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# **Medical Education and Demonstration of Individual Competence**

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\*This publication supersedes TC 8-800, dated 15 September 2014. It also rescinds DA Form 7595-1-1 (MAY 2014), DA Form 7595-1-2 (FEB 2014), DA Form 7595-1-3 (MAR 2014), DA Form 7595-1-4 (MAY 2014), DA Form 7595-1-5 (MAR 2014), DA Form 7595-1-6 (APR 2014), DA Form 7595-1-7 (APR 2014), DA Form 7595-1-8 (APR 2014), DA Form 7595-1-9 (APR 2014), DA Form 7595-1-10 (MAR 2014), DA Form 7595-1-11 (MAR 2014), DA Form 7595-1-12 (APR 2014), DA Form 7595-1-13 (MAR 2014), DA Form 7595-1-14 (APR 2014), DA Form 7595-1-15 (MAR 2014), DA Form 7595-1-16 (APR 2014), DA Form 7595-1-17 (APR 2014), DA Form 7595-1-18 (APR 2014), DA Form 7595-1-19 (APR 2014), DA Form 7595-1-20 (APR 2014), DA Form 7595-2-1 (MAR 2014), DA Form 7595-2-2 (MAR 2014), DA Form 7595-2-3 (MAR 2014), DA Form 7595-2-4 (MAR 2014), DA Form 7595-2-5 (MAY 2014), DA Form 7595-2-6 (MAR 2014), DA Form 7595-2-7 (MAR 2014), DA Form 7595-2-8 (MAR 2014), DA Form 7595-2-9 (MAY 2014), DA Form 7595-2-10 (MAY 2014), DA Form 7595-2-11 (MAR 2014), DA Form 7595-3-1 (MAR 2014), DA Form 7595-3-2 (MAY 2014), DA Form 7595-3-3 (MAR 2014), DA Form 7595-3-4 (MAR 2014), DA Form 7595-3-5 (MAY 2014), DA Form 7595-3-6 (MAY 2014), DA Form 7595-3-7 (MAY 2014), DA Form 7595-4-1 (MAY 2014), DA Form 7595-4-2 (MAR 2014), DA Form 7595-4-3 (MAY 2014), DA Form 7595-4-4 (MAY 2014), DA Form 7595-4-5 (MAR 2014), DA Form 7595-4-6 (MAR 2014), DA Form 7595-4-7 (MAR 2014), DA Form 7595-4-8 (MAR 2014), DA Form 7595-4-9 (MAY 2014), DA Form 7595-4-10 (MAY 2014), DA Form 7595-4-11 (MAY 2014), DA Form 7595-4-12 (MAY 2014), DA Form 7595-4-13 (MAY 2014), DA Form 7595-4-14 (MAY 2014), DA Form 7595-4-15 (MAY 2014), DA Form 7595-4-16 (MAY 2014), DA Form 7595-5-2 (MAR 2014), DA Form 7595-5-3 (MAR 2014), DA Form 7595-5-4 (MAY 2014), DA Form 7595-5-5 (MAY 2014), DA Form 7595-5-6 (MAY 2014), DA Form 7595-5-7 (MAY 2014), DA Form 7595-5-8 (MAR 2014), DA Form 7595-6-1 (MAY 2014), DA Form 7595-6-2 (MAY 2014), DA Form 7595-6-3 (MAY 2014), DA Form 7595-6-4 (MAY 2014), DA Form 7595-6-5 (MAY 2014), DA Form 7595-6-6 (MAY 2014).

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## Preface

This publication, Training Circular (TC) 8-800, *Medical Education and Demonstration of Individual Competence*, commonly referred to as TC 8-800 MEDIC, focuses on medical readiness training and skills qualification. It provides the commander guidelines for the 68W medical education and demonstration of individual competence. The goal of this endeavor is the knowledgeable and precise administration of mission-oriented critical tasks on which the tactical combat casualty care (TCCC, formerly TC3) of injured Soldiers depends. Medical skills and procedures are perishable. To ensure utmost proficiency and preparedness, Soldiers with military occupational specialty (MOS) 68W (Combat Medic Specialist) will demonstrate medical skills proficiency according to Army Regulation (AR) 350-1, *Army Training and Leader Development* and Army Doctrine Publication (ADP) 7-0, *Training*. For the purpose of this TC, Combat Medic Specialist will be referred to as Combat Medic when the 68W designation is not used. This TC explains how commanders will implement individual critical tasks, current Joint Trauma System TCCC guidelines, and National Registry of Emergency Medical Technicians (NREMT) recertification guidelines to develop, implement, and validate a training program to enhance and evaluate demonstrated critical skills proficiency of the Combat Medic.

This TC discusses the Medical Operational Data System (MODS) and Digital Training Management System (DTMS). It explains how commanders use the MODS 68W Module and DTMS to record and track the training requirements of their Combat Medics.

For MOS qualification, Combat Medics must meet specific requirements. This TC explains these requirements and how the Training and Skills Qualification Tables satisfy these requirements.

All forms referenced in this publication are available at the United States Army Publishing Directorate (APD) website at <http://www.armypubs.army.mil/>; or they can be reproduced locally.

The proponent of this publication is United States Army Training and Doctrine Command (TRADOC). The preparing agency of TC 8-800 is the United States Army Medical Center of Excellence (MEDCoE), Directorate of Training and Doctrine, Doctrine Literature Division. Send comments and recommendations on Department of the Army (DA) Form 2028 (*Recommended Changes to Publications and Blank Forms*) directly to [usarmy.jbsa.medical-coe.mbx.dotd-tngpubs@mail.mil](mailto:usarmy.jbsa.medical-coe.mbx.dotd-tngpubs@mail.mil) or the Commander, United States Army MEDCoE, ATTN: ATMC-DTC-M, 2377 Greeley Road, Suite B, Joint Base San Antonio-Fort Sam Houston, TX 78234-7731.

