


What is cls army

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What is cls army



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

AGOH-

MEMORANDUM FOR RECORD

SUBJECT: ADDITIONAL DUTY APPOINTMENT

1. Effective _____ appointed Unit Family Readness 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, 128,3 away. 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 roll on a vehicle, a gunshot wound, or any kind of splinter to the soldier's chest, it's," said Sgt. Maria Vickers, 863rd engineer Battalion, of Darien, Ill. Vickers, the course's lead instructor, explained that CLS teaches three phases of combat medical assistance. In the first of these, under fire treatment, a combat life saver works immediately on an injured soldier to make sure before he or she can breathe, and then to stop or control the bleeding. Then they lead, drag or bring that soldier to cover from the constant danger of bullets or flying shrapnel. This allows combat life to work the second phase, known as tactical field care. Here the combat life saviour 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 bandage. 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 operations in the back for the helicopter medical evacuation. This is done with a message script of nine rows carefully practiced but quickly distributed. This «Line at 9a» 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 the so-called «à la c" " Oro "Medical Policy, a term already included in the civil emergency medicine. This commissioned military medical planners to bring wounded soldiers to Triage and CRS in CSH within an hour from wounding. This meant improvements in the efficiency and in the accuracy of communications and a better capacity of immediate medical assistance for soldiers, marine, 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 He 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 recertification, 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 really follow specifically where a CLS-trained soldier has left off, and an army may have taken over,«eOA" before a given wound soldiers2266;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

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