

**What is cls army**

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## Combat Life Saver

### LESSON 14 TRANSPORT A CASUALTY USING A TWO-MAN CARRY OR AN IMPROVISED LITTER

Compiled and edited by,  
2LT John C. Miller, PA-C



Appendix 13 Additional Duty Appt Memo

OHIO ARMY NATIONAL GUARD

AGO-H-

MEMORANDUM FOR RECORD

SUBJECT: ADDITIONAL DUTY APPOINTMENT

1. Effective \_\_\_\_\_ appointed Unit Family Readiness Military Liaison to the Family Readiness Group.

2. Authority: AGOR 600-12

3. Purpose: Provide support to and correspond between the unit, service members and the Family Readiness Group.

4. Period: Until officially relieved or released from appointment.

5. Special Instructions: Must be trained IAW the state family readiness measure of effectiveness ("MOE"); must assist in submitting annual report and manual phone tree in the required format and IAW the MOE; must assist FRGL in publication of the quarterly newsletter; must ensure Family Care Plans are completed for required personnel; must assist FRGL in maintenance and security of Privacy Act Statements, which copies will be kept at unit at all times and from which the manual phone tree will be derived.

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What is cls training army. How long is cls class army. What is cls stand for.

FORT MCCOY, Wis. Members of various units of the 372 Brigade or United States Reserve Engineer participated in a Life Saver combat course on January 18, 2020. The course is intended to better prepare ordinary soldiers to provide first aid to their peers on the battlefield, and can complete the mission of army doctors. Almost all units of the U.S. Military Reserve have a support, rather than a combat mission. They are units of engineering, logistics, medicine, communication and civil affairs. On today's complex battlefield, these missions can still place military reserve soldiers in harm's way. That's why the Military Reserve encourages its soldiers to take life-saving combat training. The skills it provides have led to a faster, more effective treatment for their fellow soldiers. It could be anything from a fall on a vehicle, a gunshot wound, or any kind of splinter to the soldier's chest. It's," said SPC. Martin Vickers, 863rd Engineer Battalion, of Darrien, Ill. Vickers, the course 226, the lead instructor, explained that CLS teaches three phases of combat medical assistance. In the first of these, under fire treatment, a combat life saver would focus on an injured soldier and make sure before he or she can breath and then to stop or control the bleeding. This may lead, drop by drop, a soldier to cover from the combat dangers of bullets or flying shrapnel. This allows combat life to work the second phase, known as tactical field care. Here the combat life saver makes continuous reassessments of the condition of their fellow soldier. This includes a quick determination of consciousness, control of bleeding, search for other lesions, and whether the patient can apply to a tourniquet. The CLS-trained soldier quickly moves to the third phase of combat, tactical evacuation. Land transit is often too dangerous, too slow or simply unavailable. CLS soldiers are trained to communicate by radio to tactical evasions. In the back of the helicopter medical evacuation. This is done with a message script of nine rows, carefully practiced but quickly distributed. This "line at 98" transmits the most important information: entities of the wounds of the soldier, ages, blood group, presence of the enemy and method of signaling the landing area. The message is performed in short and short explosions and requires only a few moments. The patient is placed with a trained method on a foldable and portable stretcher, and at least two soldiers bring it to the waiting helicopter, where the patient and the stretcher are harnessed for their journey to the most combat support hospital near. The greater the number of soldiers with these CLS abilities, the greater the probability of survival for each wounded soldier. In situations where doctors are unable to help everyone, having a trained CLS soldier can mean a rapid response, a decrease in blood loss and can serve to accelerate evacuation towards resuscitation teams in ahead at the CHS. In ideal conditions, everything can take place in just 15 minutes from the moment of injury. Although this can still be a rare result, in 2009, then Secretary of Defense Robert Gates promoted immediate medical response for soldiers, marines, sailors and aviators. For the army, Combat Life Saver formation measures the bill. The CLS program has helped model the time line of gold in a routine expectation for medical response. The CLS has acknowledged that he has drastically reduced mortality rates below the improvements already seen with the start of medical evacuation of air during the conflicts in Korea and Vietnam. The greatest improvements of all occurred during the War on Terror. A recent study in the American Medical Association Journal Surgery shows the largest drop in mortality rates in the history of American conflicts. In Iraq and Afghanistan in the period 2001-2017, the death rates of injured personnel decreased by a staggering 44 percent. While improvements in the body and vehicle armor are certainly contributing factors, it is the improvement of the general medical care system that can claim the most credit, particularly a more prevalent CLS training scheme, and a larger number of personnel able to apply that skill. CLS for unit is smaller, said Kevin Urbick, with the Medical Center of Excellence in Fort Sam Houston, Texas, paraphrasing Army Training Regulations 350-1. The number of soldiers trained throughout the CLS Army is generally at about 20% of the total force for initial training, he added, and the requirements for annual re-certification, now mapped out at unit level, are soon to be centralized throughout the Army. But, the 20% figure tends to keep stable. Urbick also indicated that the link with the treatment of CLS-trained soldiers and the decrease in mortality rates, although widely acknowledged, remains effectively correlated, but not necessarily causal. It doesn't necessarily follow specifically where a CLS-trained soldier has left off, and an army may have taken over, before a given wound soldiers 2266; Os ambulatory evacuation. It could be that Private CLS treated the patient until he was put on the helicopter because the doctor was too far away, too busy treating other wounded, or was the victim himself or

