMANCE STEPS:
1. Assume stable firing positions (sitting, kneeling, standing and prone).
2. Acquire optimal eye relief.
3. Determine the effects of weather.
4. Apply appropriate hold.
5. Confirm Sight Alignment/Sight Picture.
6. Apply breath control.
7. Apply trigger control.
8. Engage target with single shots.
9. Engage target with multiple shots.
10. Apply follow through.
11. Analyze shot placement.

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program
2. MCRP 8-10B.2 Rifle Marksmanship

SUPPORT REQUIREMENTS:

    SIMULATION EVALUATION:

SIMULATED	SUITABILITY	SIMULATOR	UNIT OF MEASURE	HOURS	PM
Yes	S/L	ISMT	Marine Hours	1	N

ORDNANCE:

DODIC   QUANTITY
A059 Cartridge, 5.56mm Ball M855 10/Clip 50 rounds per Sailor

RANGE/TRAINING AREA:

Facility Code 17550 Rifle Known Distance (KD) Range

ADDITIONAL RANGE/TRAINING AREA: Facility Code 17120, Marksmanship Skills
Training Simulator

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
Initial training setting in this event as "FORMAL" applies to enlisted
personnel only. Officer personnel will receive this training MOJT at the
units based on mission requirements. Medical personnel are NOT required to
qualify on Table 1A criteria. This event is utilized for familiarization of
the service rifle only.
Skill development of this task should incorporate dry practice, live fire
training and simulation using a Marksmanship Skills Training Simulator. To
achieve the standard this task is required to be evaluated during live fire
aboard a Known Distance Range with 100, 200, 300, and 500 meter range
capability. Training executed aboard ranges built in yard distances will
convert scores to a metric range equivalent as per MCO 3574.2_.

HSS-MCCS-1010: Demonstrate Basic Combat Rifle Marksmanship

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-
MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a service rifle with primary aiming device, individual
field equipment, sling, magazines, ammunition, and threat targets at short,
mid and long range.

STANDARD: To strike the target without any safety violations during
execution of Combat Marksmanship Table 2.

PERFORMANCE STEPS:
1. Identify the threat.
2. Present the weapon to a threat while assuming combat shooting positions:
    standing, kneeling, and prone.

3. Determine Range.
4. Determine Hold.
5. Engage a threat using a Precision Shot, Controlled Pair, and Failure to stop.
6. Manage recoil.
7. Search and assess.
8. Maintain the weapon in Condition 1.

REFERENCES:
1. MCO 3574.2_ Marine Corps Combat Marksmanship Program
2. MCRP 8-10B.2 Rifle Marksmanship

SUPPORT REQUIREMENTS:

    SIMULATION EVALUATION:

SIMULATED	SUITABILITY	SIMULATOR	UNIT OF MEASURE	HOURS	PM
Yes	S	ISMT	Marine Hours	0.50	N

    ORDNANCE:

      DODIC   QUANTITY
      A059 Cartridge, 5.56mm Ball M855 10/Clip 125 rounds per Sailor

RANGE/TRAINING AREA:

    Facility Code 17550 Rifle Known Distance (KD) Range

    ADDITIONAL RANGE/TRAINING AREA: Facility Code 17120, Marksmanship Skills Training Simulator

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    Initial training setting in this event as "FORMAL" applies to enlisted personnel only. Officer personnel will receive this training MOJT at the units based on mission requirements. Medical personnel are NOT required to qualify on Table 1A criteria. This event is utilized for familiarization of the service rifle only.
    Skill development of this task will incorporate dry practice, live fire training and simulation using a Marksmanship Skills Training Simulator. To achieve the standard this task is required to be evaluated during live fire aboard a Known Distance Range with 25, 50, 100, 200, 300, and 500 meter range capability. Training executed aboard ranges built in yard distances will convert scores to a metric range equivalent as per MCO 3574.2_.

HSS-MCCS-1011: Communicate using hand and arm signals

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a command or situation.

STANDARD: By communicating all signals correctly.

PERFORMANCE STEPS:
1. Execute the hand-and-arm signal for decrease speed.
2. Execute the hand-and-arm signal for changing direction or column (right or left).
3. Execute the hand-and-arm signal for enemy in sight.
4. Execute the hand-and-arm signal for range.
5. Execute the hand-and-arm signal for fire faster.
6. Execute the hand-and-arm signal for fire slower.
7. Execute the hand-and-arm signal for cease fire.
8. Execute the hand-and-arm signal for assemble.
9. Execute the hand-and-arm signal for form column.
10. Execute the hand-and-arm signal for range-of-file.
11. Execute the hand-and-arm signal for shift.
12. Execute the hand-and-arm signal for echelon right/left.
13. Execute the hand-and-arm signal for skirmishers (fire team)/line formation (squad).
14. Execute the hand-and-arm signal for wedge.
15. Execute the hand-and-arm signal for vee.
16. Execute the hand-and-arm signal for fire team.
17. Execute the hand-and-arm signal for squad.
18. Execute the hand-and-arm signal for open up, extend.
19. Execute the hand-and-arm signal for disperse.
20. Execute the hand-and-arm signal for unit leaders join me.
21. Execute the hand-and-arm signal for I do not understand.
22. Execute the hand-and-arm signal for forward.
23. Execute the hand-and-arm signal for halt.
24. Execute the hand-and-arm signal for freeze.
25. Execute the hand-and-arm signal for disregard previous command/as you were.
26. Execute the hand-and-arm signal for increase speed or double time.
27. Execute the hand-and-arm signal for hasty ambush right or left.
28. Execute the hand-and-arm signal for objective rally point.
29. Execute the hand-and-arm signal for pace count.
30. Execute the hand-and-arm signal for head count.
31. Execute the hand-and-arm signal for danger area.

REFERENCES:
1. MCRP 3-10A.4 Marine Rifle Squad
2. TC 3-21.60 Visual Signals

MISCELLANEOUS:

  ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1012: Perform individual movement techniques

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an individual weapon, while wearing a fighting load.

STANDARD: To arrive at the objective.

PERFORMANCE STEPS:
1. Negotiate obstacles.
2. Perform high crawl.
3. Perform low crawl.
4. Perform individual actions during fire and movement (fight from cover to cover).
5. Perform individual actions in combat formations.
6. Perform the walking technique for night movement.
7. Perform individual actions in response to ground/aerial illumination.
8. Perform the creeping technique for night movement.

REFERENCES:
1. MCRP 3-10A.4 Marine Rifle Squad
2. MCTP 3-01A Scouting and Patrolling

SUPPORT REQUIREMENTS:

   ORDNANCE:

DODIC	QUANTITY
A060 Cartridge, 5.56mm Dummy M199	30 rounds per Sailor
L312 Signal, Illumination Ground White Star Parachute M127A1	1 signals per Sailor
L495 Flare, Surface Trip M49/A1 Series	1 flares per Sailor
L598 Simulator, Explosive Booby Trap Flash M117	1 Simulator per Sailor

RANGE/TRAINING AREA:

   Facility Code 17410 Maneuver/Training Area, Light Forces

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1013: Navigate with a map and compass

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a lensatic compass, a map, and designated objectives, while wearing a fighting load.

STANDARD: To arrive at the designated objective(s).

PERFORMANCE STEPS:
1.   Identify the following marginal information found on a topographical map: declination diagram, bar scale, contour interval, note and legend.
2.   Identify the three types of contour lines found on a topographical map.
3.   Identify the ten terrain features found on a topographical map.
4.   Identify the six colors used on a topographical map, and what they represent.
5.   Plot a point on a map using the protractor.
6.   Determine the eight-digit grid coordinate of a specific point on a map.
7.   Determine the straight line and/or curved line distance between two points on a map.
8.   Determine a back azimuth.
9.   Determine the grid azimuth between two points on a map.
10. Convert a grid azimuth to a magnetic azimuth using the notes that appear in conjunction with the declination diagram.
11. Convert a magnetic azimuth to a grid azimuth using the notes that appear in conjunction with the declination diagram.
12. Orient a map using terrain association.
13. Navigate to objective(s).

REFERENCES: TC 3-25.26 Map Reading and Land Navigation

SUPPORT REQUIREMENTS:

RANGE/TRAINING AREA:

   Facility Code 17410 Maneuver/Training Area, Light Forces

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.
   ITESS can be used to track the movement and location of personnel.

HSS-MCCS-1014: Operate a VHF field radio

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a SL-3 complete filled VHF radio, a pre-programmed net ID, and a distant station, while wearing a fighting load.

STANDARD: To establish communication with the distant station.

PERFORMANCE STEPS:
1. Assemble a radio set.
2. Conduct a communications check.
3. Identify key components of a Nine-Line.
4. Identify key components of a Position Report.
5. Identify key components of a Situation Report.
6. Conduct a Nine-Line.
7. Conduct a POSREP.
8. Conduct a SITREP.
9. Troubleshoot as required.

REFERENCES: MCRP 3-30B.3 Tac Radios Multi-Service Tactics, Techniques, and Procedures (MTTP) for Tactical Radios

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1015: Recognize indicators of Improvised Explosive Devices (IED)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an operational environment with an IED threat and observation aiding devises.

STANDARD: To identify all indicators in accordance with WTI Lexicon 4.0 Edition 2012.

PERFORMANCE STEPS:
1. Define the five common components of an IED.

2. Define the types of IEDs.
3. Identify visual indicators of a suspected emplaced IED.
4. Identify visual indicators of a suspected vehicle-borne improvised explosive device (VBIED).
5. Identify the visual indicators of a suspected suicide vehicle-borne improvised explosive device (SVBIED) vehicle and driver.
6. Identify the visual indicators of a suspected person-borne IED (PBIED).

REFERENCES:
1. CALL 05-23 Joint Improvised Explosive Device Defeat Organization Tactics, Techniques and Procedures Handbook
2. MCRP 3- 7.2D SUPERCEDED Explosive Hazards Operations

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.
   Commander/Units should contact local Training Support Centers (TSC) to request Service-level endorsed CIED training via Marine Corps Tactics Operations Group (MCTOG) and Marine Corps Engineer School (MCES) at their respective home stations in order to meet METL based CIED requirements (sustainment and/or pre-deployment training).

HSS-MCCS-1016: React to an unexploded IED

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a mission, detection equipment, marking equipment, T/O weapon, combat load, and references.

STANDARD: To confirm presence of all threats in a lane, route, or area with no injury to friendly personnel or damage to equipment.

PERFORMANCE STEPS:
1. Establish Security.
2. Conduct 5&25 meter checks.
3. Mark suspected threat(s).
4. Report suspected threat(s).
5. React to follow-on attack.
6. Report to higher, adjacent, supporting units, as required.

REFERENCES:
1. CALL 05-23 Joint Improvised Explosive Device Defeat Organization Tactics, Techniques and Procedures Handbook
2. MCRP 10-10.1 Countering Explosive Hazards

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Commander/Units should contact local
   Training Support Centers (TSC) to request Service-level endorsed CIED
   training via Marine Corps Tactics Operations Group (MCTOG) and Marine
   Corps Engineer School (MCES) at their respective home stations in order to
   meet METL based CIED requirements (sustainment and/or pre-deployment
   training).

HSS-MCCS-1017: React to an IED attack

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-
MCPO, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: As a member of unit, given a mission, rules of engagement, and a
detonated improvised explosive device (IED).

STANDARD: To recognize any indicators and conduct immediate actions on the
threat.

PERFORMANCE STEPS:
1. Report direction, distance and casualties.
2. React to Personnel Borne-Improvised Explosive Device, Suicide Vehicle
    Borne-Improvised Explosive Device and Vehicle Borne-Improvised Explosive
    Device.
3. Conduct 5 Cs (confirm, clear, cordon, check, and control), as necessary.
4. Check for secondary devices.
5. React to follow on attack(s).
6. Conduct CASEVAC, when applicable.
7. Conduct self-recovery of assets, when applicable.
8. Coordinate recovery of assets with higher, adjacent, or supporting
    unit(s).
9. Coordinate Combat Tracking Dog support, if available.

REFERENCES:
1. CALL 05-23 Joint Improvised Explosive Device Defeat Organization Tactics,
    Techniques and Procedures Handbook
2. MCRP 10-10.1 Countering Explosive Hazards

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   Event should be taught at formal school. If Sailors do not attend the formal
   school, initial training will be MOJT.
   Commander/Units should contact local Training Support Centers (TSC) to
   request Service-level endorsed CIED training via Marine Corps Tactics
   Operations Group (MCTOG) and Marine Corps Engineer School (MCES) at their
   respective home stations in order to meet METL based CIED requirements

(sustainment and/or pre-deployment training).

HSS-MCCS-1018: Maintain physical fitness

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given references, unit physical fitness, and combat conditioning training.

STANDARD: To condition for the rigors of combat.

PERFORMANCE STEPS:
1. Participate in unit physical fitness training.
2. Pass the Navy Physical Fitness Assessment (PFA).
3. Participate in the Marine Corps PFT.
4. Participate in the Marine Corps CFT.

REFERENCES:
1. MCO 6100.13 w/Ch1 Marine Corps Physical Fitness Program
2. MCO P6100.3, w/ch1 Marine Corps Body Composition Program and Military Appearance Program
3. OPNAV 6110.1J PHYSICAL READINESS PROGRAM

MISCELLANEOUS:

> **ADMINISTRATIVE INSTRUCTIONS:** This event was copied from the ELT T&R Manual and modified to meet NAVY PFA standards. It is utilized for familiarization and orientation to the USMC culture of fitness. Medical personnel are NOT required to meet USMC PFT/CFT standards.

HSS-MCCS-1019: March under an assault load

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an individual weapon, an assault load, and as part of a unit movement.

STANDARD: To complete an 8 mile march within allotted timeframe.

PERFORMANCE STEPS:
1. Assemble the load for the march.
2. Load individual field equipment.
3. Complete a 2 mile march.
4. Complete a 4 mile march.
5. Complete a 6 mile march.
6. Complete a 8 mile march.

REFERENCES: MCRP 8-10B.4 Marine Physical Readiness Training for Combat

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT. Officer personnel are only required to complete a 2 and 4 mile hike during FMSO due to time constraints. They will receive additional training MOJT at the units based on mission requirement.
Guidance on weight and gear is located in the Load Terms and Definitions appendix in the Infantry T&R Manual.

HSS-MCCS-1020: Camouflage self and equipment

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an operational environment, camouflage materials, individual field equipment, an individual weapon, and while wearing an assault load.

STANDARD: To avoid detection.

PERFORMANCE STEPS:
1. Camouflage exposed skin.
2. Camouflage individual field equipment.
3. Maintain camouflage to fit the operational environment.

REFERENCES: MCTP 3-01A Scouting and Patrolling

SUPPORT REQUIREMENTS:

EQUIPMENT: Camouflage paint or sticks

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1021: Construct field expedient shelters

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a MARPAT reversible tarpaulin or two-man tent, in an operating environment, and while wearing individual field equipment.

STANDARD: To protect against the effects of weather.

PERFORMANCE STEPS:
1. Select site to erect the shelter.
2. Erect a tarpaulin lean-to shelter.
3. Erect a tarpaulin tent.

REFERENCES: MCRP 3-05.1 Multi-Service Tactics, Techniques, and Procedures for Survival, Evasion, and Recovery

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1022: Perform individual field hygiene

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given water and hygiene items.

STANDARD: To preserve the fighting force to accomplish the mission.

PERFORMANCE STEPS:
1. Purify water.
2. Clean skin.
3. Clean hair.

4. Clean hands.
5. Clean clothing and sleeping gear.
6. Care for mouth and teeth.
7. Care for feet.
8. Dispose of human waste.

REFERENCES:
1. FM 21-75 Combat Skills of the Soldier
2. MCRP 3-40A.4 Field Hygiene and Sanitation
3. NAVMED P5010 Navy Sanitation

MISCELLANEOUS:

> **ADMINISTRATIVE INSTRUCTIONS:** Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1023: Describe common terms, sayings, and quotations used in the Marine Corps

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. Describe the origin of the term "First to Fight."
2. Describe the origin of the term "Leathernecks."
3. Describe the origin of the term "Devil Dogs."
4. Describe the meaning of "Esprit de Corps."
5. Describe the origin of the term "Uncommon valor was a common virtue."
6. Describe the meaning "Semper Fidelis."
7. Identify common nautical terminology used in the Marine Corps.

REFERENCES:
1. Guidebook for Marines
2. MCTP 6-10B Marine Corps Values: A User's Guide for Discussion Leaders
3. MILLET, R. ALLAN SEMPER FIDELIS, The History of the United States Marine Corps

MISCELLANEOUS:

> **ADMINISTRATIVE INSTRUCTIONS:** Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1024: Identify significant events in Marine Corps history

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. State significant places.
2. Identify significant Marines.
3. Describe significant battles.
4. Recognize the significant contributions Pathbreakers (Montford Point Marines, Navajo Code Talkers, Women Marines, etc.) have made to the Marine Corps legacy.

REFERENCES:
1. MCTP 6-10B Marine Corps Values: A User's Guide for Discussion Leaders
2. MILLET, R. ALLAN SEMPER FIDELIS, The History of the United States Marine Corps

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1025: Describe Marine Corps leadership

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. Identify the primary goal of Marine Corps leadership.
2. State the objective of Marine Corps leadership.
3. State the Marine Corps Leadership Traits.

4. State the Marine Corps Leadership Principles.

REFERENCES:
1. Marine Corps Manual
2. MCDP 1 Warfighting
3. MCTP 6-10B Marine Corps Values: A User's Guide for Discussion Leaders

MISCELLANEOUS:

 ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1026: Describe the Code of Conduct

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. State the purpose of the Code of Conduct.
2. State the origin of the Code of Conduct.
3. State the fourth article of the Code of Conduct.

REFERENCES: NAVMC 2681 Code of the U.S. Fighting Force

MISCELLANEOUS:

 ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1027: Describe your rights as a Prisoner of War (POW)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. Describe the origin of a POW's rights.
2. Describe the purpose of a POW's rights.
3. Describe the rights of a POW.

REFERENCES: MCTP 11-10C The Law of Land Warfare

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1028: Describe your obligations as a Prisoner of War (POW)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. State the four items of information service members are required to give their captors.
2. Describe lawful obedience to rules and regulations.
3. Describe the responsibility to perform paid labor.
4. Describe the responsibilities related to military discipline, courtesy, and rendering of honors.

REFERENCES: MCTP 11-10C The Law of Land Warfare

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1029: Identify the mission of the Marine Corps

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. Identify the provisions of the National Security Act of 1947 (revised in 1952).
2. State the importance of the National Security Act of 1947 to the United States Marine Corps.

REFERENCES:
1. Marine Corps Manual
2. National Security Act of 1947 (revised in 1952)

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1030: Identify the location of major Marine units

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. Identify where the three Marine Expeditionary Forces are located.
2. Identify where the four Marine Divisions are located.
3. Identify where the four Marine Air Wings are located.
4. Identify where the four Marine Logistics Groups (MLG) are located.

REFERENCES: MCRP 1-10.1 Organization of the United States Marine Corps

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1031: Describe Marine Air-Ground Task Force (MAGTF)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Without the aid of references.

STANDARD: Without omitting key components.

PERFORMANCE STEPS:
1. Describe the acronym MAGTF.
2. Describe a Special Purpose MAGTF.
3. Describe the four elements of a Marine Expeditionary Unit (MEU).
4. Describe the four elements of a Marine Expeditionary Brigade (MEB).
5. Describe the four elements of a Marine Expeditionary Force (MEF).
6. Describe the four elements of a Marine Expeditionary Force (Forward) MEF (Fwd).

REFERENCES:
1. MCDP 1-0 Marine Corps Operations
2. MCO 3120.8 Policy for the Organization of Marine Forces for Combat

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1032: Identify the health services support elements within the Marine Corps Operating Forces

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given the requirement.

STANDARD: To support mission requirements.

PERFORMANCE STEPS:
1. Identify the HSS components of the MEF.
2. Identify the HSS components of the MAW.
3. Identify the HSS components of the MARDIV.
4. Identify the HSS components of the MLG.

REFERENCES:
1. MCRP 1-10.1 Organization of the United States Marine Corps
2. MCTP 3-40A Health Service Support Operations

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1033: Stand a personnel inspection

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given commander's guidance, with or without arms, clothing and field equipment, and an inspector.

STANDARD: To ensure readiness, serviceability, cleanliness, and personal appearance of personnel and equipment.

PERFORMANCE STEPS:
1. Wear a serviceable uniform.
2. Wear accessories.
3. Maintain grooming standards.
4. Ensure individual weapon is maintained, as appropriate.

REFERENCES:
1. MCO P1020.34G W/CH 1-5 Marine Corps Uniform Regulations
2. NAVMC 2691 W/CH 1 Marine Corps Drill and Ceremonies Manual
3. NAVPERSINST 15665 Navy Uniform Regulations Manual
4. TM 10120-15/1B Uniform fitting and Alterations

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MCCS-1034: Identify components of an operations order

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Personnel should be able to describe HSS needs and capabilities on operations orders.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an operational environment and a Commander's order.

STANDARD: To fulfill medical support for the mission.

PERFORMANCE STEPS:
1. Describe a warning order.
2. Describe the situation.
3. Describe the mission.
4. Describe the execution.
5. Describe administration and logistics.
6. Describe command and signal.
7. Describe fragmentation order.

REFERENCES:
1. Battle Drill Guide
2. MCRP 3-10A.4 Marine Rifle Squad

MISCELLANEOUS:

  ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MATN-2101: Apply the fundamentals of martial arts

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform and without the aid of references.

STANDARD: In accordance with MCRP 8-10B.5.