**Disposition of Forms:** Disposition of forms used to train and test 68W skills is per AR 25-400-2, *The Army Records Information Management System (ARIMS)*.

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# Chapter 1

## Introduction

### General

The mission of the Army is to train to fight and win. The mission of the Combat Medic is to provide the medical treatment necessary to sustain the combat Soldier in support of the mission. Training Soldiers, leaders and units is the vital ingredient that ensures the readiness of the force to accomplish this mission. Training must provide Combat Medics with opportunities to practice their skills in an operational environment to be effective. Conditions should be rigorous, relevant, tough, and realistic.

The skills of the Combat Medic must be sustained because they are perishable. Many 68W, Combat Medic Specialist duty positions do not allow opportunities for them to practice their operational medicine skills on a routine basis. The Training and Skills Tables (table 1-1) include seven medical and trauma tables and skills qualification tests. These tables support the requirement for skills qualification, scenario based lanes testing comprised of select critical skills.

Table 1-1. Training and qualifications tables

<b>TRAINING TABLES</b>	<b>Table I</b>	<b>Tactical Combat Casualty Care</b>
	<b>Table II</b>	<b>Airway, Respiration, and Ventilation</b>
	<b>Table III</b>	<b>Fluid Resuscitation and Medication Administration</b>
	<b>Table IV</b>	<b>Limited Primary Care</b>
	<b>Table V</b>	<b>Triage and Evacuation</b>
	<b>Table VI</b>	<b>Force Health Protection</b>
	<b>Table VII</b>	<b>Special Populations</b>
<b>SKILLS QUALIFICATION</b>	<b>Table VIII</b>	<b>Skills Qualification Testing</b>

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*Note.* Skills Qualification Testing referenced in Table VIII is an external evaluation of skills to be conducted at an Army Combat Medic Sustainment Division (CMSD) accredited site. (See Chapter 3, Accreditation)

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Training Tables I through VII include individual tasks that are trained and used for treating patients in military operations. Documented completion of Training Tables I through VII and Skills Qualification Test (Table VIII) on an annual basis provides the continuing education (CE) hours required for biennial National Registry of Emergency Medical Technicians (NREMT) recertification. The training must be conducted by a qualified 68W, Combat Medic Specialist noncommissioned officer (NCO), 18D, Special Forces Sergeant or medical officer. A medical officer must authenticate the documented training before it can be entered for record in the Medical Operational Data System (MODS) 68W Module. For the purpose of this training circular (TC), a medical officer is a physician, registered nurse, or physician assistant.

The CE hours are awarded upon completion of Training Tables I through VII and Skills Qualification Testing (Table VIII), not merely having the Combat Medic complete Skills Qualification Testing (Table VIII). In other words, having the Combat Medic simply “test out” on Table VIII is not authorized.

### Military Occupational Specialty Qualification

1-1. For military occupational specialty (MOS) qualification, the Combat Medic must meet the requirements below. Failure to meet these requirements will result in adverse personnel actions including reclassification or separation.

- a. Biennial Emergency Medical Technician (EMT) recertification (minimum) by the NREMT according to Army Regulation (AR) 40-68, *Clinical Quality Management*.
- b. Basic Life Support certification at the healthcare provider level from one of the following:
  - American Red Cross
  - American Heart Association

- Military Training Network

## National Registry of Emergency Medical Technicians Recertification

1-2. The following are required for Combat Medic biennial NREMT recertification. These requirements are built into the training tables in table 1-1, page 1-1. In a two-year cycle, by completing the training listed below, Combat Medics will satisfy all necessary requirements to sustain their NREMT certification:

- a. Basic Life Support certification at the healthcare provider level.
- b. 72 hours of Army CMSD approved training according to the Army CMSD standard operating procedure (SOP). The approved training can be found on the milSuite TC 8-800 Slides & Lesson Plans (MEDIC) website (Common access card [CAC] access required).
- c. Verification of skills qualification.

## Joint Medical Readiness Training Requirements

- 1-3. Medical readiness training (MRT) requirements for healthcare professionals include the following:
- a. Combat Medics must obtain and maintain certification for the appropriate tactical combat casualty care (TCCC) skills recommended by the Defense Health Agency (DHA) Director.
  - b. Units are responsible for documenting Soldiers' TCCC certification and recertification training using a service designated data source.
  - c. The Digital Training Management System (DTMS) is the service designated data source for the Army until otherwise directed.

## Key Skills

1-4. Combat casualty care is the primary mission of the Combat Medic. These casualty care skill sets include:

- Tactical combat casualty care
- Limited primary care
- Delayed evacuation care
- First Responder care training for non-medical personnel

1-5. The core skills of the Combat Medic largely overlap the competencies of the EMT. However, the Combat Medic is more uniquely skilled than an EMT. These advanced TCCC core skills are related to advanced airway management, combat trauma management, medication administration, and advanced casualty movement. These advanced skills are comparable to those of an Advanced Emergency Medical Technician (AEMT) or National Registry Paramedic (NRP) and must be sustained. The EMT skills are drawn from the Department of Transportation and National Emergency Medical System standards. They are used by civilian state and federal agencies as well as other military Services.

## 68W Readiness Requirements

1-6. The 68W, Combat Medic Specialist readiness requirements are the basic tasks in which Combat Medics must be proficient prior to deployment in cases of "just in time" training. These tasks can be found in Soldier Training Publication (STP) 8-68W13-SM-TG which can be found on the Army Publishing Directorate (APD) website or the Central Army Registry (CAR) website.

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**Note.** The Readiness Requirements Individual Critical Task List (ICTL) does not replace the complete ICTL associated with the Soldier's skill level. The Soldiers must maintain proficiency on all tasks relative to their skill level.

