

9-LINE UXO/S.A.L.T.

- LINE 1:** Date-Time-Group (DTG): DTG item was discovered.
- LINE 2:** Reporting activity: Unit Identification Code (UIC) and location/grid of UXO.
- LINE 3:** Contact method: radio frequency, call sign, Point of Contact (POC) and telephone number.
- LINE 4:** Type of ordnance: dropped, projected, placed or thrown. If known, give the size of the hazard area and number of items. Without touching, disturbing, or approaching the item (trip wire), include details about size, shape, color and condition (intact or leaking).
- LINE 5:** NBC contamination: if present; be as specific as possible.
- LINE 6:** Resources threatened: report any threatened equipment, facilities or other assets.
- LINE 7:** Impact on mission: provide a short description of your current tactical situation and how the presence of the UXO affects your status.
- LINE 8:** Protective measures: describe any measures taken to protect personnel and equipment.
- LINE 9:** Recommended priority: recommend a priority for response by EOD technicians or engineers.

SALT Report Format—Report Enemy Activity

- Size of enemy force:** Actual numbers if possible.
- Activities of enemy:** If moving, give direction and method of transport. Be specific with all details.
- Location:** 6-digit coordinates, or clear description.
- Time/date of sighting:** Use 24 hour military time and date.

COUNTER SNIPER

PROACTIVE

- ◆ Maintain constant 360° security.
- ◆ Limit exposure/stay in constant motion.
- ◆ Don't set patterns.
- ◆ Deny enemy use of overwatch terrain.
- ◆ Stick to shadows/use cover and concealment.
- ◆ Remove rank insignia and don't salute in the field.
- ◆ Leaders should blend into element.
- ◆ Wear protective armor/use armored vehicles.
- ◆ Use optics to "out look" the enemy.
- ◆ Use observation posts/aerial observers.
- ◆ Use small recon/security patrols.

REACTIVE

- ◆ Obscure sniper field of view/limit his effectiveness with erected screens/shields/smoke screens.
- ◆ Take immediate cover/conceal your position.
- ◆ Use smoke to obscure sniper's view.
- ◆ "Slice the pie"—reduce exposure.
- ◆ ID sniper location and return fire.
- ◆ Maneuver on sniper location and kill him.
- ◆ Wounded Soldiers apply "self aid."
- ◆ Reorganize/evacuate casualties.

HAVE A PLAN AND REHEARSE IT!

AMBUSH: REACT TO CONTACT

NEAR AMBUSH (within hand-grenade range)

- ◆ Return fire, take cover and throw grenades.
- ◆ After the grenades detonate, if in kill zone, assault through ambush using fire and movement.
- ◆ If outside kill zone:
 - Identify enemy positions.
 - Initiate immediate suppressive fires.
 - Take cover. Shift fires as the Soldiers in kill zone assault through the ambush.
- ◆ Report in/reorganize as necessary/continue mission.

FAR AMBUSH (beyond hand-grenade range)

- ◆ Return fire, take cover, and suppress the enemy by:
 - Destroying/suppressing enemy crew-served weapons.
 - Obscuring the enemy position with smoke (M203).
- ◆ Sustain suppressive fire:
 - If not receiving fire, move by covered/concealed route to enemy's vulnerable flank position and assault using fire/movement techniques.
 - If in kill zone, continue suppressive fires/shift fires as assaulting team/squad fights through enemy position.
- ◆ Platoon FO calls for/adjusts indirect fires as directed by platoon leader. On order, he lifts fires/shifts them to isolate enemy position/attacks with indirect fires as they retreat.
- ◆ Report in/reorganize as necessary/continue mission.

REPORT DISTANCE, DIRECTION, DESCRIPTION!

WEAPONS SAFETY CHECKLIST

FOR COMMANDERS AND LEADERS

- Ensure controls are in place to prevent mishandling of weapons in living and sleeping areas.
- Supervise weapons clearing at all times whether ammunition is present or not.
- Ensure that a range safety program is in place.
- Ensure vehicle-mounted weapons systems are cleared prior to installing or removing from the mount.
- Ensure coordination of mounted weapons fire with dismounted elements and ensure firing sector is clear.

FOR ALL WARRIORS – THINK WEAPONS SAFETY!