PERFORMANCE STEPS:
1. Execute the basic warrior stance.
2. Execute angles of movement.
3. Make use of all weapons of the body.
4. Target areas of the opponent.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Ensure all safety precautions are adhered to while performing this task. The Mental and Character Tie-In associated with this task is the "Mental and Character Disciplines of MCMAP."

HSS-MATN-2102: Execute punches

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor and without the aid of references.

STANDARD: To stun an aggressor or set up for follow-on techniques.

PERFORMANCE STEPS:
1. Execute a lead hand punch.
2. Execute a rear hand punch.
3. Execute an uppercut.
4. Execute a hook.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

   EQUIPMENT:
   1. Black Leather Gloves
   2. Striking Pad

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Ensure all safety precautions are adhered to while performing this task. The Mental and Character Tie-In associated with this task is the USMC Core Values Program.

HSS-MATN-2103: Execute falls

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, in an off-balance situation, and without the aid of reference.

STANDARD: To minimize impact and to regain basic warrior stance.

PERFORMANCE STEPS:
1. Execute a front break-fall.
2. Execute a back break-fall.
3. Execute a right side break-fall.
4. Execute a left side break-fall.
5. Execute forward shoulder roll.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

EQUIPMENT: Mouthpiece

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: This task requires a soft surface. Surfaces may include, but are not limited to, woodchips, sawdust, or mats. Ensure all safety precautions are adhered to while performing this event. The Mental and Character Tie-In associated with this task is Suicide Awareness and Prevention.

HSS-MATN-2104: Execute bayonet techniques

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given a service rifle/carbine, a bayonet, and without the aid of references.

STANDARD: To disable an aggressor and gain the tactical advantage.

PERFORMANCE STEPS:
1. Execute a straight thrust.
2. Execute vertical butt stroke.
3. Execute a horizontal butt stroke.
4. Execute a smash.
5. Execute slash.
6. Execute a disrupt.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

    EQUIPMENT:
    1. Bayonet (Sheathed)
    2. Rifle

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Ensure all safety precautions are adhered to while performing this task. This task requires a soft surface. Surfaces may include, but are not limited to, woodchips, sawdust, or mats. The use of unsheathed bayonets during Marine on Marine drills is not authorized. Initial mastery of this event requires execution of bayonet techniques during pugil stick bouts. Sustainment of this event can be trained to standard using pugil sticks, sheathed bayonets or wooden transfer bayonets trainers during all training evolutions. Use of unsheathed bayonets is only authorized during command approved bayonet assault courses. The Mental and Character Tie-In associated with this task is the Fundamentals of Marine Corps Leadership.

HSS-MATN-2105: Execute upper body strikes

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, and without the aid of references.

STANDARD: To stun an aggressor and set up for follow-on techniques.

PERFORMANCE STEPS:
1. Execute an eye gouge.
2. Execute a horizontal hammer fist strike.
3. Execute a vertical hammer fist strike.
4. Execute a forward horizontal elbow strike.
5. Execute a vertical elbow strike low to high.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

    EQUIPMENT:
    1. Mouthpiece
    2. Striking pad

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Ensure all safety precautions are adhered to while performing this task. The Mental and Character Tie-In associated with this task is Sexual Harassment.

HSS-MATN-2106: Execute lower body strikes

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, and without the aid of references.

STANDARD: To stun an aggressor and set up follow on techniques.

PERFORMANCE STEPS:
1. Execute a front kick.
2. Execute a round kick.
3. Execute a vertical knee strike.
4. Execute a vertical stomp.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)
3. MWS MACE Approved Warrior Study

SUPPORT REQUIREMENTS:

    EQUIPMENT:
1. Mouthpiece
2. Striking pad

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Ensure all safety precautions are adhered to while performing this task. The Mental and Character Tie-In associated with this task is the preselected Warrior Study.

HSS-MATN-2107: Execute chokes

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, without the aid of references.

STANDARD: To render an aggressor unconscious or gain control of a close combat situation through less than lethal force.

PERFORMANCE STEPS:
1. Execute a rear choke.
2. Execute a figure 4 variation to the rear choke.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

EQUIPMENT: Mouthpiece

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Ensure all safety precautions are adhered to while performing this task. The Mental and Character Tie-In associated with this task is Substance Abuse and Prevention.

HSS-MATN-2108: Execute leg sweep

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, and without the aid of references.

STANDARD: To bring an aggressor to the deck to gain tactical advantage.

PERFORMANCE STEPS:
1. Execute entry.
2. Execute off-balancing.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

EQUIPMENT: Mouthpiece

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: This task requires a soft surface. Surfaces may include, but are not limited to, woodchips, sawdust, or mats. Ensure all safety precautions are adhered to while performing this event. The Mental and Character Tie-In associated with this task is Equal Opportunity.

HSS-MATN-2109: Execute counters to strikes

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, and without the aid of references.

STANDARD: To counter an aggressor's attack and gain a tactical advantage.

PERFORMANCE STEPS:
1. Execute a counter to a rear hand punch.
2. Execute a counter to a rear leg kick.

REFERENCES:
1. MCO 1500.54B Marine Corps Martial Arts Program
2. MCRP 3-02B Marine Corps Martial Arts

SUPPORT REQUIREMENTS:

  EQUIPMENT: Mouthpiece

MISCELLANEOUS:

  ADMINISTRATIVE INSTRUCTIONS: This task requires a soft surface. Soft surfaces may include but are not limited to, wood chips, sawdust, and mats. Ensure all safety precautions are adhered to while performing this task. The Mental and Character Tie-In associated with this task is Personal Readiness.

HSS-MATN-2110: Execute counters to chokes and holds

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, and without the aid of references.

STANDARD: To remove the choke or hold and gain the tactical advantage.

PERFORMANCE STEPS:
1. Execute counter to a rear choke.
2. Execute counter to a rear headlock.
3. Execute counter to rear bear hug.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)
3. MWS MACE Approved Warrior Study

SUPPORT REQUIREMENTS:

   EQUIPMENT: Mouthpiece

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: This task requires a soft surface. Surfaces may include, but are not limited to, wood chips, sawdust, or mats. Ensure all safety precautions are adhered to while performing this event. The Mental and Character Tie-In associated with this task is Pre-Selected Warrior Study.

HSS-MATN-2111: Execute unarmed manipulations

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, and without the aid of references.

STANDARD: To control an aggressor.

PERFORMANCE STEPS:
1. Execute a basic wrist-lock takedown.
2. Execute a reverse wrist-lock.
3. Execute an arm bar takedown.

REFERENCES:

1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCO 5500.6_ Arming of Law Enforcement and Security Personnel and the Use
    of Force
3. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

> **EQUIPMENT:** Mouthpiece

MISCELLANEOUS:

> **ADMINISTRATIVE INSTRUCTIONS:** This task requires a soft surface. Surfaces
> may include, but are not limited to, woodchips, sawdust, or mats. Ensure
> all safety precautions are adhered to while performing this event. The
> Mental and Character Tie-In associated with this task is Fraternization.

HSS-MATN-2112: Execute armed manipulations

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: DESCRIPTION: Requirement is based on unit standard operating
procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-
MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, a service
rifle/carbine, and without the aid of references.

STANDARD: To retain and maintain control of a weapon.

PERFORMANCE STEPS:
1. Execute counter to the muzzle grab.
2. Execute counter to the overhand grab.
3. Execute counter to the underhand grab.
4. Execute a high block.
5. Execute a low block.
6. Execute a mid block.
7. Execute a left block.
8. Execute a right block.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCO 5500.6_ Arming of Law Enforcement and Security Personnel and the Use
    of Force
3. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)
4. MWS MACE Approved Warrior Study

SUPPORT REQUIREMENTS:

EQUIPMENT:
1. Mouthpiece
2. Service Rifle/Carbine

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: This task requires a soft surface. Soft surfaces may include, but are not limited to, woodchips, sawdust, and mats. Ensure all safety precautions are adhered to while performing this task. The Mental and Character Tie-In associated with this task is Pre-Selected Warrior Study.

HSS-MATN-2113: Execute knife techniques

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Requirement is based on unit standard operating procedures for medical and dental personnel.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: While wearing a combat uniform, given an aggressor, a knife, and without the aid of references.

STANDARD: To eliminate the threat.

PERFORMANCE STEPS:
1. Execute a vertical slash.
2. Execute a vertical thrust.

REFERENCES:
1. MCO 1500.54_ Marine Corps Martial Arts Program
2. MCRP 7-20B.4 Marine Corps Martial Arts Program (MCMAP)

SUPPORT REQUIREMENTS:

EQUIPMENT: Training knife

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Ensure all safety precautions are adhered to while performing this task. The Mental and Character-Tie associated with this task is sexual responsibility.

HSS-MCCS-2001: Qualify with a T/O weapon

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a T/O weapon, supplies, and a mission requirement.

STANDARD: Striking target in accordance with tables in MCO 3574.2_.

PERFORMANCE STEPS:
1. Perform weapon cleaning and maintenance.
2. Identify the four weapon conditions.
3. Identify four basic weapons safety rules.
4. Perform the function check.
5. Identify target.
6. Engage target.

REFERENCES: MCO 3574.2_ Marine Corps Combat Marksmanship Program

SUPPORT REQUIREMENTS:

   ORDNANCE:

DODIC	QUANTITY
A059 Cartridge, 5.56mm Ball M855 10/Clip	100 rounds per Sailor
A363 Cartridge, 9mm Ball M882	200 rounds per Sailor

   MISCELLANEOUS:

      ADMINISTRATIVE INSTRUCTIONS: MOU required for units without organic T/E weapons

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HSS-MCCS-2002: Engage a target

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given an M67 fragmentation grenade and target, while wearing a fighting load.

STANDARD: To achieve impact within the effective casualty radius of the grenade.

PERFORMANCE STEPS:
1. Remove grenade from pouch.
2. Inspect grenade for defects.
3. Estimate range to target.
4. Prepare the grenade for throwing.
5. Assume grenade throwing position.
6. Throw the grenade and communicate "Frag Out."
7. Take cover.

REFERENCES: FM 3-23.30 Grenades and Pyrotechnic Signals

SUPPORT REQUIREMENTS:

    ORDNANCE:

DODIC	QUANTITY
G811 Grenade, Hand Practice Body M69	3 grenades per Sailor
G878 Fuze, Hand Grenade Practice M228 w/ Conf Clip	3 fuzes per Sailor
G881 Grenade, Hand Fragmentation M67 w/ Conf Clip	1 grenades per Sailor

RANGE/TRAINING AREA:

    Facility Code 17810 Live Hand Grenade Range

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: MOJT training for officer and enlisted is based on unit mission requirements.

HSS-MCCS-2003: Navigate with a Global Positioning System (GPS)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a map, protractor, designated objective(s), global positioning system and accessories, while wearing a fighting load.

STANDARD: To maneuver to 9 of 10 designated point(s).

PERFORMANCE STEPS:
1. Determine eight-digit grid of objective from map plot.
2. Input destination coordinates into GPS.
3. Determine current location coordinates from GPS reading.
4. Determine azimuth and distance to objective from Global Positioning System.

5. Navigate.

REFERENCES:
1. TC 3-25.26 Map Reading and Land Navigation
2. TM 09880C-0R Operator's Guide, DAGR Operator's Pocket Guide
3. TM 11-5825-291-13 Operator and Maintenance Manual For Satellite Signal
    Navigation Set AN/PSN-11

MISCELLANEOUS:

> **ADMINISTRATIVE INSTRUCTIONS**:
> MOJT training for officer and enlisted is based on unit mission requirements.
> Use of COTS products is acceptable for performance of this task.

HSS-MCCS-2004: Operate motor transport equipment

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Specific vehicle training for enlisted and officer personnel
are based on unit mission requirements.

GRADES: NV-SR, NV-SA, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO

INITIAL LEARNING SETTING: MOJT

CONDITION: Given applicable references, operational motor transport
equipment, forms, required tools and equipment.

STANDARD: To safely meet operational requirements with no injury to
personnel or damage to equipment.

PERFORMANCE STEPS:
1.   Perform before operations checks.
2.   Prepare operational forms and records.
3.   Operate vehicle.
4.   Transport cargo/personnel.
5.   Perform during operations checks.
6.   Tow load as required.
7.   Perform emergency procedures on motor transport equipment as required.
8.   Observe ground guide as required.
9.   Perform after operations checks.
10. Complete operational forms and records.

REFERENCES:
1.   AETM Applicable Equipment Technical Manuals
2.   ALO/I Applicable Lubrication Order/Instruction
3.   FM 21-305 Manual for Wheeled Vehicle Driver
4.   FM 31-70 Basic Cold Weather Manual
5.   FM 7-28 Jungle Operations
6.   FMFM 7-29 Mountain Operations
7.   MCO 5100.19_ Marine Corps Traffic Safety Program (Drive Safe)
8.   MCRP 3-40F.7 Multi-Service Tactics, Techniques, and Procedures for

Tactical Convoy Operations (TCO)
9.   MCTP 3-40F Distribution and Transportation Operations
10. MCWP 3-17.1 Combined Arms Gap-Crossing Operations
11. MTMCTEA PAM 55-20 Tiedown Handbook for Truck Movement
12. TB 9-639 Passenger-Carrying Capacity of Tactical and Administrative
     Vehicles Commonly Used to Transport Personnel
13. TC 3-21.60 Visual Signals
14. TC 3-25.26 Map Reading and Land Navigation
15. TM 11033-OR Operators Manual
16. TM 11240-15/3 Motor Vehicle Licensing Official's Manual
17. TM 11329A-OI/1 Operators, Unit Direct Support and General Support
     Maintenance Manual
18. TM 2320-10/6 Operator Manual for HMMWV
19. TM 4700-15/1_ Ground Equipment Record Procedures
20. TM 8H667-13&P/1 Drivers Vision Enhancer
21. TM 9-4910-593-12&P Tow Bar Motor Vehicle

HSS-MCCS-2005: Prepare a bivouac

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a unit in an operational environment, necessary equipment and supplies.

STANDARD: To provide shelter for health services support operations.

PERFORMANCE STEPS:
1. Determine shelter requirements for performance of the mission.
2. Select an appropriate site.
3. Erect shelter using available material.
4. Store shelter upon completion.

REFERENCES: TM 10-8340-211-13 Operator, Unit and Direct Support Maintenance Manual for the Tent, General Purpose

CHAPTER 5

MEDICAL COMMON SKILLS INDIVIDUAL EVENTS

HSS T&R MANUAL

CHAPTER 5

MEDICAL COMMON SKILLS INDIVIDUAL EVENTS

5000. PURPOSE. This chapter details the individual training events
designated as HSS Marine Corps medical common skills. An HSS Marine Corps
medical common skill is a skill that is a core capability for Naval personnel
assigned to the Fleet Marine Force. Each individual event provides an event
title, along with the conditions events will be performed under, and the
standard to which the event must be performed to be successful.

5001. EVENT CODING

Events in this T&R Manual are depicted with an up to 12-character, 3-field
alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the
following methodology:

    a. Field one. This field represents the community. This chapter
contains the following community codes:

Code	Description
HSS	Health Services Support

    b. Field two. This field represents the functional/duty area. This
chapter contains the following functional/duty areas:

Code	Description
MED	Medical

    c. Field three. This field provides the level at which the event is
accomplished and numerical sequencing of events. This chapter contains the
following event levels:

Code	Description
1000	Core Skills
2000	Core Plus Skills
2100	Advanced Core Plus Skills

5002. INDEX OF INDIVIDUAL EVENTS

Event Code	Event	Page
1000 Level Events		
HSS-MED-1001	Conduct an inventory	5-3
2000 Level Events		
HSS-MED-2001	Provide first responder medical support	5-4
HSS-MED-2002	Perform Tactical Combat Casualty Care	5-5
HSS-MED-2003	Conduct triage	5-5
HSS-MED-2004	Treat environmental injuries	5-6
HSS-MED-2005	Manage mass casualty incident	5-7
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5003. INDEX OF INDIVIDUAL EVENTS

HSS-MED-1001: Conduct an inventory

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Casualty care kits include, but not limited to: Individual First Aid Kit (IFAK)/ Joint First Aid Kit (JFAK), Combat Lifesavers (CLS) Bag, and Corpsman Assault Pack (CAP).

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty care kit and references.

STANDARD: To ensure kit is complete and serviceable.

PERFORMANCE STEPS:
1. Identify Minor Injury Kit components.
2. Identify Trauma Kit components.
3. Identify safety precautions associated with components.

REFERENCES:
1. CAP SON CAP Statement of Need
2. CLS SON CLS Kit Statement of Need
3. IFAK User's Instructions for the Individual First Aid Kit
4. IFAK SON IFAK Statement of Need
5. MCRP 3-40A.9 First Aid

SUPPORT REQUIREMENTS:

   EQUIPMENT:
   IFAK (NSN 6545-01-539-2732) or Training IFAK
   CLS bag (NSN 6545-01-571-4470)

Corpsman Assault Pack (NSN 6545-01-549-1053)

UNITS/PERSONNEL: Preferred method of instruction is by an instructor trained 8404 Corpsman.

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MED-2001: Provide first responder medical support

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Non-medical and medical personnel who provide direct patient care may be asked to assess the needs of the patients in environments with very limited medical supplies. Environments may include tactical operations, humanitarian assistance, MOOTW, urban, isolated, detainee operations or Indigenous displaced personnel. It is important to assess operational and supply needs for length of sustainment care.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: In various environments, given standard field medical equipment and supplies.

STANDARD: To reduce the risk of further injury or death using correct interventions.

PERFORMANCE STEPS:
1. Identify operating environment.
2. Identify necessary supplies.
3. Determine special requirements for casualty care and movement.
4. Perform emergency life-saving procedures.

REFERENCES:
1. FM 8-10-1 Tactics, Techniques, and Procedures for the Medical Company
2. FM 8-10-6 Medical Evacuation in a Theater of Operations
3. FM 90-10-1 Infantryman's Guide to Combat in Built-Up Areas
4. MCRP 12-10B.1 Military Operations on Urbanized Terrain (MOUT)
5. MCTP 3-40A Health Service Support Operations

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MED-2002: Perform Tactical Combat Casualty Care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given T/O weapon, supplies, and a casualty in a tactical environment.

STANDARD: To reduce the risk of further injury or death using correct interventions.

PERFORMANCE STEPS:
1. Perform Care Under Fire.
2. Perform Tactical Field Care.
3. Evacuate as indicated.

REFERENCES:
1. CoTCCC guidelines Committee on Tactical Combat Casualty Care Guidelines
2. DoDI 1322.24 Medical Readiness Training
3. DODI 6040.47 Joint Trauma Systems
4. PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition

SUPPORT REQUIREMENTS:

   EQUIPMENT:
   1. Rubber weapons
   2. Class VIII supplies

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

   SPECIAL PERSONNEL CERTS: Requalification every 36 months

   SIMULATION: Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

HSS-MED-2003: Conduct triage

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given multiple casualties in an operational environment.

STANDARD: To ensure patients are assigned to the appropriate category.

PERFORMANCE STEPS:
1. Identify the principles of triage.
2. Determine patient category.
3. Reassess triage categories assigned, as needed.

REFERENCES:
1. Advanced Trauma Life Support (ATLS). American College of Surgeons: current edition.
2. NAVEDTRA 14295B2 HM Manual
3. PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.
   This event satisfies the Dental Bn MET requirement for augment conduct triage at role 2

HSS-MED-2004: Treat environmental injuries

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Environmental injuries are dependent on the operational environment.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty and materials.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Evaluate the environmental injury.
2. Identify symptoms of environmental injury.
3. Perform corrective measures.
4. Document care.
5. Seek medical aid.

REFERENCES:

1. MCRP 3-40A.9 First Aid
2. NAVEDTRA 14295B2 HM Manual
3. PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition
4. TB MED 505 Altitude Acclimatization and Illness Management
5. TB MED 508 Prevention and Management of Cold-Weather Injuries

SUPPORT REQUIREMENTS:

   EQUIPMENT: IFAK or Training IFAK, rectal thermometer, rewarming supplies, cooling supplies

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MED-2005: Manage mass casualty incident

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given multiple casualties in an operational environment, necessary medical equipment and supplies.

STANDARD: To reduce the risk of further injury and death.

PERFORMANCE STEPS:
1. Develop a reception plan.
2. Conduct triage.
3. Provide emergency treatment, as indicated.
4. Determine patient transportation requirements.
5. Develop casualty evacuation plan.

REFERENCES:
1. Advanced Trauma Life Support (ATLS). American College of Surgeons: current edition.
2. NAVEDTRA 14295B2 HM Manual
3. PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.
   Dental personnel will support mass casualty events as requested by higher authority.

HSS-MED-2006: Identify diseases of operational importance

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an operational plan and Commanding Officer's guidance.

STANDARD: To prevent spread of sickness and disease.

PERFORMANCE STEPS:
1. Identify health risks in area of operation.
2. Identify disease surveillance methods.
3. Provide guidance on preventive medicine to reduce the risk of exposure.
4. Identify disease reporting requirements.
5. Submit reports as required.

REFERENCES:
1. FM 8-10-1 Tactics, Techniques, and Procedures for the Medical Company
2. MCRP 3-40A.4 Field Hygiene and Sanitation
3. NAVMED P5010 Navy Sanitation

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MED-2007: Evacuate casualties

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given casualties in an operational environment.

STANDARD: For medical treatment to prevent further injury or death.

PERFORMANCE STEPS:
1. Submit evacuation request.
2. Receive guidance from HHQ.
3. Prepare the casualty.
4. Prepare documentation.