herself, he said. Viewing military medical care from the point of view of a system is imperative when working to improve it. This system includes progress in the medical, knowledge, communication and mobility, and goes to the smallest possible level. For example, each soldier, trained or not by CLS, has the latest version of the First aid kit as part of their personal equipment. A 128-ounce IFAK has everything you need to treat what is necessary: ABC, A & O. A said Lieutenant Colonel Daniel Gray from the eighth surgery office of the Division of Readine. The air, breathing and circulation are the keys. Check these three things that are very useful for giving wounded soldiers a better chance to survive their wounds. The 7 x 5 x 3-inch kits contain an advanced hemostatic lace, a respiratory tract tube, a ribbon, a haemorrhagic bandage, gauze pads, and sometimes a coagulant agent. The combat lifesaver kit, about the size of a small photo bag, contains additional elements such as scissors, additional hemostatic laces and a thoracic decompression needle. The use of this device, carefully trained in CLS classes, allows air trapped inside to escape from the thoracic cavity ~ A 128-ounce IFAK and the best basic training in first aid are enormous improvements on what the soldiers used to bring and do, he said Gray. For those who are being training in this particular session in Fort McCoy, there were many things to review. On top of the list there was a capacity, in stressful situations, to act calmly and ability for those who needed it. A 128-ounce IFAK was quite nice to learn a new ability, A 128-ounce IFAK said SPC. Jessica Olivares of 628th Firefighting Distachment, Sturtevant, Wis. A 128-ounce IFAK has everything you need to treat what is necessary: ABC, A & O. A said. You mentioned more confidence in knowing what to do, no matter how difficult circumstances are. Of course, CLS abilities can also be applied away from combat. The military reserve is the seat of units that perform a potentially dangerous job near their training posts, of the 372nd and other units under the command 416th theater, for example, work as plumbers, electricians and phlegmamas. There are heavy equipment operators, bridge construction specialists, and, like most of the attending the current CLS course, firefighters. Army reserve engineers work with axes, chainsaws, electrics, road levellers or cranes. They build buildings, build roads and put out fires. While the Army and the Army Reserve give the highest priority to the security of soldiers, soldiers still have dangerous tasks to perform. On any day of training or mission at home, even the slightest failure or malfunction of the equipment may put a soldier at risk. In these situations, the emergency medical skills of their "comrade in battle" can make the difference between life and death, and if that soldier returns home to his family at the end of the day. Moreover, a trained CLS soldier can serve as a lifeline outside the world, away from the things of the army. 'Definitely applicable in all respects,' said SPC. Kamil Ctronka of 482nd Engineer Company, Sturtevant, Wis. In his civilian life, he is training for a career in law enforcement. 'You never know when you'll have to use it, not only in the army, but when I become a police officer... when someone might get shot or have an accident and I have to apply a tourniquet,' he said. Olivares agreed. 'As in everyday life, you could drive and run into an accident on the side of the road, and you might be able to help (the victims), he said smiling. Ultimately, for military units, CLS training is a multiplier of strength in two ways. It provides the best possible means to give the soldiers the care they need and return to service, and supports the abilities of the assigned military doctors, who cannot always be everywhere.

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