- ◆ Treat every weapon as if it is loaded.
- ◆ Handle every weapon with care.
- ◆ Identify the target before you fire.
- ◆ Never point the muzzle at anything you don't intend to shoot.
- ◆ Keep the weapon on safe and your finger off the trigger until you intend to fire.

WEAPONS STATUS

NOTE: ALWAYS ON SAFE/FINGER OFF TRIGGER



CULTURAL AWARENESS

HONOR AND SHAME

Family is the center of honor, loyalty and reputation. Constructive criticism can be taken as an insult. Admitting "I don't know" could be seen as shameful and/or weak. It is shameful for Muslim women to have any relationship/communication with non-Muslim men or to dishonor husbands. Undesirable consequences may be the result.

PERSONAL SPACE/CONTACT

One should not stand close to, stare at or touch a woman. The sight of Muslim men walking arm in arm is not uncommon. The Muslim's concept of "personal space" differs from ours; don't offend by stepping/leaning away from a Muslim speaking with you at close range. When conducting business, first shake the hand of all males present, taking care to grip neither too firmly nor too weakly.

SOCIALIZATION AND TRUST

Try to learn a few simple words and phrases in the local language, such as hello, thank you, please, etc., as they will be warmly received. Allocate time for refreshments before engaging a local in business conversation. It is important to first establish respect and trust. High-pressure tactics during any negotiations will fail. Decisions are made slowly, so prepare for longer negotiations than you are used to, but stand your ground or you will be viewed as weak.

SELF-AWARENESS

IT IS YOUR DUTY NOT TO BE COMPLACENT!

COMPLACENCY IS...
The major factor in soldier casualties!
Carelessness!
Lost battlefield focus!
Underestimating the enemy!

SUICIDE PREVENTION: ACE
Ask your buddy: Ask directly "Are you thinking of killing yourself?"
Care for your buddy: Listen and calmly control the situation.
Escort your buddy to help: Never leave your buddy alone.

SUICIDE WARNING SIGNS
Take action NOW. Talk to the Soldier before it is too late.
Comments about suicide/
Giving away possessions
Withdrawal from social activities
Obsession with death
Change in performance
Uncharacteristic behaviors/ appearing overwhelmed

COMBAT STRESS AND PTSD SYMPTOMS
Easily angered, short fuse, sleep issues, difficulty concentrating
Watch for signs—treat seriously
TRAUMATIC BRAIN INJURY (TBI) SYMPTOMS
Cognitive: memory, reasoning, concentration issues
Behavioral: depression, irritability, anxiety
Physical: headaches, dizziness, vision issues, hypersensitivity
GET HELP—SEE THE DOC

TOURNIQUET

THE LEADING CAUSE OF PREVENTABLE DEATH ON THE BATTLEFIELD IS HEMORRHAGE FROM EXTREMITY WOUNDS.



A TOURNIQUET STOPS BLEEDING—SAVES A LIFE.

- Use only if casualty shows gross hemorrhage.
- Apply direct pressure with knee while preparing tourniquet.
- If available, use CAT tourniquet and instructions.



- Tighten until bleeding stops.
- Secure and check every five minutes.

REMEMBER TO CONTINUOUSLY REASSESS, REASSESS, REASSESS.

TACTICAL FIELD CARE

CARE UNDER FIRE:

- TAKE COVER / RETURN FIRE / APPLY SELF-CARE**
- ◆ Prevent casualty from sustaining additional injury.
 - ◆ If tactically feasible, stop life-threatening external bleeding with tourniquet or if not feasible, HemCon bandage/hemostatic agent.
 - ◆ Defer airway management, CPR often not successful on the battlefield.

CONDUCT RAPID TRAUMA ASSESSMENT HEAD TO TOE

A-B-C and D

REMEMBER: DISARM CASUALTY!

- Airway Management**
- ◆ Open the airway: chin lift/jaw thrust; remove obstructions.
 - ◆ Look for rise/fall of chest.
 - ◆ Listen and feel for breathing.
 - ◆ Secure airway with NPA (nosehose).

Breathing Problems

- Look/Listen/Feel**
- ◆ Place airtight seal over all penetrating chest wounds and place casualty in comfortable position.
 - ◆ Monitor for tension pneumothorax: neck vein distension; difficulty breathing; tracheal deviation. If indicated, perform needle decompression: 14/16 gauge needle inserted into second intercostal space, mid-clavicular line.
 - ◆ Check rate/rhythm.