5. Conduct casualty turnover.
6. Evacuate casualty.

REFERENCES:
1. FM 8-10-6 Medical Evacuation in a Theater of Operations
2. JP 4-02.1 Health Service Logistics Support in Joint Operations
3. MCRP 3-40A.7 Patient Movement
4. PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

    SIMULATION: Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

HSS-MED-2008: Perform En-Route Care (ERC)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Initial training will be done at a formal approved school for en-route care.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty requiring en-route care.

STANDARD: To prevent further injury or death during transport.

PERFORMANCE STEPS:
1. Receive casualty evacuation request.
2. Identify mode of transport.
3. Identify supplies needed.
4. Receive casualty turnover.
5. Conduct casualty assessment.
6. Package patient for transport.
7. Monitor/treat during transport as needed.
8. Conduct casualty turnover to receiving facility.

REFERENCES:
1. MCRP 3-40A.7 Patient Movement
2. MCTP 3-40A Health Service Support Operations

MISCELLANEOUS:

    SPECIAL PERSONNEL CERTS: Certification is valid for 36 months

SIMULATION: Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

HSS-MED-2009: Identify the components of a Health Services Support Plan

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: At the command level, participate directly in the planning process with the command staff and medical planner 3/4/5, as appropriate.

GRADES: NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a mission, pertinent information and acceptable risk.

STANDARD: In support of the Op Order.

PERFORMANCE STEPS:
1. Participate in planning meeting.
2. Identify Commander's intent.
3. Identify courses of action.
4. Identify concept of support.
5. Identify concept of operations.
6. Coordinate with outside entities.

REFERENCES:
1. JP 4-02 Health Service Support
2. MCDP 5 Planning
3. MCTP 3-40A Health Service Support Operations
4. MCWP 5-10 Marine Corps Planning Process

MISCELLANEOUS:

  ADMINISTRATIVE INSTRUCTIONS: Officers will receive this training at FMSO or upon arrival to unit as MOJT. Senior enlisted will receive this training MOJT.

HSS-MED-2010: Manage Health Service Support for military operations

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: In the development process of planning for deployment, unit readiness must be analyzed and documented.

GRADES: NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given the requirement in an operational environment.

STANDARD: To reduce the risk of sickness or disease.

PERFORMANCE STEPS:
1.   Review the operational medical plan ANNEX Q.
2.   Review operational plan ANNEX D
3.   Provide guidance on preventive medicine risks.
4.   Monitor unit immunization program.
5.   Maintain occupational health surveillance programs.
6.   Conduct deployment health Surveillance Programs.
7.   Deploy class VIII supplies.
8.   Plan for combat replacements.
9.   Liaison with other HSS units.
10. Coordinate casualty movement.
11. Perform required administrative duties.
12. Use appropriate reporting system - MRRS, SAMS, TMIP, GCSS, CDA, etc
13. Submit required reports.

REFERENCES:
1.   ATP 3-21.18 Foot Marches
2.   BUMEDINST 6230.15 Immunizations and Chemoprophylaxis
3.   DODI 6490.03 Deployment Health
4.   MCDP 5 Planning
5.   MCRP 3-40A.7 Patient Movement
6.   MCTP 3-40A Health Service Support Operations
7.   MCWP 5-10 Marine Corps Planning Process
8.   NAVMED P-117 Manual of the Medical Department
9.   NAVMED P-5010 Navy Sanitation

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Officers will receive this training at FMSO or upon arrival to unit as MOJT. Senior enlisted will receive this training MOJT.

HSS-MED-2011: Manage field medical services training program

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given subordinate field medical personnel.

STANDARD: To provide unit personnel adequate sustainment and progression training to ensure mission success.

PERFORMANCE STEPS:
1. Assess health services unit training readiness.
2. Identify annual training requirements.
3. Identify support requirements.
4. Coordinate field and combat skills MOJT and sustainment training through Marine Corps training establishment.
5. Conduct health services training appropriate to unit size and mission.
6. Provide health services training support for Marines.
7. Participate in unit training evaluations and inspections.

REFERENCES:
1. FM 8-10-1 Tactics, Techniques, and Procedures for the Medical Company
2. MCO 1553.3_ Unit Training Management (UTM)
3. MCTP 8-10A Unit Training Management Guide
4. MCTP 8-10B How to Conduct Training

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    Officers will receive this training at FMSO or upon arrival to unit as MOJT. Senior enlisted will receive this training MOJT.
    ADVANCED training: Unit Readiness Planning Course (URPC) offered at train the trainer (T3) school.

HSS-MED-2012: Manage Combat and Operational Stress

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given personnel in any environment.

STANDARD: To strengthen, mitigate, identify, treat, and reintegrate personnel.

PERFORMANCE STEPS:
1. Identify the roles, duties, and limitations of Operational Stress Control and Readiness (OSCAR) team members.
2. Define the components of the COSC continuum.
3. Identify the core leader functions.
4. Identify the sources and signs of combat and operational stress.
5. Utilize the Stress Decision flowchart.
6. Apply Combat Operational Stress First Aid (COSFA).
7. Identify appropriate referral resources.
8. Identify processes to reduce stigma.
9. Differentiate between Combat and Operational Stress, Post Traumatic Stress

Disorder (PTSD), and Traumatic Brain Injury (TBI).

REFERENCES:
1. DTM 09-033 Policy Guidance for Management of Traumatic Brain Injury (TBI) in the Deployed Setting
2. MCBUL 6490 Combat Operational Stress Control (COSC) Program
3. MCO 5351.1 Combat and Operational Stress Control (COSC) Program
4. MCTP 3-30E Combat and Operational Stress Control

MISCELLANEOUS:

>   **ADMINISTRATIVE INSTRUCTIONS:** Event should be taught at formal school. If Sailors do not attend the formal school, initial training will be MOJT.

HSS-MED-2013: Provide advanced COSC OSCAR Extender services

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a casualty.

STANDARD: To initiate treatment within scope of practice.

PERFORMANCE STEPS:
1. Restore mental readiness.
2. Provide COSC fitness recommendations.
3. Provide unit-level stress interventions.
4. Provide staff care initiatives.
5. Provide effective mental health referrals and coordination.
6. Apply HIPAA and confidentiality standards.
7. Monitor the casualty.
8. Document care provided.

REFERENCES:
1. DTM 09-033 Policy Guidance for Management of Traumatic Brain Injury (TBI) in the Deployed Setting
2. MCBUL 6490 Combat Operational Stress Control (COSC) Program
3. MCO 5351.1 Combat and Operational Stress Control (COSC) Program
4. MCTP 3-30E Combat and Operational Stress Control

HSS-MED-2014: Conduct field food service sanitation

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Preventive Medicine Technician (PMT, 8432) or formally trained Preventive Medicine Representative (PMR), either Sailor or Marine, will perform field food service sanitation support as identified.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a field messing facility in an operational environment, necessary equipment and supplies.

STANDARD: To prevent spread and transmission of food-borne illnesses.

PERFORMANCE STEPS:
1. Identify common food-borne illnesses.
2. Determine source of food supply.
3. Determine appropriate food service areas.
4. Inspect ration storage and breakdown points.
5. Monitor ration storage, preparation, and distribution.
6. Submit required reports.

REFERENCES:
1. FM 8-23 Control of Communicable Diseases Manual, American Public Health Association, current edition
2. MCRP 3-40A.4 Field Hygiene and Sanitation
3. NAVMED P-5010-1 Manual of Naval Preventive Medicine Food Safety

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HSS-MED-2015: Perform field preventive medicine

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Field preventive medicine support, preferably, should be performed by a Preventive Medicine Technician (PMT, 8432) as part of a Preventive Medicine Unit (PMU). PMUs should consist of at least one Environmental Health Officer (2300/1860) or Entomologist (2300/1850). Recommended unit construct be a fire team up to squad-size depending on mission, situation, and transport platform.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-WO-1

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a mission, in an operational environment.

STANDARD: To prevent spread and transmission of infectious diseases.

PERFORMANCE STEPS:
1.   Identify DNBI risks in operational environment.
2.   Conduct water source testing for potability
3.   Perform treatment as needed.
4.   Perform Operational Environmental Health Site Assessment (OEHSA).
5.   Perform field sanitation survey.
6.   Perform entomological survey.
7.   Perform industrial hygiene survey as needed.
8.   Maintain field preventive medicine program.
9.   Provide guidance/briefs to field commander and senior medical officer.
10. Submit reports as required.

REFERENCES:
1.   MCRP 3-40A.4 Field Hygiene and Sanitation
2.   MCTP 3-40A Health Service Support Operations
3.   OPNAVINST 3501.347A Projected Operational Environment and Required Operational Capability for the Navy Forward Deployable Preventive Medicine Unit
4.   P-5010 Navy Manual for Preventive Medicine
5.   TB MED 530 Tri-service Food Code

SUPPORT REQUIREMENTS:

RANGE/TRAINING AREA:

   Facility Code 17413 Field Training Area

   EQUIPMENT:
   AMAL 637 (Projected mission: <60 days and/or COP)
   AMAL 638 (Projected mission: >60 days or FOB)
   AMAL 638, 650, and 651 (Projected mission: >180 days and FOB)

HSS-MED-2101:   Perform general and health services administrative tasks

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:**   12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given the necessary records and forms.

STANDARD: To ensure mission essential administrative functions within the unit are met.

PERFORMANCE STEPS:
1. Prepare a naval message.
2. Prepare a standard naval letter.
3. Maintain correspondence files, as required.

4. Maintain orders, directives, and publications, as required.

REFERENCES:
1. NAVMED P-117 Manual of the Medical Department
2. NAVMED P-5004 Handbook of the Hospital Corps
3. SECNAVINST 5216.5_ Correspondence Manual

HSS-MED-2102: Deploy Class VIII health services supplies

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Health Services will draw and maintain required Class VIII (AMAL/ADAL).

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a mission.

STANDARD: To meet mission requirements.

PERFORMANCE STEPS:
1. Determine supply requirements.
2. Develop POA&M for Class VIII shortfalls.
3. Provide readiness report to chain of command.
4. Maintain minimum supply requirements at all times.
5. Trouble shoot AMAL/ADAL equipment.
6. Perform periodic AMAL/ADAL maintenance, as required.

REFERENCES:
1. MCDP 4 Logistics
2. MCTP 3-40A Health Service Support Operations
3. MCWP 3-40 Logistics Operations

SUPPORT REQUIREMENTS:

RANGE/TRAINING AREA:

Facility Code 17410 Maneuver/Training Area, Light Forces

EQUIPMENT: Lift, AMAL/ADAL, motor transport, engineers/utilities, communications

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HSS-MED-2103: Conduct training

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given personnel, an annual training plan, necessary equipment and supplies.

STANDARD: To provide appropriate sustainment of skills and progression.

PERFORMANCE STEPS:
1. Review the annual training plan for requirements.
2. Identify individual training requirements.
3. Develop a training schedule.
4. Schedule support requirements.
5. Coordinate appropriate field and combat skills training through unit.
6. Conduct appropriate health services training for mission.
7. Conduct health services training for Marines, as required.
8. Participate in unit training evaluations and inspections, as required.
9. Maintain appropriate records.

REFERENCES:
1. FM 8-10-1 Tactics, Techniques, and Procedures for the Medical Company
2. MCO 1510.34 Individual Training Standards System (ITSS)
3. MCO 1553.3_ Unit Training Management (UTM)
4. MCTP 8-10A Unit Training Management Guide
5. MCTP 8-10B How to Conduct Training
6. SECNAV M-5210.1_ Department of the Navy Records Management Manual
7. SECNAVINST 5210.8 Records Management Program for Department of the Navy

MISCELLANEOUS:

   SIMULATION: Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

HSS-MED-2104: Conduct sustainment training

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Applies to all HSS personnel required to provide direct patient care.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given platform specific AMALs/ADALs and personnel

STANDARD: To maintain operational familiarity and proficiency IAW chapter 10 of MCWP 3-40A.

PERFORMANCE STEPS:
1. Set up equipment.
2. Train on equipment.
3. Document sustainment training.

REFERENCES: MCTP 3-40A Health Service Support Operations

SUPPORT REQUIREMENTS:

   EQUIPMENT: AMAL/ADAL

MISCELLANEOUS:

   SIMULATION: Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

CHAPTER 6

L03A - FIELD MEDICAL SERVICE TECHNICIAN INDIVIDUAL EVENTS

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L03A - FIELD MEDICAL SERVICE TECHNICIAN INDIVIDUAL EVENTS

6000. PURPOSE. This chapter details the individual events that pertain to
L03A - Field Medical Service Technicians. Each individual event provides an
event title, along with the conditions events will be performed under, and
the standard to which the event must be performed to be successful.

6001. EVENT CODING

Events in this T&R Manual are depicted with an up to 12-character, 3-field
alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the
following methodology:

   a. Field one. This field represents the community. This chapter
contains the following community codes:

Code	Description
L03A	Field Medical Service Technician

   b. Field two. This field represents the functional/duty area. This
chapter contains the following functional/duty areas:

Code	Description
EFWB	Emergency Fresh Whole Blood
HSS	Health Services Support
PCC	Prolonged Casualty Care
TCCC	Tactical Combat Casualty Care

   c. Field three. This field provides the level at which the event is
accomplished and numerical sequencing of events. This chapter contains the
following event levels:

Code	Description
1000	Core Skills
2000	Core Plus Skills
2100	Advanced Core Plus Skills

6002. BILLET DESCRIPTIONS/CORE CAPABILITIES

L03A - Field Medical Service Technician
Provides medical and dental services for personnel in field units. Provides
technical and administrative assistance to support the mission and functions
of the Navy and Marine Corps field units. Maintains organizational level
AMAL's and ADAL's. Assists in the procurement and distribution of supplies
and equipment for field use and combat areas. Maintains field treatment
facilities. Renders first aid and emergency medical and dental treatment to
unit personnel/combatants. Coordinates and performs medical evacuation
procedures. Ensures observance of field sanitary measures and preventive

measures in specialized warfare. Conducts first aid and health education training programs.

L04A - Aerospace Medical Technician
Assists flight surgeon or medical officer in special examination and treatments for naval aviators and flight personnel. Assists in conducting aviation medical tests. Assists flight surgeon in investigating and reporting results of aircraft mishaps. Maintains aviation medical records and files.

L07A - Aerospace Physiology Technician
Serves as a technical assistant to the Aerospace Physiologist. Provides instruction to aviation and non-aviation personnel in aeromedical aspects of flight, in-flight visual problems, spatial disorientation, emergency egress systems, personal life support equipment, and water survival techniques. Performs the duties of an inside instructor/observer on hypobaric chamber flights. Operates and maintains training devices peculiar to the aviation physiology and aviation water survival training programs. Performs the administrative duties required of the Aviation Physiology Training Units. Assists in the fleet introduction and evaluation of aviator's personal and survival equipment.

L08A - Bio-Medical Equipment Technician
Assembles, maintains, troubleshoots, aligns, and calibrates medical equipment. Calculates circuit parameters, solder, plumbing, welding, and documentation. The major emphasis is on deployable medical equipment, i.e., X-Ray, dental X-Ray, laboratory, ophthalmic, dental, pneumatic, hydraulic, general, medical and surgical diagnostic and treatment equipment at the module or circuit board level.

L12A - Preventive Medicine Technician
Assists Medical Department Officers in the performance of Preventive Medicine and Occupational Health Programs for Navy and Marine Corps forces ashore and afloat.   Performs inspections and surveys of food and food service facilities, berthing spaces, barber and beauty shops, child care facilities, recreational facilities, swimming pools, potable water systems, solid waste and waste water disposal sites and systems, vehicles, and transport containers. Conducts bacteriological analysis of food, water, and ice samples. Conducts epidemiological investigations and reporting (Disease Alert Report), interviews and counsels sexually transmitted disease and other communicable disease patients and contacts, administers mass immunization programs and conducts nosocomial infection control programs. Applies statistical methods to human mortality, morbidity, and demographic studies. Conducts disease vector (insects, rodents, parasites, and other pests) control programs (surveys, identification, and pesticide application and other control measures). Is proficient in all aspects of field sanitation (water and food service sanitation, waste disposal, and vector control). Is proficient in medical and sanitary aspects of CBR defense.   Under the supervision of occupational health professionals, assists in ensuring that work place environments are healthful, consistent with existing NAVOSH standards, through surveillance of the work place and medical surveillance of personnel exposed to work place hazards. Instructs medical and nonmedical personnel in preventive medicine, industrial hygiene, environmental health and occupational health matters.

L17A - Advanced X-Ray Technician

Operates medical X-ray equipment in performance of all diagnostic radiographic examinations. Operates ultrasound equipment, applying the concept of acoustical physics, basic equipment knowledge and clinical procedures. Assists the radiologist in performing fluoroscopic examinations and computerized axial tomographic examinations (CAT scans). Performs special radiographic procedures, vascular procedures, and processes X-rays. Has knowledge of all administrative procedures relative to the Radiology Service and photodosimetric duties.

L22A - Pharmacy Technician
Prepares and dispenses prescribed medicines and pharmaceutical preparations. Compounds preparations according to prescriptions issued by medical officers. Procures, stores and issues pharmaceutical materials and supplies. Maintains files and records and submits required pharmacy reports.

L23A - Surgical Technologist
Assists medical officer in carrying out surgical techniques. Provides nursing care, safety and support to patients before, during and after surgery. Selects, sterilizes and prepares instruments and materials for the aseptic environment necessary for surgery. Assists anesthetist during operating procedures in giving artificial respiration and in the use of resuscitators. Maintains surgical equipment and records. Assists with instruction, supervision, and evaluation of students and other corpsmen assigned duties relating to surgery.

L24A - Behavioral Health Technician
Provides behavioral and mental health care for service members and their families. Assists psychiatrists and psychologists by performing assessments, crisis triage and management, co-facilitation of therapy groups, short-term counseling, training and education classes and psychological testing.
 Provides intervention for persons affected by psychological trauma, mental illness and crisis. Completes observations and documentation in the care and treatment of patients in the inpatient and outpatient hospital settings and field environments. Has knowledge of operational stress control and mitigation methods and assessment of traumatic brain injury.

L27A - Medical Deep Sea Diving Technician
Assists medical officer in prevention and treatment of illnesses associated with deep sea diving and high pressure conditions. Performs duties as inside tender for recompression chamber operations. Additional duties include qualifications to dive using all Air and Mixed Gas USN Diving Apparatus. Operates, tests, repairs and adjusts all USN Diving Equipment, systems and support equipment. Operates recompression chambers. Performs underwater inspections, harbor/port/ship security inspections, including ordnance searching, rescue, special warfare operations, and small boat operations.
 Operates Swimmer Delivery Vehicle Dry-Deck Shelter systems and submarine Lock-in/Lock-out systems. The areas of knowledge and training include but are not limited to diving physics; scuba and surface-supplied air diving procedures; and recognition and treatment of diving related illnesses.

L29A - Mortician
Performs medical/decedent affairs administrative and logistical duties in Navy and Marine Corps activities in accordance with appropriate regulations.
 Inspects and/or processes remains for transportation to the U.S., overseas locations or local burial. Ensures proper documentation accompanies remains. Conduct liaison with next of kin and foreign government officials for disposition of remains. Assists in recovery and identification of

remains. Restores facial features to a normal appearance, disinfects and preserves by arterial and/or hypodermic injection of embalming chemicals. Conducts funeral services as required.

L31A - Medical Laboratory Technician
Performs and supervises the performance of manual and automated advanced laboratory procedures for clinical bacteriology, mycology, serology, immunohematology, hematology, parasitology, chemistry, toxicology and urinalysis. Independently operates, maintains, and validates laboratory equipment and results involved in patient care.

L33A - Dental Assistant
Perform duties as a general dental assistant to include dental infection control, dental treatment room management, preventive dentistry, comprehensive dental assisting, and intraoral radiography.

L35A - Dental Hygienist
The dental hygienist will have the knowledge and clinical competence required to provide current, comprehensive dental hygiene service under the direction and supervision of a dental officer. Dental hygiene includes but is not limited to: clinical infection control procedures; data gathering; exposing and processing radiographs; dental hygiene assessment/dental hygiene treatment planning; oral health education including health promotion, disease prevention, behavior modification and nutritional counseling; cleaning removable appliances and prostheses; polishing restorations; provision of therapeutic dental hygiene services including, but not limited to, periodontal scaling and root planning; application of pit and fissure sealants and anti-cariogenic agents (fluorides); application of chemotherapeutic agents; pain control and other patient services as identified by the dental officer; and evaluation of dental hygiene services.

L36A - Dental Laboratory Technician (Basic)
Performs basic and intermediate level prosthetic laboratory procedures.
 Fabricates and finishes dental prostheses: complete dentures, removable partial dentures and other prescribed protective and restorative intraoral appliances. Repairs, reconstructs and relines dental prostheses. Conducts routine and prescribed equipment maintenance.

L37A - Dental Laboratory Technician (Advanced)
Performs and supervises procedures and techniques required in the construction of complex and precision dental prostheses: fixed partial dentures, porcelain fused to metal systems, dental ceramic arts, precision attachment prostheses and the arrangements of artificial teeth for aesthetic, phonetic and functional requirements. Coordinates technical and clinical application and dental technology training.

6003. INDEX OF INDIVIDUAL EVENTS

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6004. INDIVIDUAL EVENTS

L03A-EFWB-2001: Perform Donor Risk Stratification

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: Determination of donor eligibility through screening is critical to donor and recipient safety. This should be completed prior to deployment so Low Titer-O donors are identified. Screeners must understand contraindications to donation and their importance. Additionally, proper documentation and organization is critical to implementing an emergency fresh whole blood transfusion (EFWBT) in theater, requiring the Corpsman to have the necessary knowledge of relevant database.