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## Chapter 2

# Training Strategy

### General

To be successful on the battlefield, commanders must know the capabilities of their weapons, support systems, and Soldiers. Commanders should develop, document, and implement a cyclic and progressive training strategy. It must be able to maintain the critical perishable skills of all Soldiers, especially the Combat Medic.

### Commander's Training Strategy

2-1. For a commander's training strategy to be productive, the trainer must be expertly trained. A review of this TC along with STP 8-68W13-SM-TG provides a good start in training the trainer on the basics of critical lifesaving skills proficiency required in Tables I through VII. If trainers are not trained to standard first, resources are wasted and Soldier injuries and death may occur.

2-2. Throughout the year, commanders and unit leaders use both scheduled and unscheduled time to accomplish collective and individual training. Unit leaders know the training requirements for their Soldiers. They are in the best position to conduct training to meet those individual training requirements.

2-3. Commanders should use collective training exercises to train Soldiers (Combat Lifesavers and Combat Medics) in Warrior Tasks/Battle Drills and medical, trauma, and evacuation skills. The use of TCCC in tactics, techniques and procedures reinforces care under fire and tactical field care.

2-4. Unit leaders must also identify a baseline for their Combat Medics' knowledge and skills proficiency. When unit leaders are trained to standard in the tasks in Training Tables I through VII, they can clearly identify the training shortcomings of their Combat Medics. They can then rectify those shortcomings before proficiency testing or actual combat casualty care treatment. The ability for unit leaders to retrain or reinforce training is absolutely critical. Many of these skills are such that they may not be accomplished except in a combat environment. Retraining or reinforcement must be conducted as training shortcomings are identified.

2-5. This TC augments the individual critical tasks outlined in STP 8-68W13-SM-TG. The seven training tables with associated training support packages (TSPs) can be found on the milSuite TC 8-800 Slides & Lesson Plans (MEDIC) website. This training is the Army-recommended method for attainment of CE and MRT. The tasks in the training tables must be—

- Trained to standard by a qualified 68W, Combat Medic Specialist NCO or medical officer.
- Documented by the noncommissioned officer in charge (NCOIC) or the officer in charge (OIC) on Department of the Army (DA) Form 7442 (*68W Skills Proficiency Tracking Sheet*).
- Recorded in the MODS 68W Module.

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**Note.** Joint TCCC training must be recorded in the DTMS by qualified personnel.

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### Cyclic Training

2-6. The process of cyclic training begins with individual training with the trainer using the “crawl-walk-run” method of training to achieve proficiency. Table 2-1, page 2-2, shows the training cycle and its relationship to Training Tables I through VII and Table VIII, Skills Qualification Testing. The “When” column depicts when the training may occur based on the unit's operational tempo, training cycle or ongoing operations. If individual tasks have been trained and Soldiers are proficient in their skills, the lanes portion can be integrated into ongoing operations at the treatment site. In this TC, individual tasks are combined collectively to treat various patient conditions as they would develop and change using realistic scenarios. The training objectives are to develop individual skills proficiency. This will enable the Combat Medic to assess the patient's condition, apply task skill sets collectively, and treat the critical elements associated with patient's wound(s) and condition.

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**Note.** Combat Medics must also understand “why and how” each task relates to the treatment process based on TCCC and acceptable medical practices.

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**Table 2-1. Training cycle**

What	How	When
Individual Tasks	Crawl	Sergeant’s time Concurrent training Formal classes
Training Tables	Walk	Lanes training Concurrent training pre/post field training exercises
Skills Qualification	Run	Skills qualification testing

- 2-7. The following references can be used to support the training cycle described in table 2-1:
- United States (U.S.) Army Medical Center of Excellence (MEDCoE) approved TSPs.
  - Committee of TCCC Guidelines.
  - Supplementary educational material from the EMT reference texts.
  - U.S. Army Emergency Medical Services (EMS) Programs Management Division SOP found at the milSuite 68W Combat Medic Specialist website (CAC access required). Select the US Army EMS SOP link.

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**Note.** All reference materials are located on the MEDCoE website unless otherwise stated.

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## Documentation of Completed Training

2-8. As trainers complete each training table, CE hours awarded must be entered into the MODS 68W Module. This ensures proper documentation of training and prevention of accounting errors. Complete and proper documentation and recording is absolutely crucial in maintaining the EMT certification and MOS qualification for Combat Medics.

2-9. When Combat Medics have completed train-up of critical tasks in Training Tables I through VII and performed skills to standard per STP 8-68W13-SM-TG, commanders should conduct Table VIII, Skills Qualification Testing. All Combat Medics, grades E-7 and below, must take and pass skills qualification testing (Table VIII) by demonstrating proficiency in each skill. The validating official must ensure that each Combat Medic has completed all tasks and annotate the results on DA Form 7442. The MODS 68W Module will only be updated when Soldiers provide proof of training.

## Proof of Training

2-10. Proof of training includes a DA Form 7442 and a copy of the training schedule. All training listed on the Soldier’s DA Form 7442 must have a corresponding training schedule and any other supporting documentation stating the subject taught and the duration. Soldiers will need this documentation if audited by the NREMT.

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**Note.** The Army CMSD or NREMT reserve the right to conduct personnel audits, randomly, each certification year.

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## Medical Operational Data System

2-11. The MODS 68W Module is a training database that tracks the skill readiness of 68W, Combat Medic Specialist Soldiers. It allows commanders to track the MOS qualification and CE status of their Soldiers.

2-12. Commanders and their designated representatives can obtain the information on Combat Medics to assess their training status. This information can be tracked at the company level through major Army command levels.