ENEMY CONTACT

SHOOT MOVE COMMUNICATE

VEHICLE AMBUSH (MOUNTED)

- ◆ Return fire and move out of kill zone.
- ◆ If vehicle disabled or road blocked: dismount.
- ◆ Take cover, obscure with smoke and return fire.
- ◆ If outside kill zone: fix enemy, flank and destroy.
- ◆ Report in/reorganize as necessary/continue mission.

CAPTURE AVOIDANCE

- ◆ Use cross-cover in static positions.
- ◆ Conduct surveillance detection.
- ◆ Use 5-point contingency plan.
- ◆ Identify rally points.
- ◆ Use buddy teams/brief a Lost-Soldier Plan.
- ◆ Maintain offensive mindset/ situational awareness.
- ◆ Expect the enemy to be crafty and resourceful.
- ◆ Maintain internal communications (voice/radio, line of sight, signals/code words).
- ◆ Coordinate with DRF and adjacent units, especially when operating along unit boundaries.

ALWAYS IDENTIFY YOURSELF WHEN WORKING WITH OTHER UNITS.

WEAPONS CLEARING

Always clear your weapon whether ammunition issued or not. Clear weapons before installing/removing from mounts. You and the armorer: visually verify no ammo in weapon. Clear weapons before turn-in. Proceed to turn-in point as directed.

M9 SEMI-AUTOMATIC PISTOL

- 1-Aim weapon into clearing barrel.
- 2-Place de-cocking/safety on safe. Depress the magazine release button, remove the magazine.
- 3-Grasp the slide serrations and fully retract the slides to remove the chambered cartridge.
- 4-Lock the slide to the rear, using the slide stop, and inspect chamber to ensure it is empty.
- 5-Release the slide stop to allow the slide to return fully to forward position.
- 6-Place weapon on FIRE.
- 7-Squeeze trigger.
- 8-Place weapon on SAFE.

M4/M16A2 RIFLE

- 1-Aim weapon into clearing barrel.
- 2-Remove magazine from weapon.
- 3-Attempt to place weapon selector lever on SAFE.
- 4-Lock bolt to rear (ensure weapon is on SAFE).
- 5-Inspect receiver and chamber to ensure no ammunition is present.
- 6-With NO ammunition in chamber or receiver, allow bolt to go forward.
- 7-Aim weapon into clearing container, rotate selector lever to SEMI and squeeze trigger.
- 8-Charge weapon twice.
- 9-Place weapon on SAFE.

CULTURAL DOs AND DON'Ts

DO THIS—Be a professional warrior!

- ✓ Shake hands (right hand only) in greeting/departure.
- ✓ When seeking action, be strong/firm and be prepared for resistance.
- ✓ Beckon people by extending hand, palm down, quickly and rapidly curling fingers inward (no pointing or use of thumb).
- ✓ Use titles "Doctor," "Professor," etc. to honor achievement.
- ✓ Try all food offered you. Ask about the cuisine/preparation.
- ✓ Appear relaxed/friendly; social interaction is critical for trust. Refer to entire family when conversing.
- ✓ Be gracious; do not appear anxious to leave.
- ✓ Expect things to happen typically slower than you are used to.
- ✓ Offer thanks to the male head of the household.

DON'T DO THIS

- ✗ Don't use left hand to touch, eat or gesture.
- ✗ Don't appear weak/bivalent when seeking action.
- ✗ Don't show women attention/ask about women.
- ✗ Don't point with finger (sign of contempt). Point with hand.
- ✗ Don't slouch/lean/appear disinterested talking with men.
- ✗ Don't expose the soles of feet or shoes.
- ✗ Don't back away from a person during conversation.
- ✗ Don't ask for/expect a single opinion on an issue.
- ✗ Don't engage in religious discussions.
- ✗ Don't praise someone's possessions too much. He may give them to you and expect something of equal value in return.

SAFETY AND HEALTH

EXERCISE VEHICLE SAFETY

- ◆ Review vehicle SOPs/conduct PMCS/get driver training.
- ◆ Drive according to road conditions/weather/situation.
- ◆ Don't overload or load cargo too high in vehicle.
- ◆ Maintain safe stopping distance esp. on sand/wet/gravel.
- ◆ Reduce speed on sharp maneuvers/curves.
- ◆ Review armored door removal for casualty extraction.