GRADES: NV-SR, NV-SA, NV-SN

INITIAL TRAINING SETTING: Formal

CONDITION: Prior to deployment to an operational environment where EFWBT will be necessary.

STANDARD: To identify Low Titer-O donors who are eligible to donate whole blood in the event that a casualty with hemorrhagic shock requires an EFWBT.

PERFORMANCE STEPS:
1. Gather pertinent information on members of unit

       a. Number of donors
       b. Sex (Male or Never pregnant female)
       c. Type O
       d. Rh status
2. Use screening results to identify EFWBT donors
3. Create unit donor ranking list
4. Enter data into the data system

PRIMARY REFERENCES:
1. Joint Trauma System (JTS) Prolonged Casualty Care Guidelines (CPG ID:91)
2. Association for the Advancement of Blood & Biotherapies (AABB) Technical Manual

SUPPLEMENTAL REFERENCES:
1. JTS Tactical Combat Casualty Care Guidelines - [Deployed Medicine]
2. JTS Clinical Practice Guidelines for Whole Blood Transfusion; 15 May 2018 (CPG ID:21)
3. JTS, Defense Committee on Trauma, and Armed Services Blood Program Consensus Statement; 10 Feb 2021

PREREQUISITE EVENTS:

CHAINED EVENTS:

    INTERNAL SUPPORTING EVENTS:

    INTERNAL SUPPORTED EVENTS: L03A-TCCC-2003   L03A-PCC-2005

SUPPORT REQUIREMENTS:

    EQUIPMENT:

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    This training must be conducted under the direct supervision of a
    Medical Officer and under the medical direction of the Major
    Subordinate Command (MSC) Surgeon.

    This event is designed for the Corpsmen at their particular unit level
    (ie. Fire Team, Platoon, Squad, etc.)

L03A-EFWB-2002: Perform Blood Donor Collection

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 6 months

READINESS-CODED: NO

DESCRIPTION: In order to perform an emergency fresh whole blood transfusion (EFWBT), it is vital to know who the eligible donors are within the unit. After a donor has been identified, the next step is to collect a unit of FWB. Performing this step is critical to ensuring you draw a unit of blood

from the correct donor in a standard collection kit that is free of manufactures defects and is not expired.

GRADES: NV-SR, NV-SA, NV-SN

INITIAL TRAINING SETTING: Formal

CONDITION: Given a casualty with hemorrhagic shock in an operational environment.

STANDARD: To collect a unit of fresh whole blood (FWB).

PERFORMANCE STEPS:
1. Identify ideal donor
2. Inspect the collection bag for manufacturing defects and expiration date
3. Perform aseptic venous phlebotomy using a standard collection kit
4. Identify methods and considerations for austere blood collection
5. Consider possible phlebotomy complications
6. Label specimen collection bag
7. Avoid over-filling or under-filling the collection bag
    a. Identify the importance of the anticoagulant in the collection bag and the associated hazards
    b. Identify a properly filled collection bag
8. Transfuse the collected unit of fresh whole blood

PRIMARY REFERENCES:
1. Association for the Advancement of Blood & Biotherapies (AABB) Technical Manual
2. Blood Visual Inspection Reference Guide. American Red Cross. 2006

SUPPLEMENTAL REFERENCES:
1. Joint Trauma System (JTS) Tactical Combat Casualty Care Guidelines - Deployed Medicine
2. JTS Prolonged Casualty Care Guidelines (CPG ID:91)
3. JTS Clinical Practice Guideline for Whole Blood Transfusion
4. JTS, Defense Committee on Trauma, and Armed Services Blood Program Consensus Statement; 10 Feb 2021

PREREQUISITE EVENTS: L03A-EFWB-2001

CHAINED EVENTS:

    INTERNAL SUPPORTING EVENTS:

    INTERNAL SUPPORTED EVENTS: L03A-TCCC-2003   L03A-PCC-2005

SUPPORT REQUIREMENTS:

    EQUIPMENT:

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    This training must be conducted under the direct supervision of a Medical Officer and under the medical direction of the Major Subordinate Command (MSC) Surgeon.

L03A-EFWB-2003: Perform Emergency Fresh Whole Blood Transfusion (EFWBT)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

DESCRIPTION: The ability to perform an EFWBT is a critical capability to provide a casualty in austere, remote operational environment. One of the foundational principles to Tactical Combat Casualty Care (TCCC), stop massive hemorrhage, is crucial to perform prior to performing an EFWBT. Once TCCC interventions have been verified/performed, the next step is to provide whole blood in resuscitation, restoring and maintaining adequate circulation and ensuring vital organ perfusion in an effort to reduce the risk of further injury and death.

GRADES: NV-SR, NV-SA, NV-SN

INITIAL TRAINING SETTING: Formal

CONDITION: Given a collected unit of fresh whole blood and a casualty with hemorrhagic shock within an operational environment.

STANDARD: Administer collected fresh whole blood within 36 minutes of receiving the casualty.

PERFORMANCE STEPS:
1. Establish large-bore IV/IO access
2. Perform administration of tranexamic acid (TXA) per TCCC guidelines
3. Confirm donor low-titer type-O blood
4. Inspect the collection bag for foreign bodies, signs of hemolysis, agglutination, and bacterial contamination
5. Inspect filter tubing for manufacturing defects
6. Spike the collection bag and prime blood filter tubing
7. Initiate transfusion
8. Monitor casualty for transfusion related reaction
9. Establish secondary IV/IO access
10. Perform administration of calcium per TCCC guidelines
11. Obtain and document baseline and subsequent vital signs
12. Document all assessment findings and interventions performed
13. Complete transfusion within 36 minutes

PRIMARY REFERENCES:
1. Joint Trauma System (JTS) Tactical Combat Casualty Care Guidelines -
 Deployed Medicine
2. JTS Prolonged Casualty Care Guidelines (CPG ID:91)

SUPPLEMENTAL REFERENCES:
1. JTS Clinical Practice Guideline for Whole Blood Transfusion
2. JTS, Defense Committee on Trauma, and Armed Services Blood Program Consensus Statement; 10 Feb 2021
3. Fluid Resuscitation in Tactical Combat Casualty Care; 04 Nov 2021

4. Journal of Special Operations Medicine Advanced Tactical Paramedic
Protocols Handbook (10th ed.). (2016). St. Petersburg, FL: Breakway Media.
5. The Ranger Medic Handbook

PREREQUISITE EVENTS: L03A-EFWB-2001   L03A-EFWB-2002

CHAINED EVENTS:

    INTERNAL SUPPORTING EVENTS:

    INTERNAL SUPPORTED EVENTS: L03A-TCCC-2003   L03A-PCC-2005

SUPPORT REQUIREMENTS:

    EQUIPMENT:

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    This training must be conducted under the direct supervision of a
    Medical Officer and under the medical direction of the Major
    Subordinate Command (MSC) Surgeon.

L03A-HSS-2001: Perform disease non-battle injury patient care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient in an operational environment.

STANDARD: To identify chief complaint and initiate proper treatment within
the scope of care.

PERFORMANCE STEPS:
1. Conduct patient assessment.
2. Implement the plan of care.
3. Evaluate treatment effectiveness.
4. Document care provided.

REFERENCES:
1. NAVEDTRA 14295B2 HM Manual
2. NAVMED P-117 Manual of the Medical Department

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS: Basic familiarization will occur at FMTB.
    Full scope of sick call screener will be conducted as MOJT.

L03A-HSS-2002: Evaluate traumatic brain injuries

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty in an operational environment.

STANDARD: To reduce the risk of further injury or death.

PERFORMANCE STEPS:
1. Define a mandatory event requiring TBI evaluation.
2. Recognize signs and symptoms of TBI.
3. Triage patient injury.
4. Perform military acute concussion evaluation (MACE).
5. Document required data for the significant activity (SIGACT) report.

REFERENCES: DTM 09-033 Policy Guidance for Management of Traumatic Brain Injury (TBI) in the Deployed Setting

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L03A-HSS-2003: Manage dehydration casualties

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty, equipment and supplies.

STANDARD: Within the scope of care reducing the risk of further injury or death.

PERFORMANCE STEPS:
1. Identify preventive measures.
2. Identify predisposing factors.
3. Identify the levels of dehydration.
4. Treat dehydration injury according to severity.
5. Monitor the casualty.
6. Document care provided.

REFERENCES: PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition

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L03A-HSS-2004: Maintain health services records

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The health services personnel will perform routine health services record maintenance and report readiness.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given readiness requirements.

STANDARD: To meet readiness reporting requirements.

PERFORMANCE STEPS:
1. Perform record reviews.
2. Identify deficiencies.
3. Correct deficiencies.
4. Submit required reports.
5. Perform record disposition.

REFERENCES:
1. BUMEDINST 6600 Dental Health Care
2. DoD Directive 6490.2 Joint Medical Surveillance
3. DODI 6490.03 Deployment Health
4. MANMED P-117 Manual of the Medical Department
5. SECNAVINST 5210.1 Department of the Navy Records Management Manual
6. SECNAVINST 5212.5_ Navy and Marine Corps Records Disposition Manual

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Health services personnel will ensure a skeleton record, at minimum, accompanies service members who are away from parent command for more than 30 days.

L03A-HSS-2101: Perform dental care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: Routine and emergency dental care and airway management.

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a casualty with dental needs in an operational environment.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Perform triage.
2. Consult with dental officer when needed.
3. Provide routine and emergency dental care as required.
4. Report dental readiness.

REFERENCES:
1. BUMEDINST 6600 Dental Health Care
2. MCO 6600.3 Dental Health Care Program

L03A-PCC-2001: Perform Prolonged Casualty Care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: FORMAL

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To reduce the risk of deterioration of casualty's condition and to prevent further injury and death for up to 72 hours (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Evaluate and manage control of massive hemorrhage
2. Evaluate and manage control of airway
3. Evaluate and manage control of respirations
4. Evaluate and manage control of circulation
5. Implement crisis standard of care
6. Evaluate and manage hypothermia/hyperthermia
7. Conduct timely communication/documentation
8. Evaluate and manage head injuries
9. Evaluate and manage pain control interventions
10. Administer antibiotics per medical direction and CPG
11. Evaluate and manage wounds/burns
12. Evaluate and manage orthopedic injuries/splints
13. Identify logistic advantages/limitations

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

INTERNAL SUPPORTED EVENTS:
HSS-SVCS-3003   HSS-SVCS-3004   HSS-SVCS-4005

INTERNAL SUPPORTING EVENTS:
L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
L03A-PCC-2005   L03A-PCC-2006   L03A-PCC-2007
L03A-PCC-2008   L03A-PCC-2009   L03A-PCC-2010
L03A-PCC-2011   L03A-PCC-2012   L03A-PCC-2013
L03A-PCC-2014   L03A-PCC-2015

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
SUPPLEMENTAL REFERENCES:
1. MCTP 3-40A Health Services Support Operations

L03A-PCC-2002: Evaluate and Manage Control of Massive Hemorrhage

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time (48-72 hours) when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Early recognition and intervention for life-threatening hemorrhage and maintain vital organ perfusion with rapid blood transfusion (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, within an operational environment and with necessary medical equipment and supplies.

STANDARD: To prevent further hemorrhage and maintaining vital organ perfusion (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1.   Identify life-threatening bleeding not adequately controlled with initial interventions in TCCC; assess all tourniquets already in place
2.   Re-assess and re-apply MARCH interventions; Perform all recommended interventions from guidelines for TCCC All Service Members and Combat Lifesaver providers not already completed
3.   Conduct inventory of all resources

4. Document all pertinent information of PCC Flowsheet
5. Conduct triage
6. Assess extremities distal to pressure dressings
7. Communicate evacuation and re-supply requirements
8. Administer Calcium and Tranexamic Acid (TXA) per medical direction and CPG
9. Re-assess and re-apply MARCH interventions
10. Consider tourniquet conversion
11. Assess for refractory shock
12. Evaluate for compartment syndrome
13. Consider teleconsultation
14. Continue resuscitation

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

    INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

SUPPORT REQUIREMENTS:

    EQUIPMENT:
    1. Mannequin
    2. Moulage Kit

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    SUPPLEMENTAL REFERENCES:
    1. TCCC Guidelines
    2. JTS Damage Control Resuscitation (DCR) in Prolonged Casualty Care (CPG ID:73)

L03A-PCC-2003: Evaluate and Manage Control of Airway

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods (48-72 hours) of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. The ability to rapidly and consistently manage an airway when indicated, or spend time on other resuscitative needs when airway management is not indicated, may contribute to improved outcomes (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, within an operational environment and with necessary medical equipment and supplies.

STANDARD: To prevent further respiratory distress and hypoxia, and to maintain oxygenation perfusion (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Assess for airway patency; use patient positioning per TCCC guidelines to maintain open airway
2. Re-assess airway interventions performed in TCCC
3. Conduct inventory of all resources
4. Document all pertinent information on PCC Flowsheet
5. Assess airway adjuncts
6. Assess level of sedation continuously
7. Reassess airway before, during, and after patient movement
8. Perform mouth care

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

    PREREQUISITE EVENTS: L03A-PCC-2002

    INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

SUPPORT REQUIREMENTS:

    EQUIPMENT:
1. Mannequin
2. Moulage Kit

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
SUPPLEMENTAL REFERENCES:
1. TCCC Guidelines
2. JTS Airway Management in Prolonged Casualty Care (CPG ID:80)

L03A-PCC-2004: Evaluate and Manage Control of Respirations

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods (48-72 hours) of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Once the airway has been assessed, opened, and maintained, the process of oxygenation through respiration must be evaluated and managed to ensure gas exchange occurs (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, within an operational environment and with necessary medical equipment and supplies.

STANDARD: To maintain oxygenation and ensure gas exchange thus reducing the risk of further injury and death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Identify respiratory distress
2. Open the airway using Head Tilt or Jaw Thrust maneuvers
3. Provide rescue breaths per BLS
4. Evaluate the necessity for use of Bag-Valve Mask with PEEP valve and/or NPA
5. Target ventilation to pulse oximetry level of 92%; use supplemental oxygen if available
6. Use end-tidal carbon dioxide monitor and maintain ETCO2 between 35-45 mmHg
7. Assess need for definitive airway
8. Conduct inventory of all resources
9. Document all pertinent information on PCC Flowsheet

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

   PREREQUISITE EVENTS:
   L03A-PCC-2002   L03A-PCC-2003

   INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

SUPPORT REQUIREMENTS:

   EQUIPMENT:
   1. Point of Care ETCo2 Monitor
   2. Pulse Oximeter
   3. Ventilator
   4. BVM/PEEP Valve

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   SUPPLEMENTAL REFERENCES:
   1. Basic Life Support (BLS) Guidelines
   2. JTS Mechanical Ventilation Basic Clinical Practice Guidelines (CPG ID:92)
   3. JTS Airway Management in Prolonged Casualty Care (CPG ID:80)

L03A-PCC-2005: Evaluate Circulation and Perform Damage Control Resuscitation (DCR)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods (48-72 hours) of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Once the airway has been secured and respirations are controlled, it is imperative to ensure circulation with the goal of return to normal level of consciousness (LOC), and stabilization of vital signs - systolic blood pressure, heart rate, respiratory rate, oxygen saturation, etc (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: Ensuring circulation with the goal of returning to normal level of consciousness (LOC) and stabilization of vital signs to prevent further hemorrhage, maintain vital organ perfusion, and reduce the risk of further injury and death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Re-assess all tourniquets and wound dressings applied
2. Ensure all bleeding has stopped
3. Conduct the principles of wound care to avoid infection and possible follow-on sepsis
4. Initiate hypothermia prevention measures
5. Perform all recommended interventions from guidelines for TCCC Tier-All Service Member and Combat Lifesaver providers not already complete
6. Replace any limb tourniquet placed proximal over uniform with one applied directly to skin 2-3 inches above the wound
7. Assess extremities distal to pressure dressings
8. Re-assess and re-apply MARCH interventions
9. Review transfusion transmitted disease (TTD)/titer of present unit members
10. Conduct inventory of all shock treatment supplies including whole blood, testing equipment, IVs, and other resources
11. If present, assess pelvic compression device and verify placement and tightness
12. Assess need for IV or intraosseous (IO) access if not already initiated
13. Assess need for and initiate resuscitation with blood or blood component therapy
14. State fluid resuscitation goals
15. Continuously re-assess for signs and symptoms of shock - assess "H's & T's"
16. Communicate evacuation and re-supply requirements

17. Initiate teleconsultation to medical control
18. Continually observe for changes in patient status, signs of clinical deterioration, alternated causes of shock, and need for change in resuscitation strategy
19. When available, convert to type-specific blood replacement at 100-110 mmHg when appropriate

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

 PREREQUISITE EVENTS:
 L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004

 INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

 ADMINISTRATIVE INSTRUCTIONS:
 SUPPLEMENTAL REFERENCES:
 1. TCCC Guidelines
 2. JTS Damage Control Resuscitation (DCR) in Prolonged Casualty Care (CPG ID:73)
 ADMINISTRATIVE NOTE:
 A component to this event is the capability of Fresh Whole Blood Program.

L03A-PCC-2006: Implement Crisis Standard of Care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time (48-72 hours) when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. If a situation arises where the number of casualties exceeds the resources (personnel, Class VIII, equipment, etc.) available, a framework for prioritizing care to maximize resources and minimize further injury and death is essential.

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To maximize resource allocation and minimize death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:

1. Determine if a PCC MASCAL is occurring
2. Establish MASCAL roles and responsibilities
3. Determine available medical resources/assets (i.e. TCCC All Service Member and Combat Lifesaver providers)
4. Rehearse treatment and casualty movement to create automatic responses
5. Include non-standard means and personnel and departments not typically associated with Class VIII in logistical re-supply
6. Advise operational commanders throughout MASCAL incident

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

   PREREQUISITE EVENTS:
   L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
   L03A-PCC-2005

   INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS:
   SUPPLEMENTAL REFERENCES:
   1. MCTP 3-40A Health Services Support Operations

L03A-PCC-2007: Conduct Timely Communication/Documentation

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time (48-72 hours) when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Effective documentation leads to effective communication, both in the immediate PCC environment and as a long-term medical management tool for the casualty (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To facilitate comprehensive flow of casualty information through the echelons of care while supporting data collection and aggregation in the Defense trauma registry (DoDTR) (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Identify requirements for communicating care to the casualty, leadership, and medical personnel in accordance with TCCC Guidelines
2. Ensure proper documentation of casualty information on the DD Form 1380 TCCC Card and ensure proper placement of that card on the casualty
3. Document casualty information on PCC flowsheet
4. Initiate scripted teleconsultation (if network connectivity supports)
5. Ensure documentation and communication is completed for each casualty in accordance with PCC standards
6. Ensure communication is established with evacuation assets and/or receiving facilities
7. Upload PCC flowsheet on JTS website (when network connectivity supports) and complete AAR

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

> **PREREQUISITE EVENTS:**
> | | | |
> |---|---|---|
> | L03A-PCC-2002 | L03A-PCC-2003 | L03A-PCC-2004 |
> | L03A-PCC-2005 | L03A-PCC-2006 | L03A-PCC-2008 |
> | L03A-PCC-2009 | L03A-PCC-2010 | L03A-PCC-2011 |
> | L03A-PCC-2012 | L03A-PCC-2013 | L03A-PCC-2014 |
> | L03A-PCC-2015 | L03A-PCC-2016 | |
>
> **INTERNAL SUPPORTED EVENTS:** L03A-PCC-2001

MISCELLANEOUS:

> **ADMINISTRATIVE INSTRUCTIONS:**
> SUPPLEMENTAL REFERENCES:
> 1. JTS Documentation in Prolonged Casualty Care (CPG ID:72)
> 2. TCCC Guidelines
> 3. MCTP 3-40A Health Services Support Operations
> ADMINISTRATIVE NOTES:
> JTS website for the submission of PCC Flowsheet is: Joint Trauma System Forms & After Action Report Submission - https://jts.amedd.army.mil/index.cfm/documents/forms_after_action - email forms to: dha.jbsa.j-3.list.jts-prehospital@mail.mil

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L03A-PCC-2008: Evaluate and Manage Hypothermia

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time (48-72 hours) when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Prevention of hypothermia must be emphasized in combat operations and casualty management at all levels of care (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To maintain normothermia, prevent lethal coagulopathy, and reduce the casualty's risk of hemorrhage and death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Take early and aggressive steps to prevent further body heat loss and add external heat when possible for both trauma and severely burned casualties
2. Minimize casualty's exposure to cold ground, wind, and air temperatures
3. Keep protective gear on or with the casualty, if feasible
4. Replace wet clothing with dry clothing
5. Place an active heating blanket on the casualty's anterior torso and under the arms with barrier between heating blanket and skin
6. Enclose the casualty with the exterior impermeable enclosure bag, if available
7. Protect the casualty from exposure to wind and precipitation on any evacuation platform
8. Upgrade hypothermia enclosure system to a well-insulated enclosure system using a hooded sleeping bag or other readily available insulated enclosure bag
9. Employ warmed intravenous fluid, if available
10. Perform frequent skin checks to monitor for contact burns
11. Monitor and document casualty temperature

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

    PREREQUISITE EVENTS:
    L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
    L03A-PCC-2005   L03A-PCC-2006

    INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    SUPPLEMENTAL REFERENCES:
    1. JTS Hypothermia Prevention, Monitoring, and Management CPG
    2. TCCC Guidelines