2-13. Commanders and their representatives can obtain 68W, Combat Medic Specialist information on the MODS website. The MODS 68W Module interfaces with data in numerous Army and Department of Defense (DOD) databases and presents it in a concise package. Among others, the MODS 68W Module is linked to:

- The Total Army Personnel Database (Active Army, the United States Army Reserve, and the Army National Guard).
- The NREMT.

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**Note.** Commanders can email questions or comments regarding the MODS 68W Module to: [usarmy.jbsa.medical-coe.mbx.army-ems@mail.mil](mailto:usarmy.jbsa.medical-coe.mbx.army-ems@mail.mil).

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## Chapter 3

# Skills Qualification Testing

### General

The key to skills qualification testing is the Combat Medic's demonstrated ability to perform hands-on lifesaving tasks to standard. Skills qualification testing ensures that Combat Medics maintain critical skills proficiency. It supports the unit's mission training objective because the selected individual tasks support the collective tasks that are necessary to support the combat care mission.

### Skills Qualification

- 3-1. The objective is to validate the Combat Medic's ability to apply 68W, Combat Medic Specialist skills in scenarios consistent with casualties in a prehospital environment.
- Medical Simulation Training Centers have the capability to host units for Table VIII testing in a live/construction combat environment. In administering the skills qualification testing, this essential concept must not be lost or obscured by enthusiasm for simulators and high-tech simulations.
  - The use of simulations and realistic scenarios to add variety, realism and interest is authorized. However, simulation must not detract from training and testing. It is ultimately the Combat Medic's performance of these medical skills to the prescribed standard that must be tested and validated.
- 3-2. The Combat Medic is required to successfully demonstrate proficiency of skills based on Table VIII scenarios.

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**Note.** Employ safety and environmental protection procedures in accordance with AR 385-10, *The Army Safety Program*; AR 200-1, *Environmental Protection and Enhancement*; and applicable tactical SOPs. The risk management process must be used per Army Techniques Publication (ATP) 5-19, *Risk Management*.

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- The Combat Medic is placed in multiple testing lanes using a scenario designed specifically for that lane. Authorized scenarios are located on the U.S. Army MEDCoE website and must be used for testing. At a minimum, the Combat Medic will—
    - Assess, treat, and stabilize two trauma casualties.
    - Perform appropriate lifesaving measures on two medical casualties.
    - Triage and evacuate the casualties.
  - Treatment of casualties during skills qualification will include all subtasks in the scenario. For example, if the scenario requires the Combat Medic to initiate intravenous (IV) fluids, the Combat Medic performs the skill on the casualty. Verbalization of the task is not allowed during Table VIII testing.
  - The Combat Medic will use a medical aid bag stocked with the unit-specific basic load or whichever system the unit uses for field casualty management. A recommended minimum packing list is provided in Appendix B.
- 3-3. Retesting of a failed skill station or scenario grade sheet is conducted after immediate retraining or a more formalized training session. Either approach is based on available resources and the Combat Medic's performance.

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**Note.** Combat Medics being evaluated will not be used as casualties.

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### Accreditation

- 3-4. Accreditation fosters trust, improves readiness, and provides opportunities for Combat Medics to obtain and maintain medical proficiency and competence. Through accreditation and maintaining high-quality standards for medical training, the Army can create an agile, adaptive, and innovative Combat Medic ready to perform in current operations and beyond. The training required to meet the U.S. Army and NREMT standards supports the

force by enhancing operational agility, improving the Combat Medic’s knowledge, and creating trusted medical professionals across the total force in support of our Nation’s endeavors.

3-5. Accreditation is a two-phase process that must be completed prior to starting a training event. The two phases are as follows:

- a. Phase one is obtaining an Accreditation Site Code. The Accreditation Site Code certifies that the organization has met the necessary requirements to conduct accredited training.
- b. Phase two is obtaining an Approved Course Number for each training event. The Approved Course Number certifies that the curriculum and necessary training requirements have been accredited by the U.S. Army CMSD in order to meet the requirements for 68W, Combat Medic Specialist sustainment and NREMT recertification. The Accredited Site Code and Approved Course Number may be requested simultaneously if all requirements have been met.

### Evaluation Coordinator and Course Coordinator Instructions

3-6. The Evaluation Coordinator or Course Coordinator is an NREMT, or higher, certified NCO or DOD Civilian according to AR 40-68, *Clinical Quality Management*. The coordinator uses the CMSD SOP (see Appendix A) as a reference to accredit evaluation.

3-7. The coordinator is ultimately responsible for collecting the DA Form 7442 and training schedule or some other documented proof of training (see para 2-10). The coordinator should file the originals for two years and give copies to each Soldier for his or her records.

### Evaluator Instructions

3-8. Evaluator and Instructor requirements are outlined in the US Army EMS SOP found on the US Army EMS SOP website (CAC access required). To make sure that the skills qualification goes smoothly, evaluators should rehearse their roles and responsibilities during the rehearsal/evaluation process. To ensure consistent performance, the coordinator should give procedural instructions before the start of testing. The evaluator may find the planning matrix in table 3-1, and the utilization of DA Form 7441 (*Coordinator’s Checklist-[TABLE VIII]*) helpful in skills validation planning, execution, and recovery.

Table 3-1. Planning matrix

Prepare for Qualification Testing	Conduct Qualification Testing	Qualification Testing Recovery
Select tasks	Conduct pre-combat checks	Conduct after operations maintenance checks and services
Plan training	Supervise	Account for equipment
Train trainers	Evaluate hazard controls	Turn in support items
Recon site	Implement hazard controls	Close out training sites
Identify training equipment	Execute training	Conduct after action reviews
Conduct risk assessment	Conduct after action review	Conduct individual Soldier recovery
Issue training/operations plan		Conduct final inspections
Retrain at first opportunity		Conduct risk management assessment and review
Rehearse		
Conduct pre-execution checks		

3-9. Once a testing lane is established for skills qualification, it is essential that it be used for all Combat Medics being tested. This ensures consistency of the evaluation process.