Common accident factors:

- ◆ No driver training/knowledge of local traffic rules/customs.
- ◆ Fatigue/inadequate sleep.
- ◆ Sudden collision-avoidance maneuver/swerve.
- ◆ Not wearing seat belts/driving with night vision goggles.

PREVENT NON-COMBAT INJURIES

- ◆ Avoid electrocution, falls, heat/cold injuries.
- ◆ Protect sleeping area from detonation of UXO.
- ◆ Practice safe fuel handling and fire safety.
- ◆ Avoid local animals.

MAINTAIN PHYSICAL HEALTH

- ◆ Fuel your body. Balance carbohydrate/protein/fat/vitamins.
- ◆ Hydrate often to prevent dehydration, fatigue, disorientation and even death.
- ◆ Exercise to maintain your health and combat readiness.
- ◆ Personal hygiene: wash before eating/bathe regularly.
- ◆ Take all required medications.
- ◆ Use appropriate field sanitation measures.
- ◆ Get enough sleep!

TAKE CARE OF YOURSELF!

HEAT AND COLD INJURY

HEAT INJURY

HEAT CRAMPS
Symptoms: Muscle cramps, heavy sweating, extreme thirst.
First Aid: Move to shade. Loosen clothing. Drink one full canteen of water or sports drink and keep drinking.
HEAT EXHAUSTION
SEVERE HEAT EXHAUSTION BECOMES HEAT STROKE AND IS A MEDICAL EMERGENCY—EVACUATE IMMEDIATELY!
Symptoms: Same as above plus pale, moist, cool/hot skin, weakness/dizziness/fainting, nausea/vomiting, diarrhea, tunnel vision, chills, rapid breathing, tingling of hands and/or feet.
First Aid: Same as above plus elevate legs and pour water on body and fan body to cool. Slowly drink canteen of water.

HEAT STROKE
Symptoms: Same as above except no sweating, red/hot/dry skin, strong/rapid pulse, throbbing headache, unconsciousness.
First Aid: Same as above plus massage extremities/skin with cool water. If conscious, slowly drink one canteen of water. GET MEDICAL HELP IF SYMPTOMS CONTINUE.

COLD INJURY

HYPOTHERMIA (Prolonged body-heat loss from exposure. May occur above freezing.) **REQUIRES IMMEDIATE ATTENTION/LIFE THREATENING**
Symptoms: Mild uncontrollable/intense shivering. Severe: Shivering stops, muscles stiffen, mental confusion sets in, withdrawal/irrational behavior, irritability, confusion and slurred speech.
First Aid: Get warm/dry. Add dry clothing, increase physical activity and take shelter. Drink hot, sugary liquids and keep fueled.

FROSTNIP
Symptoms: Skin reddened/swollen/painful/numb. Pins/needles feeling. May lead to frostbite—take seriously.
First Aid: Slowly rewarm affected area with warm air/warm body parts.

FROSTBITE—REQUIRES IMMEDIATE ATTENTION
Symptoms: Numb/white/hard deep frozen tissue.
First Aid: Very slowly warm affected area. Do not soak in cold or hot water. Do not expose to fire or stove. Do not rub with snow. Do not massage. Avoid walking on injured feet. Seek medical attention.

TACTICAL FIELD CARE

Circulation—Bleeding

- ◆ Reassess hemorrhage control.
- ◆ ID/treat bleeding sites not previously controlled.
- ◆ Apply direct pressure/pressure dressing/hemostatic dressing/HemCon bandage/tourniquet.
- ◆ Check pulse/circulation.



Disability Assessment—Mental State: AVPU

- ◆ Alert
- ◆ Responds to Voice
- ◆ Responds to Pain
- ◆ Unresponsive

AFTER ASSESSMENT...

- ◆ Start IV/saline lock.
- ◆ Initiate fluid resuscitation as required.
- ◆ Prevent hypothermia.
- ◆ Monitor/evaluate patient.
- ◆ Inspect/dress all wounds.
- ◆ Administer pain meds as necessary.
- ◆ Splint fractures and recheck pulse.
- ◆ Administer antibiotics—combat wound pill-pack.
- ◆ Communicate reassurance with casualty.
- ◆ Document assessment/treatments/status.