L03A-PCC-2009: Evaluate and Manage Hyperthermia

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Prevention of hyperthermia must be emphasized in combat operations and casualty management at all levels of care (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To prevent heat related injuries/illnesses and reduce the casualty's risk of death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1.   Prevent heat illness/injury in casualties by maintaining hydration
2.   Move the casualty to the shade if possible
3.   Insulate the casualty from the ground (conduction)
4.   Remove the casualty from a vehicle (radiation)
5.   If the situation allows, remove the casualty's helmet and vest (evaporation)
6.   Fan the casualty (convection)
7.   Perform all recommended interventions from TCCC guidelines performed by All Service Member and Combat Lifesaver providers not already performed
8.   If the casualty is conscious and not vomiting, give oral liquids
9.   If casualty is unconscious or vomiting administer IV/IO fluids per medical direction and CPG
10. Communicate re-supply needs
11. Conduct inventory of all resources
12. Document casualty temperature and pertinent information on PCC Flowsheet
13. Monitor for signs and symptoms of heat stroke-immediately cooling must be initiated
14. Seizures should be treated with benzodiazepines per medical direction and CPG
15. Convert to continuous core temperature monitoring when available
16. Casualty should eat, if possible to prevent sodium loss

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

   PREREQUISITE EVENTS:
   L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
   L03A-PCC-2005   L03A-PCC-2006

INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
SUPPLEMENTAL REFERENCES:
1. TCCC Guidelines

L03A-PCC-2010: Evaluate and Manage Head Injuries

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. The vast majority of Traumatic Brain Injuries (TBI) are categorized as mild and are not considered life-threatening; however, it is important to recognize this injury because if a patient is exposed to a second head injury while still recovering from a mild TBI, they are at risk for increased long-term cognitive effects. Moderate and severe TBIs are life-threatening injuries (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To prevent subsequent head injuries and the risk of long-term cognitive deficits while decreasing the risk of further injury or death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1.   Identification and local wound management of any open head wounds/skull fractures
2.   Military Acute Concussive Evaluation 2 (MACE2) examination per DoD/TCCC guidelines
3.   Communicate evacuation requirements (need for TBI evaluation, neurosurgery)
4.   Communicate re-supply requirements
5.   Re-assess and re-apply MARCH interventions
6.   Serial neurological checks including pupil exam and identify signs of elevated or rising intracranial pressure at least hourly
7.   Identify catastrophic/non-survivable brain injury
8.   Upgrade evacuation priority and destination for any patient with initial mild TBI who deteriorates to moderate/severe TBI category

9. Conduct inventory of all treatment supplies
10. Document all pertinent information on PCC Flowsheet
11. Administer appropriate antibiotics for any open head wounds or skull fractures per medical direction and CPG
12. Identify the critical observation that should be reported to medical personnel for trauma casualties with a suspected head injury, in accordance with the MACE2
13. Teleconsultation with trauma surgeon and/or neurosurgeon as available
14. Identify signs of elevated or rising intracranial pressure (ICP) and initiate immediate treatment
15. Administer TXA as single 2gm IV or IO bolus (no second dose required)
16. Maintain SBP >90 mmHg with initial fluid/blood product resuscitation
17. Repeat primary and secondary survey for any for any abrupt decline in the Glasgow Coma Scale (GCS) or change in pupil exam to rule out non-neurologic causes
18. Immediate seizure treatment with benzodiazepines per medical direction and CPG, consider ketamine for refractory (seizures not controlled with benzodiazepines) seizures
19. Temperature management and aggressive fever control

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

    PREREQUISITE EVENTS:
    L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
    L03A-PCC-2005   L03A-PCC-2006   L03A-PCC-2008
    L03A-PCC-2009

    INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    SUPPLEMENTAL REFERENCES:
    1. JTS Traumatic Brain Injury in Prolonged Casualty Care (CPG ID:63)

L03A-PCC-2011: Evaluate and Manage Pain Control Interventions

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. The cause of pain, whether an injury or a wound, must be identified and should be managed to keep a patient comfortable at rest but should not impair breathing circulation, or mental status (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To keep a casualty comfortable at rest but not impair breathing, circulation, or mental status (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Administer meloxicam and acetaminophen per TCCC guidelines if not already given
2. Identify painful conditions that can be treated without the use of medications
3. Pain medication should be given when feasible after injury or as soon as possible after the management of MARCH and appropriately documented
4. Pain medications initiated in TCCC can often be continued in the PCC environment for both ongoing analgesia and sedation, as long as the duration and cumulative side effects are well understood and mitigated
5. Know and understand the mechanism of action and pharmacology of medications allowed within the primary reference
6. Provide appropriate analgesia as prescribed by supervising authority, unit protocols, and/or the primary reference

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

    PREREQUISITE EVENTS:
    L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
    L03A-PCC-2005   L03A-PCC-2006   L03A-PCC-2008
    L03A-PCC-2009   L03A-PCC-2010

    INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    SUPPLEMENTAL REFERENCES:
    1. TCCC Guidelines
    2. JTS Analgesia and Sedation Management in Prolonged Casualty Care (CPG ID:61)

L03A-PCC-2012: Administer Antibiotics

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Sepsis and septic shock are medical emergencies should be immediately evacuated out of the austere environment to higher echelons of care. These patients are often complex, requiring 24-hour monitoring, critical care skills, and a great deal of resources to treat (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To reduce the risk of further injury and/or death as a result of infection, sepsis and/or septic shock (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Conduct thorough physical exam to assess for signs and symptoms of infection, sepsis, or septic shock
2. Perform all appropriate MARCH PAWS interventions and assessments outlined in the TCCC guidelines
3. If casualty meets criteria for antimicrobial therapy per medical direction and CPG

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

PREREQUISITE EVENTS:
L03A-PCC-2002	L03A-PCC-2003	L03A-PCC-2004
L03A-PCC-2005	L03A-PCC-2006	L03A-PCC-2008
L03A-PCC-2009	L03A-PCC-2010	L03A-PCC-2011

INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
SUPPLEMENTAL REFERENCES:
1. TCCC Guidelines
2. JTS Sepsis Management in Prolonged Field Care (CPG ID:83)

L03A-PCC-2013: Evaluate and Manage Wounds and Nursing Care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Nursing care is a core principle of PCC to reduce the risk of preventable complications and can be provided without costly or burdensome equipment (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To improve casualty's comfort and reduce the risk of preventable complications, mitigating further injury and death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Provide lip care
2. Provide oral/nasal care
3. Provide oral/dental care
4. Encourage coughing/deep breathing
5. Re-positioning/check padding
6. Provide splint care
7. Initiate hypothermia prevention
8. Provide post-concussive care
9. Assess for and initiate Non-medical interventions
10. Assess for and initiate psycho-social needs
11. Develop nutrition plan
12. Perform hygiene
13. Perform bowel management
14. Perform IV/IO site care
15. Perform wound irrigation
16. Perform dressing changes
17. Conduct inventory of all resource
18. Document all pertinent information on PCC Flowsheet

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

   PREREQUISITE EVENTS:
   L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
   L03A-PCC-2005   L03A-PCC-2006   L03A-PCC-2008
   L03A-PCC-2009   L03A-PCC-2010   L03A-PCC-2011
   L03A-PCC-2012

INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
SUPPLEMENTAL REFERENCES:
1. JTS Nursing Intervention in Prolonged Casualty Care (CPG ID:70)
2. JTS Acute Traumatic Wound Management in the Prolonged Casualty Care Setting (CPG ID:62)

L03A-PCC-2014: Evaluate and Manage Orthopedic Injuries/Splints

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Appropriate wound management and fracture stabilization are the mainstays of treatment and are a critical aspect of the treatment of combat casualties (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To stabilize orthopedic injuries preventing further injury or death (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Pad Litter
2. Place Splint
3. Monitor for pressure injuries
4. Secure casualty to litter

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

PREREQUISITE EVENTS:
L03A-PCC-2002	L03A-PCC-2003	L03A-PCC-2004
L03A-PCC-2005	L03A-PCC-2006	L03A-PCC-2008
L03A-PCC-2009	L03A-PCC-2010	L03A-PCC-2011
L03A-PCC-2012	L03A-PCC-2013	

INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
SUPPLEMENTAL REFERENCES:
1. TCCC Guidelines

L03A-PCC-2015: Evaluate and Manage Burns

EVALUATION-CODED: NO   SUSTAINMENT INTERVAL: 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation of mission requirements surpass available capabilities and/or capacity to provide that care. (Please provide a more focused description of the evaluation and management of burns.) (JTS Prolonged Casualty Care Guidelines (CPG ID:91))

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To reduce the risk of further injury and death by identifying and preventing hypothermia, hypovolemia and edema related complications (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Perform primary and secondary survey for any trauma patient; acute injuries found should be addressed as per standard trauma protocol
2. Estimate total body surface area (TBSA) burned using the Rule of Nines initially, then Lund & Browder Burn Wound Calculation Worksheet for more precise TBSA
3. Start intravenous (IV) or intraosseous fluid administration as soon as access is obtained, using isotonic crystalloids (i.e. Lactated Ringers) at a rate of 500ml/hr
4. Give fluids per TCCC burn treatment guidelines
5. Maintain urine output (UOP) of 30-50 ml/hr in adults; decrease or increase isotonic fluid rate by 20-25% per hour
6. Provide hypothermia treatment to burn patients
7. Provide analgesia in accordance with PCC Guidelines for treatment of pain associated with burns
8. Clean wounds as able with clean cloth material or gauze and clean water
9. Monitor vital signs and UOP closely
10. Conduct inventory of all resources
11. Document all pertinent information on PCC Flowsheet

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

    PREREQUISITE EVENTS:
L03A-PCC-2002	L03A-PCC-2003	L03A-PCC-2004
L03A-PCC-2005	L03A-PCC-2006	L03A-PCC-2008
L03A-PCC-2009	L03A-PCC-2010	L03A-PCC-2011
L03A-PCC-2012	L03A-PCC-2013	L03A-PCC-2014

    INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

    ADMINISTRATIVE INSTRUCTIONS:
    SUPPLEMENTAL REFERENCES:
    1. TCCC Guidelines
    2. JTS Burn Wound Management in Prolonged Casualty Care (CPG ID:57)

L03A-PCC-2016: Prepare for casualty movement / EVAC

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: The need to provide patient care for extended periods of time when evacuation or mission requirements surpass available capabilities and/or capacity to provide that care. Reducing the time to required medical or surgical interventions prevents death in potentially survivable illness, injuries, and wounds. Logistics interventions can and must be used as a part of Prolonged Casualty Care to minimize delays and expedite patient movement (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

BILLETS: Field Services Medical Technician

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: MOJT

CONDITION: Within the prescribed time frame, given a casualty previously treated with TCCC, over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements, and with necessary medical equipment and supplies.

STANDARD: To reduce the time required to perform medical interventions, preventing death from potentially survivable illness, injuries, and wounds (JTS Prolonged Casualty Care Guidelines (CPG ID:91)).

PERFORMANCE STEPS:
1. Complete documentation
2. Prepare medications
3. Maintain hypothermia management
4. Decrease flight stressors/altitude management

5. Secure interventions and equipment
6. Prepare dressings
7. Secure the patient
8. Move a critical care patient

REFERENCES: CPG ID:91 JTS Prolonged Casualty Care Guidelines

CHAINED EVENTS:

PREREQUISITE EVENTS:
L03A-PCC-2002   L03A-PCC-2003   L03A-PCC-2004
L03A-PCC-2005   L03A-PCC-2006   L03A-PCC-2008
L03A-PCC-2009   L03A-PCC-2010   L03A-PCC-2011
L03A-PCC-2012   L03A-PCC-2013   L03A-PCC-2014
L03A-PCC-2015

INTERNAL SUPPORTED EVENTS: L03A-PCC-2001

MISCELLANEOUS:

ADMINISTRATIVE INSTRUCTIONS:
SUPPLEMENTAL REFERENCES:
1. TCCC Guidelines

L03A-TCCC-2001: Perform Care Under Fire

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: This is a component of Tactical Combat Casualty Care-Combat Medic/Corpsmen (TCCC-CM/C). TCCC-CM/C is designed to provide basic, intermediate and the advanced trauma skills taught to Corpsmen. The Corpsman is the first medical provider to care for the casualty in the prehospital environment and is expected to provide more advanced care requiring significantly more medical knowledge and skills. Defense Health Agency (DHA) training modules and curriculum are found here: https://deployedmedicine.com/

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a combatant scenario and a casualty while still under effective enemy fire or threat.

STANDARD: To prevent harm or additional casualties while prioritizing the suppression of enemy fire and fire superiority.

PERFORMANCE STEPS:
1. Return fire and take cover
2. Direct the casualty to remain engaged as a combatant, if appropriate
3. Direct the casualty to move to cover and apply self-aid, if able
4. Perform one-person and two-person drags and carries of a casualty in care under fire

5. Extract casualties from sources of burning and move them to safety
6. Stop the burning process as necessary
7. Perform one-handed tourniquet application in less than one minute to self
8. Perform two-handed tourniquet application in less than one minute to a casualty

REFERENCE:

1. JTS Tactical Combat Casualty Care Guidelines - Deployed Medicine

ADMINSTRATIVE REMARKS:
While certification for TCCC-CM/C is every three years or 12 months prior to deployment, the sustainment for this T&R standard is 12 months.

L03A-TCCC-2002: Perform Tactical Field Care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: This is a component of Tactical Combat Casualty Care-Combat Medic/Corpsmen (TCCC-CM/C). TCCC-CM/C is designed to provide basic, intermediate and the advanced trauma skills taught to Corpsmen. The Corpsman is the first medical provider to care for the casualty in the prehospital environment and is expected to provide more advanced care requiring significantly more medical knowledge and skills. Defense Health Agency (DHA) training modules and curriculum are found here: https://deployedmedicine.com/

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty, no longer under direct threat from effective enemy fire.

STANDARD: To maintaining situational awareness and communicate pertinent casualty information with unit leadership.

PERFORMANCE STEPS:
1. Maintain awareness of the tactical environment
2. Demonstrate the consolidation and triage casualties in a casualty collection point as required
3. Use body substance isolation precautions
4. Assess the casualty's responsiveness
5. Communicate with the casualty, if possible
6. Perform tactical trauma assessment (covered in detail in L03A-TCCC-2003)
6. Communicate with unit leadership throughout casualty treatment to include medical updates and evacuation requirements
7. Communicate with evacuation assets via 9 line MEDEVAC and MIST report
8. Record all findings and treatment on a DD Form 1380 TCCC Casualty Card

REFERENCE:

1. JTS Tactical Combat Casualty Care Guidelines - Deployed Medicine

ADMINSTRATIVE REMARKS:
While certification for TCCC-CM/C is every three years or 12 months prior to
deployment, the sustainment for this T&R standard is 12 months.

L03A-TCCC-2003: Perform Tactical Trauma Assessment

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: This is a component of Tactical Combat Casualty Care-Combat
Medic/Corpsmen (TCCC-CM/C). TCCC-CM/C is designed to provide basic,
intermediate and the advanced trauma skills taught to Corpsmen. The Corpsman
is the first medical provider to care for the casualty in the prehospital
environment and is expected to provide more advanced care requiring
significantly more medical knowledge and skills. Defense Health Agency (DHA)
training modules and curriculum are found here: https://deployedmedicine.com/

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty in a permissive tactical situation with a
security perimeter.

STANDARD: Utilizing the systematic approach for assessment and interventions
providing lifesaving care to a casualty following the MARCH PAWS sequence.

PERFORMANCE STEPS:
1. Assess a casualty for responsiveness
2. Disarming and secure all communications equipment of a casualty with
altered mental status
3. Communicating with a casualty
4. Applying body substance isolation
5. Perform a tactical trauma assessment in the proper order using the MARCH
PAWS sequence within 30 minutes
6. Perform the appropriate actions and interventions used during a casualty
assessment to render aid to the casualty
7. Maintain awareness of all casualties and re-evaluated triage priorities
based on casualty assessment

REFERENCE:
1. JTS Tactical Combat Casualty Care Guidelines - Deployed Medicine

ADMINSTRATIVE REMARKS:
While certification for TCCC-CM/C is every three years or 12 months prior to
deployment, the sustainment for this T&R standard is 12 months.

L03A-TCCC-2004: Perform Communication Procedures and Documentation

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: This is a component of Tactical Combat Casualty Care-Combat Medic/Corpsmen (TCCC-CM/C). TCCC-CM/C is designed to provide basic, intermediate and the advanced trauma skills taught to Corpsmen. The Corpsman is the first medical provider to care for the casualty in the prehospital environment and is expected to provide more advanced care requiring significantly more medical knowledge and skills. Defense Health Agency (DHA) training modules and curriculum are found here: https://deployedmedicine.com/

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: FORMAL

CONDITION: Having performed a tactical trauma assessment (TTA) on a casualty.

STANDARD: To provide relevant casualty information to unit leadership and medical personnel.

PERFORMANCE STEPS:
1. Communicate with the casualty, if possible
2. Communicate with unit leadership and report lines 3, 4, and 5 of the CASEVAC/MEDEVAC report
3. Communicate/transmit the CASEVAC/MEDEVAC information with the evacuation system and arrange for Tactical Evacuation Care
4. Communicate with other medical provider and relay ZMIST report
5. Perform a detailed examination and secondary assessment as time permits
6. Complete the DD Form 1380, both front and back

REFERENCE:
1. JTS Tactical Combat Casualty Care Guidelines - Deployed Medicine

ADMINSTRATIVE REMARKS:
While certification for TCCC-CM/C is every three years or 12 months prior to deployment, the sustainment for this T&R standard is 12 months.

L03A-TCCC-2005: Prepare Casualty for Evacuation

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

DESCRIPTION: This is a component of Tactical Combat Casualty Care-Combat Medic/Corpsmen (TCCC-CM/C). TCCC-CM/C is designed to provide basic, intermediate and the advanced trauma skills taught to Corpsmen. The Corpsman is the first medical provider to care for the casualty in the prehospital environment and is expected to provide more advanced care requiring significantly more medical knowledge and skills. Defense Health Agency (DHA) training modules and curriculum are found here: https://deployedmedicine.com/

GRADES: NV-SR, NV-SA, NV-SN

INITIAL LEARNING SETTING: FORMAL

CONDITION: Having performed tactical field care and communicated with unit leadership.

STANDARD: To ensure continuity of care to evacuation personnel.

PERFORMANCE STEPS:
1. Place and secure casualty on evacuation device, and attach DD Form 1380 (TCCC Casualty Card) securely onto casualty
2. Secure all loose bandages, equipment, blankets, etc.
3. Secure hypothermia prevention wraps/blankets/straps
4. Secure litter straps as required; consider additional padding, as needed
5. Provide instructions to ambulatory casualties as needed
6. Stage casualties form evacuation and identify litter team(s)
7. Maintain security/safety at the evacuation point

REFERENCE:

1. JTS Tactical Combat Casualty Care Guidelines - Deployed Medicine

ADMINSTRATIVE REMARKS:
While certification for TCCC-CM/C is every three years or 12 months prior to deployment, the sustainment for this T&R standard is 12 months.

CHAPTER 7

CLINICAL INDIVIDUAL EVENTS

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CLINICAL INDIVIDUAL EVENTS

7000. PURPOSE. This chapter details the individual events that pertain to
clinical management. Each individual event provides an event title, along
with the conditions events will be performed under, and the standard to which
the event must be performed to be successful.

7001. EVENT CODING

Events in this T&R Manual are depicted with an up to 12-character, 3-field
alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the
following methodology:

   a. Field one. This field represents the community. This chapter
contains the following community codes:

Code	Description
CLIN	Clinical

   b. Field two. This field represents the functional/duty area. This
chapter contains the following functional/duty areas:

Code	Description
HSS	Health Services Support

   c. Field three. This field provides the level at which the event is
accomplished and numerical sequencing of events. This chapter contains the
following event levels:

Code	Description
1000	Core Skills
2000	Core Plus Skills
2100	Advanced Core Plus Skills

7002. BILLET DESCRIPTIONS/CORE CAPABILITIES

8425 - SURFACE FORCE INDEPENDENT DUTY CORPSMAN
Serves as the Medical Department Representative (MDR) aboard surface ships,
with the units of the Fleet Marine Force, and at various isolated duty
stations ashore independent of a medical officer. Performs patient care and
associated shipboard administrative and logistical duties. Performs
diagnostic procedures, advanced first aid, basic life support, nursing
procedures, minor surgery, basic clinical laboratory procedures, and other
routine and emergency health care. Conducts and direct preventive medicine
and industrial health surveillance programs. Provides for health education
to junior medical and all nonmedical personnel. Perform all patient care and
medical management functions set forth in Chapter 9, Manual of the Medical
Department. Administers the Radiation Health Program as necessary. Senior
personnel assigned to shore and operational staffs provide medical

assistance, training, and inspection services to operational forces and component units. Additionally, when assigned ashore, they serve primarily as non-physician health care providers at fixed medical treatment facilities (MTFs).

0102 GENERAL PRACTICE MEDICAL OFFICER [GP MED] [Job Code: 001058]
Performs routine medical duties of general practitioner. Maintains medical welfare of personnel within command. Diagnoses and treats patients suffering from diseases and disorders. Conducts routine medical examinations. Examines personnel for organic and functional diseases and abnormalities using standard tests and procedures. Supervises technical personnel in conducting routine laboratory procedures and tests. Conducts routine medical inspections of unit. Trains enlisted personnel in first aid and sanitation, and establishes first aid stations for emergency treatment.

0108 FAMILY PHYSICIAN [FAM PHYS] [Job Code: 001196]
Examines members of family units, diagnosing and treating diseases, injuries, and other physical disorders. Examines patients, requests laboratory tests and X-rays, evaluates results, and performs appropriate treatment. Prescribes drugs, dietary measures, and physical therapy for adults and children. Performs surgical, gynecological, and obstetrical procedures.