3-10. The skills qualification test is comprised of scenarios that require some dialogue between the evaluator and Combat Medic. The evaluator should make a special effort to put the Combat Medics being evaluated at ease. He or she should solicit questions regarding the skills qualification scenarios and answer them. The evaluator will not coach the Combat Medic, except to start or stop an evaluation.

3-11. All procedures, interventions, and assessments must be performed on a simulator or another Soldier. There is no verbalization of performance during skills qualification testing. For example, a Combat Medic must perform the physical act of taking real blood pressures and pulses, and report the values to the evaluator. This validates the Combat Medic's ability to take blood pressures and pulses. The Soldier cannot simply state the action is being performed. Once the Soldier performs the actions of taking blood pressures and pulses, the evaluator can provide the vital signs to be used in treating the casualty, such as, "a blood pressure of 100/40, and pulse of 120 and thready." Another example is for needle chest decompression. This procedure requires a simulator that will accept needle chest decompression. Unless a safety issue is involved, the evaluator should not react, either positively or negatively, to anything the Combat Medic says or does in the treatment process.

3-12. The Combat Medic is required to accomplish all assessment steps listed on DA Form 7741 (*Medical Scenario Grade Sheet*) and DA Form 7742 (*Trauma Scenario Grade Sheet*). Because of moulage limitations, the evaluator must establish a dialogue and provide feedback to the Soldier. If a Combat Medic quickly inspects, assesses, or palpates the casualty in a manner that lends uncertainty to the areas or functions being assessed, immediately ask the Combat Medic to explain those actions. For example, if the Combat Medic stares at the casualty's face, the evaluator should ask what is being assessed. The evaluator will supply information for sight, sound, touch, smell, and injury that cannot be realistically replicated with moulage but would be immediately evident in a real casualty encounter. This information will be supplied as soon as the Combat Medic exposes and assesses that area of the casualty.

3-13. All skills qualification stations require a live simulated casualty or a mannequin. The evaluator will brief the live simulated casualty as to how to respond to treatment as the Combat Medic conducts the assessment.

3-14. Trauma moulage should be used as appropriate. Avoid excessive or overly dramatic use of moulage; it must not interfere with the Soldier's ability to expose the victim for assessment.

3-15. Vital signs are obtained after the scene assessment and initial assessment are completed and critical lifesaving interventions, such as hemorrhage, airway, breathing, and circulation have been performed. As previously stated, the scenario format for trauma assessment and airway skill stations require the evaluator to provide the Combat Medic with essential information about sight, sound, smell, or touch, once the action to obtain the information is completed, throughout the evaluation process.

3-16. The Combat Medic may direct an assistant to obtain casualty vital signs. The evaluator must provide the Combat Medic with the casualty's pulse rate, respiratory rate, and blood pressure when asked. This allows the Soldier to confirm the vital signs provided, if necessary, and ensure that they are consistent. For example, if a Combat Medic provides correct treatment for hypoperfusion, do not offer inconsistent vital signs that deteriorate the casualty's condition; this may cause the Combat Medic to assume that inadequate or inappropriate care was rendered. Likewise, if a Combat Medic provides inappropriate treatment for hypoperfusion, do not offer vital signs that improve the casualty's condition; this may cause the Combat Medic to assume that adequate care was provided. The evaluator should not offer information that overly improves or deteriorates a casualty. Significant changes may invite the Combat Medic to discontinue treatment or to initiate cardiopulmonary resuscitation (CPR), and he or she will fail that skill station.

3-17. Each Combat Medic is required to complete a secondary assessment or a detailed physical examination of the casualty. The evaluator should be aware that the Combat Medic may accomplish portions of the secondary assessment during the initial assessment. For example, the Combat Medic must inspect the neck before placing a cervical collar. The Combat Medic will receive a failure for the task if he or she fails to assess a body area before covering the area with a casualty care device. However, the Combat Medic will receive a pass for the task if he or she—

- a. Unfastens the device while maintaining inline cervical stabilization.
- b. Assesses the area.
- c. Replaces the device without compromising casualty care.

## Chapter 3

3-18. If two evaluators are not available, the preferred method of evaluating a Combat Medic is to record the exact sequence followed while he or she is performing the task on DA Form 7741 and DA Form 7742. The evaluator may then use this documentation to complete the skill qualification after the Combat Medic completes the station. This documentation validates the sequence on the scenario if questions arise later.

### Grade Sheet Instructions

3-19. The evaluation process consists of at least one evaluator at each station observing the Combat Medic's performance and recording it on the appropriate grade sheet (DA Form 7741 or DA Form 7742). The evaluator's role is that of an observer and recorder of events. Grade sheets have been developed for each of the stations. Instructions are provided within each grade sheet. Table VIII, Skills Qualification Testing will be conducted using only the Army CMSD approved scenarios found at the TC 8-800 Slides & Lesson Plan (MEDIC) website (CAC access required). These scenarios focus on the process of identifying and treating critical life threats at the appropriate 68W, Combat Medic Specialist level. This training will be documented and utilized as additional CE for recertification and competency.

### Combat Medic Orientation

3-20. An important aspect of skills qualification is the initial briefing and orientation of Combat Medics. The individual conducting the briefing assembles the Combat Medics and instructs them in the skills qualification procedures that are delineated in the orientation script. A recommended orientation script is provided below (see figure 3-1, page 3-5). The individual conducting the briefing must give the Combat Medics clear, concise directions as to what is expected of them during the skills qualification and instruct the Combat Medics being evaluated not to discuss the skills qualification with those waiting to be tested.