0109 EMERGENCY MEDICAL SPECIALIST [EMERG MED SPEC] [Job Code: 001223]
Administers programs, directs and supervises personnel, and maintains continual surveillance of specialized equipment in the medical/surgical emergency room. Organizes and directs programs for on-the-job training of personnel and supervises their performance. Maintains liaison with other departments within the medical facility to assure available consultation and to arrange for appropriate transfer of patients with minimum time delay and maximum continued quality of medical care.

0110 FLIGHT SURGEON [FLIGHT SGN] [Job Code: 001251]
Conducts physical/mental examinations for selection/retention of flight personnel. Prescribes medical treatment and implements/monitors preventive medicine programs. Provides aeromedical instruction to flight personnel. Provides aeromedical advice/recommendations to commands. Participates in flights to observe crew practices, medically related flight missions, and aeromedical RDT&E programs. Serves as member of aircraft mishap investigation boards. Prevents aircraft accidents through the practice of preventive aerospace medicine and aeromedical safety.

0113 PHYSICIAN'S ASSISTANT [PHYSICIAN ASST] [Job Code: 001308]
Provides patient service as delegated by, and under the responsibility of, the physician supervisor. Takes patient's history and records other pertinent data. Conducts screening types of routine and special examinations. Orders laboratory studies and X-ray examinations as directed by the physician. Diagnoses and treats diseases, disorders, and injuries. Instructs patients in home care procedures.

0115 PSYCHIATRIST [PSYCHIATRIST] [Job Code: 001335]
Diagnoses and treats functional mental diseases and disorders. Prescribes necessary treatment and procedures for patients suffering from such disorders. Supervises and directs activities of clinical psychologists and other psychiatric aides.

0118 ANESTHESIOLOGIST [ANESTHESOLOGST] [Job Code: 001363]

Administers anesthetic. Determines anesthetic agents of choice. Keeps operating surgeon informed of patient's physical condition and status of anesthesia prior, during, and immediately after operation and records observations. Directs and trains personnel in administering anesthetic. Ensures proper maintenance of anesthetic equipment.

0160 PREVENTIVE MEDICINE OFFICER [PREV MED] [Job Code: 001528]
Administers programs designed to reduce risk of diseases and injuries. Organizes and directs programs for identifying, characterizing, and controlling factors affecting health. Applies epidemiological principles through conceptual models and through programs for prevention, eradication or control of communicable and noncommunicable diseases affecting military personnel in all environments and geographic areas and under all working conditions.

0214 GENERAL SURGEON [GEN SGN] [Job Code: 001641]
Treats diseases of and injuries to certain organs or systems using surgical procedures not requiring specialty skills. Provides necessary emergency care. Directs and supervises preoperative and postoperative care of patients. Refers patients to specialists when the nature of the disease or injury dictates.

0335 DENTAL OFFICER GENERAL PRACTITIONER [DENT GP] [Job Code: 001911]
Performs routine duties of general practitioner of dentistry. Maintains dental health of personnel within naval command. Diagnoses and treats dental diseases and disorders. Conducts routine dental examinations. Supervises technical personnel in routine dental laboratory procedures. Conducts routine dental inspections.

0340 OPERATIVE DENTIST [OPERAT DENT] [Job Code: 001933]
Specializes in restoration of teeth to both anatomical and functional form. Performs advanced operative dentistry procedures in restoration of lost or damaged portions of enamel, dentin, and cementum. Conducts research to develop improved techniques and materials. Directs continuing education programs in operative dentistry.

0510 ENDODONTIST [ENDODONTIST] [Job Code: 001956]
Treats infections in periapical areas. Removes pulpal tissue, treats infected periapical areas, and replaces with filling materials in order to prevent or remove infection. Determines presence or absence of septic material.

0525 COMPREHENSIVE DENTIST [COMPRE DENT] [Job Code: 001978]
Treats the more difficult cases in all major clinical disciplines of dentistry, including endodontics, periodontics, operative dentistry, oral diagnosis/medicine, oral surgery, and prosthodontics which do not require the expertise of a specialist in a single discipline, but require an advanced level of training in the multidisciplinary approach.

0550 ORAL MAXILLOFACIAL SURGEON [ORAL MAX SGN] [Job Code: 002071]
Performs surgery to correct or improve diseased or injured conditions of mouth or related structures including jaws, teeth, and adjacent tissue. Applies fixation appliances to fractures of mandible and maxilla. Treats cellulitis and other abnormalities and injuries to oral tissue and supporting structures. Removes, by surgical methods, cysts and benign tumors of dental origin, abscessed areas, and impacted teeth. Directs preoperative and postoperative care of patients.

0560 PERIODONTIST [PERIODONTIST] [Job Code: 002094]
Diagnoses and treats diseases which affect supporting tissues of teeth.
 Examines teeth. Identifies diseased conditions which affect supporting
tissues and treats supporting tissues to control and prevent spread of
infections.

0569 PROSTHODONTIST [PROSTHODONTIST] [Job Code: 002116]
Replaces or restores lost, missing, or diseased teeth by means of artificial
dentures. Applies multiple inlays in order to provide normal occlusion with
resultant physiologic and anatomic function. Considers physiologic and
biologic principles in restoring functional relationship of jaws and
occlusion of teeth.

0800 HEALTH CARE ADMINISTRATOR [HCA] [Job Code: 002229]
Develops, monitors and coordinates execution of health service administration
programs, systems and health service resources. Assesses effectiveness of
health service activities and systems.

0808 PATIENT ADMINISTRATOR [PT ADMIN] [Job Code: 002298]
Provides for and coordinates all administrative matters related to the
treatment and disposition of patients. Ensures the proper processing of
patient records and medical boards. Ensures proper management of the
Decedent Affairs Program. Establishes a mechanism to collect and report
statistical data. Performs the functions of personnel officer for active
duty military patients.

0849 AEROSPACE PHYSIOLOGIST [AERO PHYSIO] [Job Code: 002494]
Promotes safety in Naval aviation through investigations and analyses of the
aerospace environment's effects on the performance of flight personnel.
 Instructs flight personnel. Supervises operation and maintenance of
physiological/water survival training devices. Serves as a hypobaric-chamber-
inside-instructor/observer. Serves as an aeromedical safety officer (AMSO).
 Assists aircraft mishap investigation boards. Manages the RDT&E,
introduction, and maintenance of new/modified aviation life support systems.
 Performs flying duties in operational and training flights.

0851 CLINICAL PSYCHOLOGIST [CLIN PSYCH] [Job Code: 002509]
Conducts psychological evaluation and treatment. Administers and interprets
psychological tests and conducts individual and group psychotherapy.

0860 ENTOMOLOGIST [ENTOMOLOGIST] [Job Code: 002540]
Applies principles of integrated arthropod control to establish effective and
environmentally sound disease vector control programs. Performs research
related to disease vectors and transmission of vector-borne diseases.
 Evaluates pesticides and pesticide dispersal equipment, and the development
of improved pest management techniques. Provides training for vector and
pest management personnel.

0861 ENVIRONMENTAL HEALTH OFFICER [ENVR HLT OFF] [Job Code: 002542]
Develops and maintains programs of environmental health. Recommends
procedures which contribute to disease prevention and improvement of health,
safety, and well-being of personnel. Participates in studies of
environmental health significance. Coordinates with civilian environmental
health programs.

0904 CRITICAL CARE NURSE [CC NRS] [Job Code: 002572]

Plans, implements and evaluates nursing care of the patient in the critical care area. Provides highly skilled, specialized nursing care. Ensures a safe environment and adequate resources. Supervises, trains and evaluates personnel in critical care nursing procedures.

0906 EMERGENCY/TRAUMA NURSE [EMERG-TRAUMA NRS] [Job Code: 002574]
Provides emergency/trauma nursing in peacetime, wartime, and humanitarian settings; initiates triage protocol, manages emergent, restorative and/or preventive actions and treatment in response to acute, life threatening injuries and illnesses; and provides education and training for Hospital Corpsmen in emergency treatment practice.

0932 PERIOPERATIVE NURSE [PERIOP NRS] [Job Code: 002579]
Plans, implements, and evaluates nursing care of the patient in surgery. Assists in preparation of the patient and the environment for surgery. Supervises and evaluates personnel and participates in their instruction and training. Maintains records and reports for accreditation and medico-legal protection of the surgical team and the patient. Assists in investigation and evaluation of techniques, supplies, and instruments. Ensures the availability, functional integrity, and economic use of all surgical supplies and equipment.

0944 PROFESSIONAL REGISTERED NURSE [PROF REG NRS] [Job Code: 002582]
Assesses, plans, and implements direct nursing care of patients on assigned unit. Supervises and trains nursing personnel. Assumes charge nurse responsibilities on a relief basis.

0952 NURSE ANESTHETIST [NRS ANESTH] [Job Code: 002587]
Administers general and regional anesthesia. Evaluates patient's pre- and post-anesthetic status and explains anesthesia procedures to patients. Maintains records of patient's progress during anesthesia. Instructs nursing personnel in resuscitation, airway management, and respiratory care. Manages resources for department. Assists in instruction of trainees and medical officers.

0963 PRIMARY CARE NURSE PRACTITIONER [PC NRS PRAC] [Job Code: 002590]
Provides comprehensive health care and health maintenance within the scope of professional preparation. Provides primary health care which includes care of patients with acute episodic or chronic illnesses, emergency care, rehabilitation, preventive health measures, health maintenance, and health education. Refers to other members of the health team as necessary. Serves as a collaborative member of the health team.

7003. INDEX OF INDIVIDUAL EVENTS

7004. INDIVIDUAL EVENTS

CLIN-HSS-2101: Manage traumatic brain injuries (TBI)

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a casualty with a suspected TBI and in any environment.

STANDARD: To reduce the risk of further injury or death, in accordance with attachment 2 of Directive-Type Memorandum (DTM) 09-033.

PERFORMANCE STEPS:
1. Define a mandatory event for TBI evaluation.
2. Recognize signs and symptoms of TBI.
3. Identify components of HEADS checklist.
4. Evaluate using Military Acute Concussion Evaluation (MACE) or other current recommended tools.
5. Perform primary care concussion management.
6. Refer casualty for medical treatment, as needed.
7. Gather required data for significant activity (SIGACT) report IAW Attachment 2 of DTM 09-033 to COC.

REFERENCES: DTM 09-033 Policy Guidance for Management of Traumatic Brain Injury (TBI) in the Deployed Setting

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CLIN-HSS-2102: Conduct concussion/Traumatic Brain Injury (TBI) training

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given subordinate personnel, an annual training plan, necessary equipment and supplies.

STANDARD: To provide appropriate sustainment of skills and progression.

PERFORMANCE STEPS:
1. Review the annual training plan for requirements.
2. Identify individual training requirements.
3. Develop a training schedule.
4. Schedule support requirements.
5. Conduct concussion/TBI training.

6. Participate in unit training evaluations and inspections, as required.
7. Maintain appropriate records.

REFERENCES:
1. DTM 09-033 Policy Guidance for Management of Traumatic Brain Injury (TBI) in the Deployed Setting
2. FM 8-10-1 Tactics, Techniques, and Procedures for the Medical Company
3. MCO 1510.34 Individual Training Standards System (ITSS)
4. MCO 1553.3_ Unit Training Management (UTM)
5. MCTP 8-10A Unit Training Management Guide
6. MCTP 8-10B How to Conduct Training

CLIN-HSS-2103: Manage field preventive medicine

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

DESCRIPTION: Management of field preventive medicine support should be performed by a Preventive Medicine Technician (PMT, 8432) or another member of the Preventive Medicine Unit (PMU). PMUs should consist of at least one Environmental Health Officer (2300/1860) or Entomologist (2300/1850). Recommended unit construct be a fire team up to squad-size depending on mission, situation, and transport platform.

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a mission and in an operational environment.

STANDARD: To prevent sickness or spread of disease.

PERFORMANCE STEPS:
1. Identify preventive medicine requirements.
2. Supervise field sanitation program.
3. Conduct Inspections.
4. Submit reports as required.
5. Ensure corrective actions are performed.

REFERENCES: P-5010 Navy Manual for Preventive Medicine

SUPPORT REQUIREMENTS:

RANGE/TRAINING AREA:

   Facility Code 17413 Field Training Area

   EQUIPMENT:
   AMAL 637 (Projected mission: <60 days and/or COP)
   AMAL 638 (Projected mission: >60 days or FOB)
   AMAL 638, 650, and 651 (Projected mission: >180 days and FOB)

CLIN-HSS-2104: Perform medical care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 1 month

READINESS-CODED: NO

DESCRIPTION: Health services professionals shall utilize a standardized approach to the assessment and management of any patient. It is recommended that all providers attend the Navy Trauma Training Center prior to deploying to an operational environment in order to gain advanced expertise in the assessment and management of emergent and non-emergent casualties. Professionals shall be certified in Advanced Trauma Life Support, Advanced Trauma Care for Nurses, Advanced Cardiac Life Support, Tactical Combat Casualty Care, Trauma Nurse Corps Course, and Basic Life Support, as applicable.

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a patient, equipment, and supplies.

STANDARD: Ensuring injuries/illnesses are assessed and identified, patient care is performed within the scope of care, decreasing the risk of further injury and death and contributing to the overall health of the Force.

PERFORMANCE STEPS:
1. Triage patient.
2. Perform history/ physical examination.
3. Generate differential diagnosis.
4. Identify injury/illness.
5. Render appropriate treatment utilizing an evidence-based approach and clinical practice guidelines, and in accordance with scope of practice.
6. Utilize ancillary services, as needed.
7. Document treatment.
8. Disposition patient.

REFERENCES:
1. Advanced Trauma Life Support (ATLS). American College of Surgeons: current edition.
2. Burns: A Team Approach. W.B. Saunders Co.
3. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
4. NAVMED P-5134 General Medical Officer (GMO) Manual

MISCELLANEOUS:

  SIMULATION: Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

CLIN-HSS-2105: Perform dental care

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 24 months

READINESS-CODED: NO

DESCRIPTION: Routine and emergency dental care and airway management.

GRADES: NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: MOJT

CONDITION: Given a casualty with dental needs.

STANDARD: To prevent further injury/illness.

PERFORMANCE STEPS:
1. Perform triage.
2. Provide routine and emergency dental care, as required.
3. Document care.
4. Disposition patient.

REFERENCES:
1. BUMEDINST 6600 Dental Health Care
2. MCO 6600.3 Dental Health Care Program

CHAPTER 8

NEC 8427 INDIVIDUAL EVENTS

CHAPTER 8

NEC 8427 INDIVIDUAL EVENTS

8000. PURPOSE. This chapter details the individual events that pertain to
Fleet Marine Force Reconnaissance Corpsman. Each individual event provides
an event title, along with the conditions events will be performed under, and
the standard to which the event must be performed to be successful.

8001. EVENT CODING

Events in this T&R Manual are depicted with an up to 12-character, 3-field
alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the
following methodology:

    a. Field one. This field represents the community. This chapter
contains the following community codes:

        Code   Description
        8427   Fleet Marine Force Reconnaissance Corpsman

    b. Field two. This field represents the functional/duty area. This
chapter contains the following functional/duty areas:

        Code   Description
        MED   Medical

    c. Field three. This field provides the level at which the event is
accomplished and numerical sequencing of events. This chapter contains the
following event levels:

        Code   Description
        2000   Core Plus Skills

8002. BILLET DESCRIPTION/CORE CAPABILITIES

8427 - FLEET MARINE FORCE RECONNAISSANCE CORPSMAN
Operates as part of a reconnaissance platoon headquarters. He is trained and
certified to perform paramedical skills under austere combat conditions.
Fleet Marine Force Reconnaissance Corpsman are required to instruct and
advise operational personnel in measures for the prevention and treatment of
illness and injuries associated with combat swimming, combatant diving
operations, airborne operations, and amphibious, high altitude, cold weather,
desert, and tropical environments. The Fleet Marine Force Reconnaissance
Corpsman billet is held by a HN-P02.

Core Capabilities:
1. Caries out orders of Platoon Commander or Team Leader (when attached}.
2. Responsible for the personal wellbeing and health of his platoon members.

3. Advises the commander in measures for prevention of illness and treatment of injuries associated with combat swimming, combatant diving, airborne operations, and environmental impacts.
4. Develops the platoon's medical plan in Paragraph-4 of the platoon's patrol/operations order.
5. Conducts coordination and briefing of the Commander and staff.
6. Adept at briefing all medical aspects of assigned missions/tasks.
7. Trains all platoon members in Advanced Trauma Tactical Care.
8. Proficient in advanced, trauma tactical care, combat trauma management, advanced life support, advanced airway management, advanced cardiac life support, and minor surgical procedures.
9. Proficient in vehicle extraction/ extrication.
10. Proficient in hyperbaric medicine.
11. Proficient in military evacuation procedures (CASEVAC/ MEDEVAC).
12. Responsible for providing routine and emergency medical health care procedures with IV pain management and drug therapy while engaged in direct action and/or extended duration reconnaissance operations for a threshold of (96) hours without medical evacuation or augmentation.
13. Capable of integration and transparency with theater Special Operations Forces and Combat Search and Rescue assets.
14. Proficient in all ground reconnaissance, amphibious reconnaissance, battlespace shaping, and specialized raid skills.
15. Capable of performing reconnaissance operations in any environment.
16. Proficient with all weapon systems organic to a reconnaissance team.
17. Proficient with all communications equipment organic to a reconnaissance team.
18. Proficient in directing supporting arms, to include artillery, mortars, NGF, and fixed and rotary wing CAS.
19. Proficient in Special Insertion and Extraction Operations, to include static line and military free fall parachuting, surface swimming, HRST, helocast, small boat operations, and combat diver operations.
20. Qualified as a small boat coxswain for all craft used by the platoon.
21. Licensed operator of vehicles organic to the unit.

8003. INDEX OF INDIVIDUAL EVENTS

Event Code	Event	Page
2000 Level Events		
8427-MED-2001	Assess a clinical patient	8-3
8427-MED-2002	Manage a trauma emergency	8-4
8427-MED-2003	Manage diving casualty	8-5
8427-MED-2004	Manage an emergency veterinary patient	8-6
8427-MED-2005	Perform trauma surgical skills	8-6
8427-MED-2006	Perform a field blood transfusion	8-7
8427-MED-2007	Perform ACLS	8-8

8004. INDIVIDUAL EVENTS

8427-MED-2001: Assess a clinical patient

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 3 months

READINESS-CODED: NO

GRADES: NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment in any SOF environment.

STANDARD: For diagnosis and treatment within the scope of care.

PERFORMANCE STEPS:
1. Identify patient.
2. Perform complete vital signs.
3. Complete subjective history.
4. Complete review of systems.
5. Complete objective history.
6. Complete diagnostic testing.
7. Assess clinical findings.
8. Document all findings.
9. Report findings to provider.

REFERENCES:
1. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
2. SOF Medical Special Operations Forces Medical Handbook
3. Tactical Trauma Protocol Tactical Trauma Protocol (TTP) Tactical Medical Emergency Protocols, January 2013
4. USSOCOM D 350-29 Special Operations Forces Medical Training 7 September 2012

8427-MED-2002: Manage a trauma emergency

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 24 months

READINESS-CODED: NO

DESCRIPTION: Demonstrate an understanding of the essentials of trauma emergencies and trauma management; the anatomy, physiology and pathophysiology of trauma; kinetics of trauma, shock management, and advanced airway management; primary medical skills such as bandaging and splinting and spinal immobilization; advanced skills training to include nasogastric intubation, and urinary catheterization.

GRADES: NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment in any SOF environment.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Identify patient.
2. Identify mechanism of injury.
3. Perform lifesaving interventions.
4. Perform complete vital signs.

5.   Complete focused history.
6.   Complete physical exam.
7.   Reassess interventions.
8.   Complete diagnostic testing, as needed.
9.   Assess clinical findings.
10. Report findings to a provider.
11. Disposition of patient.

REFERENCES:
1. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith
     E., ed.
2. SOF Medical Special Operations Forces Medical Handbook
3. Tactical Trauma Protocol Tactical Trauma Protocol (TTP) Tactical Medical
     Emergency Protocols, January 2013

MISCELLANEOUS:

   SPECIAL PERSONNEL CERTS: Advanced Tactical Paramedic refresher training
   with initial formal training and every two years thereafter.

8427-MED-2003: Manage diving casualty

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment.

STANDARD: For diagnosis and treatment within the scope of care.

PERFORMANCE STEPS:
1.   Identify patient.
2.   Identify diving supervisor.
3.   Identify patients dive buddy.
4.   Identify diving profile.
5.   Complete history.
6.   Complete neurological exam.
7.   Perform diagnostic testing.
8.   Assess clinical findings.
9.   Perform hyperbaric treatments.
10. Perform required invasive/non-invasive procedures.
11. Diagnosis patient.
12. Develop treatment plan.
13. Develop follow on care plan.
14. Document all findings.
15. Disposition of patient.

REFERENCES: Diving Manual US Navy Diving Manual

8427-MED-2004: Manage an emergency veterinary patient

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 24 months

READINESS-CODED: NO

GRADES: NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment.

STANDARD: For diagnosis and treatment within the scope of care.

PERFORMANCE STEPS:
1.   Identify patient.
2.   Identify restraint requirements.
3.   Perform complete vital signs.
4.   Complete subjective history.
5.   Perform lifesaving interventions.
6.   Complete review of systems.
7.   Complete objective history.
8.   Complete diagnostic testing.
9.   Assess clinical findings.
10. Document all findings.
11. Report findings to provider.
12. Disposition of patient.

REFERENCES:
1. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
2.   (SUR) Ranger Medic Handbook
3. SOF Medical Special Operations Forces Medical Handbook
4. Tactical Trauma Protocol Tactical Trauma Protocol (TTP) Tactical Medical Emergency Protocols, January 2013

8427-MED-2005: Perform trauma surgical skills

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 24 months

READINESS-CODED: NO

DESCRIPTION: Demonstrate an understanding of the basic mechanical skills required for procedures used in the Tactical Combat Casualty Care and Combat Trauma Management environment. Surgical skills include cricothyroidotomy, intraosseous infusion, hemorrhage control, thoracostomy, and wound closure.

GRADES: NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment in any SOF environment.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Identify patient.
2. Gather appropriate materials.
3. Perform procedure.
4. Document as necessary.
5. Coordinate follow on actions.

REFERENCES:
1. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
2. NAVMED P-117 Manual of the Medical Department
3. PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition
4. Tactical Trauma Protocol Tactical Trauma Protocol (TTP) Tactical Medical Emergency Protocols, January 2013

MISCELLANEOUS:

> **SPECIAL PERSONNEL CERTS:** Advanced Tactical Paramedic refresher training with initial formal training and every two years thereafter.

> **SIMULATION:** Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

8427-MED-2006: Perform a field blood transfusion

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment in any SOF environment.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Identify patient with indications.
2. Identify donor.
3. Confirm blood type of donor and recipient.
4. Prepare material.
5. Perform collection from donor source.
6. Prepare recipient.
7. Transfuse products.
8. Monitor for adverse reactions.
9. Reassess patient.
10. Document care.
11. Coordinate follow on care.

REFERENCES:
1. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
2. Tactical Trauma Protocol Tactical Trauma Protocol (TTP) Tactical Medical Emergency Protocols, January 2013

8427-MED-2007: Perform ACLS

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 24 months

READINESS-CODED: NO

GRADES: NV-SN, NV-PO-3, NV-PO-2, NV-PO-1

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment in any SOF environment.

STANDARD: To the standards set forth by the American Heart Association.

PERFORMANCE STEPS:
1. Identify patient.
2. Identify need for advanced cardiac life support.
3. Determine proper algorithm.
4. Perform proper interventions.
5. Reassess interventions.
6. Document care.
7. Coordinate follow on care.

REFERENCES: ACLS Manual

CHAPTER 9

NEC 8403 INDIVIDUAL EVENTS

CHAPTER 9

NEC 8403 INDIVIDUAL EVENTS

9000. PURPOSE. This chapter details the individual events that pertain to
Fleet Marine Force Reconnaissance Independent Duty Corpsman. Each individual
event provides an event title, along with the conditions events will be
performed under, and the standard to which the event must be performed to be
successful.

9001. EVENT CODING.

Events in this T&R Manual are depicted with an up to 12-character, 3-field
alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the
following methodology:

    a. Field one. This field represents the community. This chapter
contains the following community codes:

        Code   Description
        8403   Fleet Marine Force Reconnaissance Independent Duty Corpsman

    b. Field two. This field represents the functional/duty area. This
chapter contains the following functional/duty areas:

        Code   Description
        MED   Medical

    c. Field three. This field provides the level at which the event is
accomplished and numerical sequencing of events. This chapter contains the
following event levels:

        Code   Description
        2100   Advanced Core Plus Skills

9002. BILLET DESCRIPTION/CORE CAPABILITIES

8403 - FLEET MARINE FORCE RECONNAISSANCE INDEPENDENT DUTY CORPSMAN
Advises the commander on the discipline, appearance, control, conduct,
administration, professional, career development and welfare of the Naval
personnel in the company. Counsels subordinate unit petty officers as
required to improve the general effectiveness of the command. Coordinates
directly with the BN IDC. Provides medical and operational services for
personnel engaged in SOF operations independently of a medical officer.
Performs associated operational administrative and logistical duties.
Responsible for the planning, execution, and supervision of cross training of
Company members in medical skills.

1. Core Skills:
    a. Carries out the orders of the Commander.

b. Function as an advisor to the commander and is responsible for carrying out all medical related activities.

c. Perform clinical diagnostics, advanced paramedical skills, Advanced Cardiac Life Support (ACLS), basic surgical anesthesia, basic dental exams, and other routine emergency medical health care procedures as required

d. Trains and evaluates the teams in the performance of tasks that support company training objectives.

e. Plan, direct, and supervise the establishment of the aid station.

f. Advises the commander and primary staff on the medical status of the company.

g. Assists with the medical planning, coordination, and conduct of Special Operations Forces Core Operations. (Counterinsurgency, Unconventional Warfare, Stability, Foreign Internal Defense, Countering Weapons of Mass Destruction, Support to Major Combat Operations and Campaigns)

h. Assists with the medical planning, coordination, and conduct of Special Operations Forces Core Activities. (Preparation of the Environment, Special Reconnaissance, Security Force Assistance, Military Information Support Operations, Civil Affairs, Interdiction and Offensive CWMD Operations, SOF Combat Service Support, SOF Combat Support, Direct Action)

i. Assists in the planning, coordination and conduct of casualty evacuation.

j. Assists in Personnel Recovery efforts.

k. Participate in the SOF mission planning process, Marine Corps Planning Process and orders development process.

l. Assists in the integration of medical personnel to the unit.

m. Advises the staff on the conduct of medical procedures and protocol.

n. Conduct liaison and coordination with medical representatives in, Special Operation forces, conventional forces, allied, host nation, interagency and non-governmental organizations.

o. Supervise the deployment, employment and re-deployment of medical equipment in support of assigned missions.

p. Inspects the condition, care, and economical use of assigned medical equipment.

q. Supervise clinical and field long-term care and treatment CONUS, OCONUS and split detachment operations

r. Maintain skills and certifications in Advanced Tactical Casualty Care with a greater than 96 hour patient sustainability without evacuation or augmentation.

s. Coordinate veterinary training and support for areas requiring animal transportation or use

t. Controlled Substance Inventory Board Manager

u. Orders, stores, catalogs, safeguards and distributes medical supplies, equipment, and pharmaceutical supplies

2. Core Plus Skills:
    a. Military Free Fall
    b. Combatant Diver
    c. Flight Paramedic
    d. Advanced Hazmat Life Support (AHLS)
    e. Critical Care Paramedic
    f. Advanced EMT (Wilderness, Cold Weather and Tropical)
    g. Advanced Hyperbaric Medicine
    h. ASO LVL II

9003. INDEX OF INDIVIDUAL EVENTS

Event Code	Event	Page
2000 Level Events		
8403-MED-2101	Manage a surgical patient	9-4
8403-MED-2102	Manage an anesthesia patient	9-4
8403-MED-2103	Conduct laboratory procedures	9-5
8403-MED-2104	Conduct radiological procedures	9-6
8403-MED-2105	Conduct equipment sterilization procedures	9-6
8403-MED-2106	Manage an emergency dental patient	9-7
8403-MED-2107	Manage Occupational Health/Preventive Medicine program	9-7

9004. INDIVIDUAL EVENTS

8403-MED-2101: Manage a surgical patient

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 6 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment.

STANDARD: To prevent further injury or death within the scope of care.

PERFORMANCE STEPS:
1.   Identify patient.
2.   Coordinate surgical team.
3.   Prepare patient for surgery.
4.   Review vital signs.
5.   Ensure level of sedation.
6.   Create sterile environment.
7.   Conduct procedure.
8.   Develop treatment care plan.
9.   Disposition of patient.
10. Document all findings.
11. Dispose of hazardous waste.
12. Sanitize the surgical environment.

REFERENCES:
1. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
2. NAVMED P-117 Manual of the Medical Department

8403-MED-2102: Manage an anesthesia patient

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment.

STANDARD: To prevent further injury or death within the scope of care.

PERFORMANCE STEPS:
1.   Identify patient.
2.   Prepare anesthesia log.
3.   Compete allergy history.
4.   Complete anesthesia history.
5.   Complete full set of vital signs.
6.   Identify proper anesthetic protocol.
7.   Prepare patient for anesthesia.
8.   Conduct anesthesia induction.
9.   Maintain surgical plane during procedure.
10. Manage patient through anesthesia recovery.
11. Monitor patient for anesthesia off effects.
12. Complete anesthesia log.
13. Dispose of hazardous waste.

REFERENCES: Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.

8403-MED-2103: Conduct laboratory procedures

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment.

STANDARD: Identifying results with 100% accuracy.

PERFORMANCE STEPS:
1.   Identify patient.
2.   Identify laboratory procedure required.
3.   Obtain sample.
4.   Prepare sample for test.
5.   Conduct testing procedure.
6.   Interpret results.
7.   Document results.

8. Properly store sample.
9. Report results.
10. Dispose of hazardous waste.

REFERENCES: Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.

SUPPORT REQUIREMENTS:

   EQUIPMENT: Training aids and consumables.

8403-MED-2104: Conduct radiological procedures

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a patient and equipment.

STANDARD: To make proper diagnosis within the scope of care.

PERFORMANCE STEPS:
1. Identify patient.
2. Identify radiological procedure required.
3. Prepare patient.
4. Conduct radiological procedure.
5. Interpret results.
6. Document results.
7. Report results.
8. Dispose of hazardous waste if required.

REFERENCES:
1. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
2. TM 8-280 TM 8-280, Radiologic Technology, chapters 5-7

8403-MED-2105: Conduct equipment sterilization procedures

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given equipment and supplies.

STANDARD: To prevent contamination and infection.

PERFORMANCE STEPS:
1. Receive equipment.
2. Clean equipment.
3. Identify sterilization method.
4. Wrap equipment if applicable.
5. Sterilize equipment.
6. Store equipment.
7. Issue equipment.
8. Document procedure.
9. Disposal of hazardous waste if applicable.

REFERENCES: Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.

8403-MED-2106: Manage an emergency dental patient

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 24 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1.   Identify patient.
2.   Identify mechanism of injury.
3.   Perform lifesaving interventions.
4.   Perform complete vital signs.
5.   Complete focused history.
6.   Complete physical exam.
7.   Reassess interventions.
8.   Complete diagnostic testing.
9.   Assess clinical findings.
10. Perform required invasive/non-invasive procedures.
11. Diagnosis patient.
12. Develop treatment plan.
13. Document all findings.
14. Disposition of patient.

REFERENCES: BUMEDINST 6600 Dental Health Care

8403-MED-2107: Manage Occupational Health/Preventive Medicine program

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 6 months

READINESS-CODED: NO

GRADES: NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given equipment and supplies.

STANDARD: To prevent infection, illness, injury, or death.

PERFORMANCE STEPS:
1. Identify unit requirements.
2. Manage medical surveillance programs.
3. Implement preventive medicine protocols.
4. Conduct required training.
5. Document required training.
6. Report unit readiness.

REFERENCES:
1. NAVMED P-117 Manual of the Medical Department
2. NAVMED P-5010 Navy Sanitation

HSS T&R MANUAL

CHAPTER 10

MOUNTAIN WARFARE INDIVIDUAL EVENTS

CHAPTER 10

MOUNTAIN WARFARE INDIVIDUAL EVENTS

10000. PURPOSE. This chapter details the individual events that pertain to Mountain Warfare medical training. Each individual event provides an event title, along with the conditions events will be performed under, and the standard to which the event must be performed to be successful. Mountain Warfare courses are attended by interservice, interagency, and international students.

10001. EVENT CODING

Events in this T&R Manual are depicted with an up to 12-character, 3-field alphanumeric system, i.e. XXXX-XXXX-XXXX. This chapter utilizes the following methodology:

    a. Field one. This field represents the community. This chapter contains the following community codes:

Code Description
HSS Health Services Support

    b. Field two. This field represents the functional/duty area. This chapter contains the following functional/duty areas:

Code Description
MW Mountain Warfare

10002. INDEX OF INDIVIDUAL EVENTS

Event Code	Event	Page
2000 Level Events		
HSS-MW-2701	Apply the principles of nutrition	10-3
HSS-MW-2702	Perform patient assessment	10-3
HSS-MW-2703	Manage common cold weather injuries	10-4
HSS-MW-2704	Manage altitude sickness	10-4
HSS-MW-2705	Manage a submersion incident casualty	10-5
HSS-MW-2706	Manage high altitude illness	10-5
HSS-MW-2707	Manage musculoskeletal injuries	10-6
HSS-MW-2708	Manage injuries/illnesses	10-6
HSS-MW-2709	Perform temperate and cold weather preventive medicine	10-7
HSS-MW-2710	Apply survival techniques	10-8
HSS-MW-2711	Respond to a mass casualty	10-8
HSS-MW-2712	Conduct a swift water rescue	10-9
HSS-MW-2713	Conduct an avalanche rescue	10-9
HSS-MW-2714	Perform casualty evacuation	10-10
HSS-MW-2715	Advise on medical issues	10-11

10003. INDIVIDUAL EVENTS

<u>**HSS-MW-2701**</u>: Apply the principles of nutrition

<u>**EVALUATION-CODED**</u>: NO   <u>**SUSTAINMENT INTERVAL**</u>: 12 months

<u>**READINESS-CODED**</u>: NO

<u>**GRADES**</u>: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

<u>**INITIAL LEARNING SETTING**</u>: FORMAL

<u>**CONDITION**</u>: Given a unit in a mountainous environment, necessary equipment and supplies.

<u>**STANDARD**</u>: To prevent death or injury per the reference.

<u>**PERFORMANCE STEPS**</u>:
1. Maintain proper caloric intake.
2. Monitor caloric intake of unit.
3. Maintain proper hydration.
4. Monitor proper hydration of unit.

<u>**REFERENCES**</u>: (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John Ambulance

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<u>**HSS-MW-2702**</u>: Perform patient assessment

<u>**EVALUATION-CODED**</u>: NO   <u>**SUSTAINMENT INTERVAL**</u>: 12 months

<u>**READINESS-CODED**</u>: NO

<u>**GRADES**</u>: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

<u>**INITIAL LEARNING SETTING**</u>: FORMAL

<u>**CONDITION**</u>: Given a casualty in a mountainous environment, with the necessary equipment and supplies.

<u>**STANDARD**</u>: To determine the nature and extent of injury per the reference.

<u>**PERFORMANCE STEPS**</u>:
1. Identify the casualty.
2. Properly expose the casualty.
3. Perform physical assessment.
4. Treat illnesses or injuries, as indicated.
5. Monitor the casualty.
6. Evacuate the casualty, as indicated.

<u>**REFERENCES**</u>: (SUR) Ranger Medic Handbook

HSS-MW-2703: Manage common cold weather injuries

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty in a cold weather environment and necessary equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Manage frostbite.
2. Manage immersion foot.
3. Manage chilblains.
4. Manage corneal frostbite.

REFERENCES: TB MED 508 Prevention and Management of Cold-Weather Injuries

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HSS-MW-2704: Manage altitude sickness

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an altitude sickness casualty in a combat environment (day and night) and the standard medical equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Identify degree of altitude sickness.
2. Manage according to degree.
3. Monitor the casualty.

REFERENCES:
1. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John Ambulance
2. TB MED 505 Altitude Acclimatization and Illness Management
3. TB MED 508 Prevention and Management of Cold-Weather Injuries

MISCELLANEOUS:

   SIMULATION: Training should leverage live/virtual/constructive simulation through the use of manikins and role players.

HSS-MW-2705: Manage a submersion incident casualty

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty in a cold weather environment and the necessary equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Diagnose submersion casualty.
2. Manage a submersion casualty using the priorities in field management.
3. Monitor the casualty.
4. Evacuate the casualty, as indicated.

REFERENCES: TB MED 508 Prevention and Management of Cold-Weather Injuries

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HSS-MW-2706: Manage high altitude illness

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a unit in a cold weather or wilderness high altitude environment and necessary equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Perform high altitude illness preventive measures.
2. Communicate the level of risk, symptoms, and preventive measures for high altitude illness to the unit.
3. Manage acute mountain sickness.
4. Manage high altitude cerebral edema.

5. Manage high altitude pulmonary edema.
6. Monitor casualties.
7. Evacuate casualties, as indicated.

REFERENCES:
1. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John Ambulance
2. TB MED 508 Prevention and Management of Cold-Weather Injuries

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HSS-MW-2707: Manage musculoskeletal injuries

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty in a mountainous environment, necessary equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Determine the nature and extent of musculoskeletal injury.
2. Gather equipment necessary for treatment.
3. Manage the injury, as indicated.
4. Perform measures to prevent further injuries from exposure to the environment.
5. Monitor the casualty.

REFERENCES:
1.   (SUR) Ranger Medic Handbook
2. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John Ambulance

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HSS-MW-2708: Manage injuries/illnesses

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 24 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a unit in a temperate and cold weather wilderness environment, necessary equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Identify diseases in a temperate and cold weather wilderness environment.
2. Manage wounds.
3. Manage burns.
4. Manage envenomation injuries.
5. Manage head injuries.
6. Manage chest injuries.
7. Manage abdominal injuries.
8. Monitor the casualty.

REFERENCES:
1. ATLS Manual
2. Burns: A Team Approach. W.B. Saunders Co.
3. Emergency Medicine: Concepts and Clinical Practice. Tintinalli, Judith E., ed.
4.   (SUR) Ranger Medic Handbook
5. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John Ambulance
6. (SUR)Tropics Tropical Medicine Manual
7. PHTLS Pre-hospital Trauma Life Support, Military Edition, Current Edition

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HSS-MW-2709: Perform temperate and cold weather preventive medicine

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 36 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a unit in a cold weather environment and the necessary equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Inspect the five areas of personal hygiene.
2. Identify proper immunizations given prior to deployment.
3. Determine appropriate method of water purification.
4. Perform proper field waste disposal.

REFERENCES:
1. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John Ambulance
2. MCRP 12-10A.3 Mountain Leaders Guide to Mountain Warfare Operations
3. MCRP 3-40A.4 Field Hygiene and Sanitation
4. NAVMED P-5010 Navy Sanitation

HSS-MW-2710: Apply survival techniques

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 36 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a survival situation in temperate and cold weather condition and minimal equipment and resources.

STANDARD: To facilitate individual or group survival and recovery.

PERFORMANCE STEPS:
1. Apply principles of mountain safety.
2. Identify components of a survival kit.
3. Construct a survival shelter.
4. Apply corrective actions to survival stressors.
5. Identify physiological needs in a survival situation.
6. Signal for aid.
7. Navigate using survival techniques.

REFERENCES:
1. ATP 3-50.21 Survival
2. MCRP 12-10A.3 Mountain Leaders Guide to Mountain Warfare Operations

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HSS-MW-2711: Respond to a mass casualty

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL**: 36 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given multiple casualties in a high altitude, cold weather, complex compartmentalized mountainous terrain, necessary equipment and supplies.

STANDARD: To triage, treat and evacuate casualties preventing further injury or death.

PERFORMANCE STEPS:
1. Develop a reception plan.
2. Conduct triage.

3. Provide emergency treatment, as indicated.
4. Determine patient transportation requirements.
5. Conduct casualty evacuations, as necessary.

REFERENCES:
1. Wilderness Medicine Course Handbook
2. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John
    Ambulance
3. WILDERNESS MED 4TH Wilderness Med 4TH Ed. Auerbach, Paul S.

HSS-MW-2712: Conduct a swift water rescue

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 36 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty in a swift water environment, necessary
equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Maintain swift water rescue equipment.
2. Employ swift water rescue communication signals.
3. Conduct throw bag rescue.
4. Perform swift water swimming.
5. Perform procedures for swift water rescue.

REFERENCES:
1. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John
    Ambulance
2. ATP 3-50.21 Survival
3. JP 3-50 Personnel Recovery
4. TB MED 508 Prevention and Management of Cold-Weather Injuries

SUPPORT REQUIREMENTS:

   EQUIPMENT: Swift water rescue equipment

   MATERIAL: Throw bags, personal flotation device, helmet, whistle, 165
   foot static rope

HSS-MW-2713: Conduct an avalanche rescue

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an avalanche rescue mission scenario with a victim and necessary equipment.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Determine scene safety.
2. Implement safety measures.
3. Organize personnel.
4. Communicate situation.
5. Utilize avalanche rescue equipment.
6. Locate and recovery victim/body.
7. Perform treatment as necessary.

REFERENCES:
1. (SUR) AAOS Wilderness First Aid Guide, by Wayne Merry and St John Ambulance
2. MCRP 12-10A.3 Mountain Leaders Guide to Mountain Warfare Operations
3. The American Institute for Avalanche Research and Education

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HSS-MW-2714: Perform casualty evacuation

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given a casualty in a tactical environment and levels 1 through 4 steep earth terrain with necessary equipment and supplies.

STANDARD: To prevent further injury or death.

PERFORMANCE STEPS:
1. Establish local security.
2. Prepare casualty for evacuation.
3. Select a route.
4. Identify steep earth terrain.
5. Implement control/safety measures.
6. Construct the raising/lowering system.

7.   Employ height gaining device, if necessary.
8.   Deploy ropes.
9.   Retrieve the casualty.
10. Evacuate casualty
11. Reassess casualty throughout evacuation.

REFERENCES:
1.   (SUR) Ranger Medic Handbook
2.   FM 3-97.61 Military Mountaineering
3.   MCRP 12-10A.1 Small Unit Leader's Guide to Mountain Warfare Operations
4.   MCRP 12-10A.3 Mountain Leaders Guide to Mountain Warfare Operations

MISCELLANEOUS:

   ADMINISTRATIVE INSTRUCTIONS: Due to the physically demanding nature of
   this task, upon arrival at Mountain Warfare Training Command, a screening
   test will be conducted to ensure students are physically capable of
   completing training.