## Recommended Orientation Script

“Welcome to Table VIII Skills Validation Testing. I am [name and title]. By successfully completing two medical and two trauma scenarios, you will have validated the skills required of a 68W, Combat Medic Specialist.”

“The evaluator will call you to the lane when ready for testing. You are not permitted to remain in the lane area while waiting for the next lane. You must wait outside the testing area until the lane is open and you are called.”

“Books, pamphlets, brochures, and other study material are prohibited in the testing area. You are not permitted to make copies or recordings of any testing lane.”

“Each lane evaluator will read aloud the ‘Instructions to the Combat Medic’ exactly as printed on the scenario grade sheet. This information will be read aloud to each Combat Medic being evaluated in the same manner to ensure consistency and fairness. Pay close attention to the instructions. You will be provided information pertaining to the scenario and given instructions for actions to take on that specific lane.”

“The evaluator will offer to repeat the instructions and ask if you understand them. Do not ask for additional information as the evaluator is not permitted to provide any additional information.”

“Evaluators will avoid casual conversation with you to assure fair and equal treatment of all Combat Medics being evaluated.”

“Evaluators will remain neutral so as not to indicate to you a judgment regarding your performance on any lane. Do not interpret any of the evaluator’s remarks as an indication of your overall performance. Demonstrate your skills to the best of your ability.”

“As you progress through skills validation, the evaluators will observe and record your performance in relation to the criteria listed on the scenario grade sheets. Do not let their documentation practices influence your performance. There is no correlation between the volume of documentation and the quality of your performance.”

“You are encouraged to explain the things you do during your performance on the lanes.”

“The evaluator will inform you if a scenario has a time limit during reading of the instructions. Inform the evaluator when you are finished. You may be asked to remove equipment from the casualty before leaving the testing lane.”

“Each lane is supplied with equipment for your selection. You will be given time at the beginning of lane testing to survey and select the equipment necessary for the appropriate management of the casualty. Do not feel obligated to use all the equipment.”

“You are not permitted to discuss details of any skill station with fellow Combat Medics at any time. Please be courteous to the Combat Medics being evaluated by keeping noise to a minimum. Be prompt in reporting to each test station.”

“Skills validation results are reported as either pass or failure. You will receive a detailed critique of your performance.”

“Please remember that today’s evaluation is a skills validation test. The purpose of skills validation is to validate your competency in the critical skills necessary to the 68W, Combat Medic Specialist.”

“Are there any questions at this time?”

**Figure 3-1. Recommended orientation script**

- 3-21. The following are the minimum instructions to be given to the Combat Medic:
- a. Follow the staff’s instructions.
  - b. Move only to areas directed by the staff.
  - c. Give your name when you arrive at each station.
  - d. Listen carefully as the evaluator reads the testing scenario.
  - e. Ask questions if the instructions are not clear.

## Chapter 3

- f. Do not talk about skills qualification with anyone other than the skill station evaluator, simulated casualty, and, if applicable, Combat Medic assistant.
- g. Equipment will be provided. Select and use only that which is necessary to care for your casualty adequately.

### Simulated Casualty's Role

3-22. The simulated casualty is responsible for an accurate and consistent portrayal of the casualty in the station scenario. The evaluator will brief the casualties on their particular roles. The casualty's comments concerning the Combat Medic's performance should be noted on the reverse side of the scenario sheet. These comments should be as brief and objective as possible so that they can be used in the final scoring of the Combat Medic's performance.

## **Appendix A**

# **Training Resources**

### **General**

Training resources range from training aids to curriculum that provide the most up-to-date training. The CMSD manages the training resources for Combat Medic readiness and sustainment training in the operational domain. The resources listed in this appendix will assist unit training sites in conducting successful training outcomes.

### **Combat Medic Sustainment Website**

A-1. The U.S. Army MEDCoE website that contains resources utilized to conduct Combat Medic sustainment training and evaluation, including TSPs and links to other websites, is managed by the CMSD.

A-2. The validated scenarios for Table VIII, Skills Qualification Testing are provided on the Combat Medic Sustainment website. The Table VIII coordinator will select 2 medical and 2 trauma scenarios from the 25 scenarios provided for the entire skills qualification day. The evaluators utilize BOTH, the scenario and the appropriate grade sheet, DA Form 7741 or DA Form 7742, when evaluating Table VIII candidates.

A-3. The TSPs are on the U.S. Army MEDCoE website. (Under 68W links, click TC 8-800 Slides and Lesson Plans [CAC access required]. After logging in, the link will open a page entitled “TC 8-800 Slides & Lesson Plans (MEDIC).” Tables I through VII include Tasks Numbers, Tasks, PowerPoints, and Lesson Plans columns which contain links to training material.)

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## Appendix B Equipment

### General

The following list contains the recommended minimum equipment the Combat Medics should carry in their Combat Medic Bag. The equipment must be arranged to allow the Combat Medics to have expedient access to items needed to treat immediate life threats in the least amount of time.

### Combat Medic Bag

<u>NSN</u>	<u>Nomenclature</u>	<u>Issue</u>
6545-01-539-6450	M9 Bag	1 each
6515-00-935-7138	Scissors, Bandage	1 each
6515-01-540-7226	Leash, Shears	1 each
7520-00-312-6124	Marker, Sharpie	1 each
8465-01-573-4439	Center Pouch	1 each
6515-01-527-8068	Headlamp Medical 4 Intensity Modes Non-Heat Generating	1 each
6515-01-573-0692	Cricothyrotomy Set Emergency Field Pack	2 each
6515-01-515-0151	Tool Kit Rescue Oropharyngeal Airway Size #4	1 each
6515-01-541-0635	Needle Decompression Device 14 gauge x 3.25 inches	4 each
6515-01-521-3082	Airway Pharyngeal 100 mm Large Adult Two per Package	1 package
6530-01-491-5030	Container Sharps Tube 9.25 x 1.5 inches Use in Disp Infectious Biomed Waste	1 each
6515-01-494-1951	Splint Universal Aluminum 36 inches O/A Long 4.25 inches Wide Gray and Olive Drab Reuse	2 each
6510-01-573-0300	Dressing Chest Seal Wound 8 x 6 inches	4 each
6515-01-484-1327	Catheter IV Introcan Safety 18 Gauge x 1.25 inches Long Winged NDL Teflon 200s	8 each
6505-01-498-8636	Hetastarch in Lactated Electrolyte Injection 500 ml Container 12s	2 bag
6515-01-519-5778	Adapter Catheter to Luer Syringe Short Locking 5s	1 package
6510-01-519-8421	Dressing Occlusive Adhesive Clear 4.75 x 4 inches 5s	1 package
6515-01-561-6204	Administration Set Intravenous Fluids Needleless Coil Tubing 50s	4 each
6515-01-521-7976	Tourniquet Combat Application One-Handed	6 each
6510-01-503-2117	Bandage Gauze Cotton 6 Ply White 4.5 inches Wide 4.1 yards Long	6 rolls
6510-01-562-3325	Bandage Gauze Impregnated 3 inches x 4 yards Kaolin Hemostatic QuikClot®	6 each
6510-01-492-2275	Bandage Kit Elastic	4 each
6510-00-935-5823	Bandage Elastic Flesh Rolled Nonsterile 6 inches x 4.5 yards 10s	4 each
6510-01-532-8930	Bandage Elastic 16 x 12 inches Abdominal Wound Pad Sterile (Big Cinch)	1 each
6515-01-568-0193	Resuscitator, Hand Operated Disp Single Patient Use	1 each
6510-00-926-8884	Adhesive Tape Surgical Porous Woven 3 inches x 10 yards 4s	4 rolls
8145-01-573-2533	Shipping and Storage Cas Medication	1 each

## Appendix B

6515-01-557-1136	Oximeter Pulse Portable Fingertip Pediatric-Adult Incl Soft Case	1 each
6515-01-559-0741	Holder Injector Syringe Plastic Reusable Full-Length	1 each
6505-01-152-7626	Epinephrine Injection USP 2 ml Automatic Injector	1 each
6505-01-407-0213	Naloxone Hydrochloride Injection USP 1 mg/ml 2 ml Syringe Unit 25s	2 each
6505-01-505-3476	Diazepam Injection USP 5mg/ml 2 ml Unit 10 per Package	1 package
6505-01-513-1952	Morphine Sulfate Injection USP 10 mg/ml 1ml Carpuject 10 per Package	5 each
6532-01-525-4062	Blanket Heating Disposable 90 x 90 cm Water Repellent 8s	1 each
6532-01-524-6932	Blanket Survival Blizzard Pack Reflexcell Military Green	1 each
6505-01-539-8069	Sodium Chloride Injection USP 0.9% 10 ml Disposable Syringe 30s	5 each
8465-01-573-4439	Pouch Medical Utility UCP DIA 9 x 3 x 5 inches Cubic In Camo Nylon	1 each
6515-01-519-6764	Tube Drainage Surgical Penrose 1 x 18 inches Rubber Radiopaque Ster 6s	1 package
8465-01-573-3374	Bag Drop Leg Holster Combat Medic	1 each
6510-00-597-7469	Bandage Adh.75 x 3 inches Flesh/Clear Ster Dress Affixed To Plas Adh 100s	30 each
6510-00-786-3736	Pad Isopropyl Alcohol Impregnated Nonwvn Cotton/Rayon White 200s	1 package
6515-01-516-2554	Suction Kit, Easy, Field Complete	1 each
6515-01-516-3120	Suction Easy, Catheter Adapter	1 each
6515-01-519-4150	Bag, Recloseable Zip Lock Style 3 x 4 inches 2 mil 30s	1 package
6510-01-519-9253	Sponge Surgical 8 PLY 2 x 2 inches 20 x 12 Mesh Sterile 40s	1 package
6510-00-201-1755	Bandage Muslin Compressed Olive Drab 37 x 37 x 52 inches Triang with Safety Pins	2 each
6135-00-826-4798	Battery Non-rechargeable Alkaline AAA 1.5V 12 per Package	1 package
6515-01-314-6694	Stethoscope Combination Littman Classic II 28 inches long Bell-Diaphragm	1 each
6515-01-449-1016	Shield Eye Surgical Fox Single Natural Aluminum 12s	2 each
6515-01-521-5730	Splint Fracture CT-6 Femoral Either Leg Corrosion Resistant	1 each
6515-01-525-1975	Glove Patient Examining & Treatment (various sizes) Latex/Powder Free	6 each
6515-01-529-1187	Nasal Trumpet 28 fr Sterile	3 each
6515-01-536-9363	Intraosseous Infusion System F/Treating Hemorrhagic Shock	2 each
4240-01-568-3219	Strap Cutter, Combat	1 each
8345-01-573-3304	Panel Marker Battlefield Combat Medic 2 x 2 feet	1 each

**Improved First Aid Kit**

<u>NSN</u>	<u>Nomenclature</u>	<u>Issue</u>
6545-01-530-0929	First Aid Kit	1 each
<b>Components</b>		
8465-01-531-3647	100 Round SAW/Utility Pouch, MOLLE II	1 each
6510-01-492-2275	Bandage Kit, Elastic	1 each
<b>OR</b>		
6510-01-460-0849	Bandage Kit, Elastic	1 each
6510-01-503-2117	Bandage GA 4-1/2 inches 100s	1 each
6510-00-926-8883	Adhesive Tape Surg 2 inches 6s PG	1 each
6515-01-180-0467	Airway, Nasopharyngeal	1 each
6515-01-519-9161	Glove, Patient Exam 100s	4 each
6545-01-586-7691	Contents Kit, IFAK Resupply Kit	1 each
6545-01-531-3147	Insert (folding panels with cord)	1 each
6510-01-562-3325	Dressing, Combat Gauze	1 each*
6515-01-521-7976	Tourniquet®, Combat Application One-Handed	1 each

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**Note.** \*The Combat Gauze has a 36-month shelf life, so it is shipped separately.