HSS-MW-2715: Advise on medical issues

EVALUATION-CODED: NO   **SUSTAINMENT INTERVAL:** 12 months

READINESS-CODED: NO

GRADES: NV-SR, NV-SA, NV-SN, NV-PO-3, NV-PO-2, NV-PO-1, NV-CPO, NV-SCPO, NV-
MCPO, NV-ENS, NV-LTJG, NV-LT, NV-LCDR, NV-CDR, NV-CAPT

INITIAL LEARNING SETTING: FORMAL

CONDITION: Given an audience, mission scenario in tactical mountainous or
cold weather environment, weather report, ambient temperature, commander's
objectives and intent, medical evacuation capabilities and higher level
medical assets available.

STANDARD: To provide subject matter expertise to leadership with actionable
information for decision making.

PERFORMANCE STEPS:
1.   Assess hazards.
2.   Analyze commander's objective and intent.
3.   Establish multiple medical evacuation options.
4.   Advise leadership on operational impact.

REFERENCES:
1.   (SUR) Ranger Medic Handbook
2.   MCRP 12-10A.1 Small Unit Leader's Guide to Mountain Warfare Operations
3.   MCRP 12-10A.3 Mountain Leaders Guide to Mountain Warfare Operations

APPENDIX A

ACRONYMS

AAV - amphibious assault vehicle
ACP - automated commissioning package
ACT - accuracy completeness time sequence
ACTS - Assignment, Classification, and Travel Systems
AIRS - Automated Inspection Reporting System
AO - area of operations
APTS - advanced presentation and training skills
AR - Active Reserve
ASTB-E - Aviation Selection Test Battery Series-E
AT4C - advanced tool for coaching
BIC - billet information code
CAPT - Captain
CAR - commander's attainment report
CBRN - chemical, biological, radiological, and nuclear
CBT - computer-based training
CG - commanding general
CMC - Commandant of the Marine Corps
CMR - consolidated memorandum receipt
CO - commanding officer
COA - course of action
CONPLAN - contingency plan
CONUS - continental United States
COT - consecutive overseas tours
CPL - Corporal
CRP - combat readiness percentage; command recruiting program
CSR - consolidated strength report
CWO - chief warrant officer
DEP - delayed entry program
DL - distance learning
DOD - Department of Defense
DoDFMR - Department of Defense Financial Management Regulation
DON - Department of the Navy
DRRS - Defense Readiness Reporting System
EAD - extended active duty
ECFC - enlisted career force controls
ECS - effective communication skills
EFMP - Exceptional Family Member Program
ENLPROM - enlisted promotions
EPM - enlistment processing manual
1STLT - First Lieutenant
FAI - functional area inspection
FLC - formal learning center
FMF - fleet Marine force
FY - fiscal year
GOV - government owned vehicle
GSA - Government Services Administration
GYSGT - Gunnery Sergeant
HOTAS - hands-on throttle and stick
HQMC - Headquarters, Marine Corps
IAW - in accordance with

IGMC - Inspector General of the Marine Corps
IIADT - incremental initial active duty training
IMI - individual multimedia instruction
IPOCT - in place consecutive overseas tours
IRAM - Individual Records Administration Manual
IRR - Individual Ready Reserve
IRT - Itinerant Recruiting Trip
JPIC - Joint Package Inspection Checklist
LATMOV - lateral move
LCPL - Lance Corporal
LDO - limited duty officer; line of duty
LOI - letter of instruction
LSL - lump sum leave
MAJ - Major
MARADMIN - Marine Administrative Message
MARCORPROMMAN - Marine Corps Promotion Manual
MARCORSEPMAN - Marine Corps Separation and Retirement Manual
MARFORRES - Marine Corps Forces Reserve
MASP - military academic skills program
MC2 - Marine Corps Communication and Consulting
MC3 - Marine Corps Communication, Coaching, and Counseling
MC4 - Marine Corps Communication, Consulting, Coaching, and Counseling
MCC - monitored command code
MCEOB - Marine Corps Enlisted Opportunities Book
MCI - Marine Corps Institute
MCMEDS - Marine Corps Medical Entitlements Data System
MCMP - Marine Corps mentoring program
MCO - Marine Corps order
MCOOB - Marine Corps Officer Opportunity Book
MCP3 - Marine Corps Performance, Programming and Philosophy
MCPS - Marine Corps Presentation Skills
MCRAMM - Marine Corps Reserve Administrative Management Manual
MCRC - Marine Corps Recruiting Command
MCRD - Marine Corps Recruit Depot
MCRISS - Marine Corps Recruiting Information Support System
MCRISS-OSS - Marine Corps Recruiting Information Support System-Officer
            Selection Station
MCRISS-PSRS - Marine Corps Recruiting Information Support System-Prior
              Service Recruiting Station
MCRISS-PSRSS - Marine Corps Recruiting Information Support System-Prior
               Service Recruiting Substation
MCRISS-RS - Marine Corps Recruiting Information Support System-Recruiting
            Station
MCROB - Marine Corps Reserve Opportunity Book
MCT - Marine Corps Task
MCTFSPRIM - Marine Corps Total Force Reporting Instructions Manual
MCTIMS - Marine Corps Training Information Management System
MCTL - Marine Corps Task List
MECEP - Marine Corps Enlisted Commissioning Education Program
MEPCOM - Military Entrance Processing Command
MEPS - Military Entrance Processing Station
MET - mission essential task
METL - mission essential task list
MGIB-R - Montgomery GI Bill-Reserve
MGYSGT - Master Gunnery Sergeant
MIRS - USMEPCOM Integrated Resource System
MISSO - Manpower Information Systems Support Officer

MOJT - Marine on-the-job training
MOL - Marine online
MOS - military occupational specialty
MSC - major subordinate command
MSGT - Master Sergeant
MUD - Merkel Unit Designator
NAMI - Naval Aerial Medical Institute
NAVMC - Navy Marine Corps
NIDT - Non-Instrumented Drug Test
NMCI - Navy Marine Corps Communication Information
NWA - new working applicant
OCHF - Operations Chief
OCM - Officer Commissioning Manual
OCONUS - outside the continental United States
OIC - officer in charge
OPFOR - opposing force; opposition force
OPLAN - operational plan
OPNAV - Office of the Chief of Naval Operations
OPNAVINST Chief of Naval Operations instruction
OPS - operations
OPSO - operations officer
ORM - operational risk management
OSO - officer selection officer
OSS - officer selection station
OST - officer selection team
PAC - prospect applicant card
PADD - projected active duty date
PAR - Performance and Review
PFC - Private First Class
PSEP - prior service enlistment program
PSF - public speaking forum
PSR - prior service recruiter
PSRS - prior service recruiting station
PSRSS - prior service recruiting substation
PTAD - permissive temporary additional duty
PVT - Private
QC - quality control
QCIS - quality control SITREP
QSN - quota serial number
RAV - Retention Assist Visit
RECLP - Reserve Enlisted Commissioning Program
RELM - Reenlistment Extension Lateral Move
RI - Recruiter Instructor
ROEP - Reserve Option Enlistment Program
RS - Recruiting Station
RSCE - Recruiting Station Command Element
RSS - Recruiting Substation
RTF - recruiter training file
RUC - reporting unit code
S&R - Schedule and Results
SAT - Systems Approach to Training
SAV - staff assist visit
SDA - special duty assignment
SECNAVINST - Secretary of the Navy instruction
SGT - Sergeant
SGTMAJ - Sergeant Major
SITREP situation report

SMB - SNCOIC Management Book
SMCR - select Marine Corps reserve
SME - subject matter expert
SMOS - supplementary MOS
SNCO - staff noncommissioned officer
SNCOIC - staff noncommissioned officer in charge
SOP - standing operating procedure
SOS - statement of service
SOU - statement of understanding
SRB - selective reenlistment bonus
SRI - Systematic Recruiting Inspection
SRIP - Selected Reserve Incentive Program
SSGT - Staff Sergeant
T&R - training and readiness
T/O - table of organization
TECOM - Training and Education Command
TIP - training input plan
TMS - Training Management System
UMIS - Unit Manpower Information Sheet
UTM - unit training management
WO - Warrant Officer
XO - executive officer

APPENDIX B

TERMS AND DEFINITIONS

Terms in this glossary are subject to change as applicable orders and directives are revised. Terms established by Marine Corps orders or directives take precedence after definitions found in Joint Publication 1-02, DOD Dictionary of Military and Associated Terms.

A

After Action Review. A professional discussion of training events conducted after all training to promote learning among training participants. The formality and scope increase with the command level and size of the training evolution. For longer exercises, they should be planned for at predetermined times during an exercise. The results of the AAR shall be recorded on an after action report and forwarded to higher headquarters. The commander and higher headquarters use the results of an AAR to reallocate resources, reprioritize their training plan, and plan for future training.

Assessment. An informal judgment of the unit's proficiency and resources made by a commander or trainer to gain insight into the unit's overall condition. It serves as the basis for the midrange plan. Commanders make frequent use of these determinations during the course of the combat readiness cycle in order to adjust, prioritize or modify training events and plans.

C

Chaining. A process that enables unit leaders to effectively identify subordinate collective events and individual events that support a specific collective event. For example, collective training events at the 4000-Level are directly supported by collective events at the 3000-Level. When a higher level event by its nature requires the completion of lower level events, they are "chained"; Sustainment credit is given for all lower level events chained to a higher event.

Collective Event. A clearly defined, discrete, and measurable activity, action, or event (i.e., task) that requires organized team or unit performance and leads to accomplishment of a mission or function. A collective task is derived from unit missions or higher-level collective tasks. Task accomplishment requires performance of procedures composed of supporting collective or individual tasks. A collective task describes the exact performance a group must perform in the field under actual operational conditions. The term "collective" does not necessarily infer that a unit accomplishes the event. A unit, such as a squad or platoon conducting an attack; may accomplish a collective event or, it may be accomplished by an individual to accomplish a unit mission, such as a battalion supply officer completing a reconciliation of the battalion's CMR. Thus, many collective events will have titles that are the same as individual events; however, the standard and condition will be different because the scope of the collective event is broader.

Collective Training Standards (CTS). Criteria that specify mission and functional area unit proficiency standards for combat, combat support, and combat service support units. They include tasks, conditions, standards, evaluator instruction, and key indicators. CTS are found within collective training events in T&R Manuals.

Combat Readiness Cycle. The combat readiness cycle depicts the relationships within the building block approach to training. The combat readiness cycle progresses from T&R Manual individual core skills training, to the accomplishment of collective training events, and finally, to a unit's participation in a contingency or actual combat. The combat readiness cycle demonstrates the relationship of core capabilities to unit combat readiness. Individual core skills training and the training of collective events lead to unit proficiency and the ability to accomplish the unit's stated mission.

Combat Readiness Percentage (CRP). The CRP is a quantitative numerical value used in calculating collective training readiness based on the E-Coded events that support the unit METL. CRP is a concise measure of unit training accomplishments. This numerical value is only a snapshot of training readiness at a specific time. As training is conducted, unit CRP will continuously change.

Condition. The condition describes the training situation or environment under which the training event or task will take place. Expands on the information in the title by identifying when, where and why the event or task will occur and what materials, personnel, equipment, environmental provisions, and safety constraints must be present to perform the event or task in a real-world environment. Commanders can modify the conditions of the event to best prepare their Marines to accomplish the assigned mission (e.g. in a desert environment; in a mountain environment; etc.).

Core Competency. Core competency is the comprehensive measure of a unit's ability to accomplish its assigned MET. It serves as the foundation of the T&R Program. Core competencies are those unit core capabilities and individual core skills that support the commander's METL and T/O mission statement. Individual competency is exhibited through demonstration of proficiency in specified core tasks and core plus tasks. Unit proficiency is measured through collective tasks.

Core Capabilities. Core capabilities are the essential functions a unit must be capable of performing during extended contingency/combat operations. Core unit capabilities are based upon mission essential tasks derived from operational plans; doctrine and established tactics; techniques and procedures.

Core Plus Capabilities. Core plus capabilities are advanced capabilities that are environment, mission, or theater specific. Core plus capabilities may entail high-risk, high-cost training for missions that are less likely to be assigned in combat.

Core Plus Skills. Core plus skills are those advanced skills that are environment, mission, rank, or billet specific. 2000-Level training is designed to make Marines proficient in core skills in a specific billet or at a specified rank at the Combat Ready level. 3000-8000-Level training produces combat leaders and fully qualified section members at the Combat Qualified level. Marines trained at the Combat Qualified level are those the commanding officer feels are capable of accomplishing unit-level missions and

of directing the actions of subordinates. Many core plus tasks are learned via MOJT, while others form the base for curriculum in career level MOS courses taught by the formal school.

D

Defense Readiness Reporting System (DRRS). A comprehensive readiness reporting system that evaluates readiness on the basis of the actual missions and capabilities assigned to the forces. It is a capabilities-based, adaptive, near real-time reporting system for the entire Department of Defense.

Deferred Event. A T&R event that a commanding officer may postpone when in his or her judgment, a lack of logistic support, ammo, ranges, or other training assets requires a temporary exemption. CRP cannot be accrued for deferred "E-Coded" events.

Delinquent Event. An event becomes delinquent when a unit exceeds the sustainment interval for that particular event. The individual or unit must update the delinquent event by first performing all prerequisite events. When the unit commander deems that performing all prerequisite is unattainable, then the delinquent event will be re-demonstrated under the supervision of the appropriate evaluation authority.

E

E-Coded Event. An "E-Coded" event is a collective T&R event that is a noted indicator of capability or, a noted collective skill that contributes to the unit's ability to perform the supported MET. As such, only "E-Coded" events are assigned a CRP value and used to calculate a unit's CRP.

Evaluation. Evaluation is a continuous process that occurs at all echelons, during every phase of training and can be both formal and informal. Evaluations ensure that Marines and units are capable of conducting their combat mission. Evaluation results are used to reallocate resources, reprioritize the training plan, and plan for future training.

Event (Training). 1) An event is a significant training occurrence that is identified, expanded and used as a building block and potential milestone for a unit's training. An event may include formal evaluations. 2) An event within the T&R Program can be an individual training evolution, a collective training evolution or both. Through T&R events, the unit commander ensures that individual Marines and the unit progress from a combat capable status to a Fully Combat Qualified (FCQ) status.

Event Component. The major procedures (i.e., actions) that must occur to perform a Collective Event to standard.

Exercise Commander (EC). The Commanding General, Marine Expeditionary Force or his appointee will fill this role, unless authority is delegated to the respective commander of the Division, Wing, or MLG. Responsibilities and functions of the EC include: 1) designate unit(s) to be evaluated, 2) may designate an exercise director, 3) prescribe exercise objectives and T&R events to be evaluated, 4) coordinate with commands or agencies external to the Marine Corps and adjacent Marine Corps commands, when required.

Exercise Director (ED). Designated by the EC to prepare, conduct, and report all evaluation results. Responsibilities and functions of the ED include:
 1) Publish a letter of instruction (LOI) that: delineates the T&R events to be evaluated, establishes timeframe of the exercise, lists responsibilities of various elements participating in the exercise, establishes safety requirements/guidelines, and lists coordinating instructions. 2) Designate the TEC and TECG to operate as the central control agency for the exercise.
 3) Assign evaluators, to include the senior evaluator, and ensure that those evaluators are properly trained. 4) Develop the general exercise scenario taking into account any objectives/events prescribed by the EC. 5) Arrange for all resources to include: training areas, airspace, aggressor forces, and other required support.

M

Marine Corps Ground Training and Readiness (T&R) Program. The T&R Program is the Marine Corps' primary tool for planning and conducting training, for planning and conducting training evaluation, and for assessing training readiness. The program will provide the commander with standardized programs of instruction for units within the ground combat, combat support, and combat service support communities. It consolidates the ITS, CTS, METL and other individual and unit training management tools. T&R is a program of standards that systematizes commonly accepted skills, is open to innovative change, and above all, tailors the training effort to the unit's mission. Further, T&R serves as a training guide and provides commanders an immediate assessment of unit combat readiness by assigning a CRP to key training events. In short, the T&R Program is a building block approach to training that maximizes flexibility and produces the best-trained Marines possible.

Mission Essential Task(s) MET(s). A MET is a collective task in which an organization must be proficient in order to accomplish an appropriate portion of its wartime mission(s). MET listings are the foundation for the T&R Manual; all events in the T&R Manual support a MET.

Mission Essential Task List (METL). Descriptive training document that provides units a clear, war fighting focused description of collective actions necessary to achieve wartime mission proficiency. The service-level METL, that which is used as the foundation of the T&R Manual, is developed using Marine Corps doctrine, operational plans, T/Os, UJTL, UNTL, and MCTL. For community based T&R Manuals, an occupational field METL is developed to focus the community's collective training standards. Commanders develop their unit METL from the service-level METL, operational plans, contingency plans, and SOPs.

O

Operational Readiness (DOD, NATO). OR is the capability of a unit/formation, ship, weapon system, or equipment to perform the missions or functions for which it is organized or designed. May be used in a general sense or to express a level or degree of readiness.

P

Prerequisite Event. Prerequisites are the academic training and/or T&R events that must be completed prior to attempting the event.

R

Readiness (DOD). Readiness is the ability of U.S. military forces to fight and meet the demands of the national military strategy. Readiness is the synthesis of two distinct but interrelated levels: a) Unit readiness--The ability to provide capabilities required by combatant commanders to execute assigned missions. This is derived from the ability of each unit to deliver the outputs for which it was designed. b) Joint readiness--The combatant commander's ability to integrate and synchronize ready combat and support forces to execute assigned missions.

S

Section Skill Tasks. Section skills are those competencies directly related to unit functioning. They are group rather than individual in nature, and require participation by a section (S-1, S-2, S-3, etc).

Simulation Training. Simulators provide the additional capability to develop and hone core and core plus skills. Accordingly, the development of simulator training events for appropriate T&R syllabi can help maintain valuable combat resources while reducing training time and cost. Therefore, in cases where simulator fidelity and capabilities are such that simulator training closely matches that of actual training events, T&R Manual developers may include the option of using simulators to accomplish the training. CRP credit will be earned for E-Coded simulator events based on assessment of relative training event performance.

Standard. A standard is a statement that establishes criteria for how well a task or learning objective must be performed. The standard specifies how well, completely, or accurately a process must be performed or product produced. For higher-level collective events, it describes why the event is being done and the desired end-state of the event. Standards become more specific for lower-level events and outline the accuracy, time limits, sequencing, quality, product, process, restrictions, etc., that indicate the minimum acceptable level of performance required of the event. At a minimum, both collective and individual training standards consist of a task, the condition under which the task is to be performed, and the evaluation criteria that will be used to verify that the task has been performed to a satisfactory level.

Sustainment Training. Periodic retraining or demonstration of an event required maintaining the minimum acceptable level of proficiency or capability required to accomplish a training objective. Sustainment training goes beyond the entry-level and is designed to maintain or further develop proficiency in a given set of skills.

Systems Approach to Training (SAT). An orderly process for analyzing, designing, developing, implementing, and evaluating a unit's training program to ensure the unit, and the Marines of that unit acquire the knowledge and skills essential for the successful conduct of the unit's wartime missions.

T

Training Task. This describes a direct training activity that pertains to an individual Marine. A task is composed of 3 major components: a description of what is to be done, a condition, and a standard.

Technical Exercise Controller (TEC). The TEC is appointed by the ED, and usually comes from his staff or a subordinate command. The TEC is the senior evaluator within the TECG and should be of equal or higher grade than the commander(s) of the unit(s) being evaluated. The TEC is responsible for ensuring that the evaluation is conducted following the instructions contained in this order and MCO 1553.3A. Specific T&R Manuals are used as the source for evaluation criteria.

Tactical Exercise Control Group (TECG). A TECG is formed to provide subject matter experts in the functional areas being evaluated. The benefit of establishing a permanent TECG is to have resident, dedicated evaluation authority experience, and knowledgeable in evaluation technique. The responsibilities and functions of the TECG include: 1) developing a detailed exercise scenario to include the objectives and events prescribed by the EC/ED in the exercise LOI; 2) conducting detailed evaluator training prior to the exercise; 3) coordinating and controlling role players and aggressors; 4) compiling the evaluation data submitted by the evaluators and submitting required results to the ED; 5) preparing and conducting a detailed exercise debrief for the evaluated unit(s).

Training Plan. Training document that outlines the general plan for the conduct of individual and collective training in an organization for specified periods of time.

<center>U</center>

Unit CRP. Unit CRP is a percentage of the E-Coded collective events that support the unit METL accomplished by the unit. Unit CRP is the average of all MET CRP.

Unit Evaluation. All units in the Marine Corps must be evaluated, either formally or informally, to ensure they are capable of conducting their combat mission. Informal evaluations should take place during all training events. The timing of formal evaluations is critical and should, when appropriate, be directly related to the units' operational deployment cycle. Formal evaluations should take place after the unit has been staffed with the majority of its personnel, has had sufficient time to train to individual and collective standards, and early enough in the training cycle so there is sufficient time to correctly identified weaknesses prior to deployment. All combat units and units' task organized for combat require formal evaluations prior to operational deployments.

Unit Training Management (UTM). Unit training management is the use of the SAT and Marine Corps training principles in a manner that maximizes training results and focuses the training priorities of the unit on its wartime mission. UTM governs the major peacetime training activity of the Marine Corps and applies to all echelons of the Total Force.

<center>W</center>

Waived Event. An event that is waived by a commanding officer when in his or her judgment, previous experience or related performance satisfies the requirement of a particular event.