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## Glossary

# Acronyms and Abbreviations

<b>ADP</b>	Army doctrine publication
<b>AEMT</b>	Advanced Emergency Medical Technician
<b>APD</b>	Army Publishing Directorate
<b>AR</b>	Army regulation
<b>ARIMS</b>	Army Records Information Management System
<b>ATP</b>	Army techniques publication
<b>CAC</b>	common access card
<b>CAR</b>	Central Army Registry
<b>CE</b>	continuing education
<b>CMSD</b>	Combat Medic Sustainment Division
<b>CPR</b>	cardiopulmonary resuscitation
<b>DA</b>	Department of the Army
<b>DHA</b>	Defense Health Agency
<b>DTMS</b>	Digital Training Management System
<b>DOD</b>	Department of Defense
<b>EMS</b>	Emergency Medical Services
<b>EMT</b>	Emergency Medical Technician
<b>FM</b>	field manual
<b>ICTL</b>	individual critical task list
<b>IV</b>	intravenous
<b>MEDCoE</b>	Medical Center of Excellence
<b>MODS</b>	Medical Operational Data System
<b>MOS</b>	military occupational specialty
<b>MRT</b>	medical readiness training
<b>NCO</b>	noncommissioned officer
<b>NCOIC</b>	noncommissioned officer in charge
<b>NREMT</b>	National Registry of Emergency Medical Technicians
<b>NRP</b>	National Registry Paramedic
<b>OIC</b>	officer in charge
<b>SOP</b>	standard operating procedure
<b>STP</b>	Soldier training publication
<b>TC</b>	training circular
<b>TC3</b>	tactical combat casualty care
<b>TCCC</b>	tactical combat casualty care
<b>TRADOC</b>	Training and Doctrine Command
<b>TSP</b>	training support package

## **Glossary**

**U.S.** United States

## References

All websites accessed on 10 June 2021.

### REQUIRED PUBLICATIONS

These documents must be available to the intended users of this publication. Unless otherwise indicated, Army publications are available online at <https://armypubs.army.mil/>.

ADP 7-0. *Training*. 31 July 2019.

AR 25-400-2. *The Army Records Information Management System (ARIMS)*. 2 October 2007.

AR 40-68. *Clinical Quality Management*. 26 February 2004.

AR 200-1. *Environmental Protection and Enhancement*. 13 December 2007.

AR 350-1. *Army Training and Leader Development*. 10 December 2017.

AR 385-10. *The Army Safety Program*. 24 February 2017.

ATP 5-19. *Risk Management*. 14 April 2014.

*DOD Dictionary of Military and Associated Terms*. January 2021. Website: <https://www.jcs.mil/Doctrine>.

FM 1-02.1. *Operational Terms*. 9 March 2021.

FM 1-02.2. *Military Symbols*. 10 November 2020.

STP 8-68W13-SM-TG. *Soldier's Manual and Trainer's Guide MOS 68W, Health Care Specialist, Skill Level 1, 2, and 3*. 3 May 2013.

### RELATED PUBLICATIONS

This section contains no entries.

### PRESCRIBED FORMS

Unless otherwise indicated, DA Forms are available on the APD website at <https://armypubs.army.mil/>.

DA Form 7441. *Coordinator's Checklist – (Table VIII)*.

DA Form 7442. *68W Skills Proficiency Tracking Sheet*.

DA Form 7741. *Medical Scenario Grade Sheet*.

DA Form 7742. *Trauma Scenario Grade Sheet*.

### REFERENCED FORMS

Unless otherwise indicated, DA Forms are available on the APD website at <https://armypubs.army.mil/>.

DA Form 2028. *Recommended Changes to Publications and Blank Forms*.

### WEBSITES

Army Publishing Directorate (APD): <https://armypubs.army.mil/>.

Central Army Registry (CAR): <https://atiam.train.army.mil/catalog/dashboard>.

milSuite TC 8-800 Slides & Lesson Plans (MEDIC): <https://www.milsuite.mil/book/groups/tc8-800-slides-medic>  
(CAC access required).

milSuite 68W Combat Medic Specialist: <https://www.milsuite.mil/book/groups/68w-combat-medic>  
(CAC access required).

MODS: <https://www.mods.army.mil/>.

US Army EMS SOP website: <https://www.milsuite.mil/book/groups/us-army-ems-sop>  
(CAC access required).

U.S. Army Medical Center of Excellence: <https://www.medcoe.army.mil/ems>.

## References

### RECOMMENDED READING

Recommended reading are sources of additional information. They are not required to understand this publication.

AR 220-1. *Army Unit Status Reporting and Force Registration – Consolidated Policies*. 15 April 2010.

ATP 4-02.5. *Casualty Care*. 10 May 2013.

ATP 4-25.12. *Unit Field Sanitation Teams*. 30 April 2014.

ATP 4-25.13. *Casualty Evacuation*. 15 February 2013.

DA Pam 40-11. *Army Public Health Program*. 18 May 2020.

DA Pam 611-21. *Military Occupational Classification and Structure*. 19 July 2018.

STP 21-24-SMCT. *Soldier's Manual of Common Tasks (SMCT) Warrior Leader Skill Level 2, 3, and 4*.  
9 September 2008.

**TC 8-800**

**15 December 2021**

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