

Navy Prt Operating Guide

The FIELD MEDICAL SERVICE TECHNICIAN provides medical and dental services for personnel in field units; also 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. COURSE DESCRIPTION: During this 8 week course, you will have a mix of classroom and field training. Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care (TCCC). This includes familiarization with USMC organization and procedures, logistics, and administrative support in a field environment. Additionally, training will include general military subjects, individual and small unit tactics, military drills, physical training/conditioning, and weapons familiarization with the opportunity to fire the rifle. Completion of FMST results in the student receiving Navy Enlisted Classification HM-8404. MEDICAL-SPECIFIC CONTENT: PREVENTIVE MEDICINE Treat Dehydration FMST 201 Treat Environmental Heat Injuries FMST 202 Manage Environmental Cold Injuries FMST 203 Perform Care of the Feet FMST 204 Perform Water Purification for Individual Use FMST 205 Supervise Field Waste Disposal FMST 206 Manage Envenomation Injuries FMST 207 Review Questions COMBAT MEDICINE Introduction to Tactical Combat Casualty Care FMST 401 Manage Shock Casualties FMST 402 Manage Hemorrhage FMST 403 Maintain Airway FMST 404 Perform Emergency Cricothyroidotomy FMST 405 Manage Respiratory Trauma FMST 406 Manage Abdominal Injuries FMST 407 Manage Musculoskeletal Injuries FMST 408 Manage Head, Neck and Face Injuries FMST 409 Tactical Fluid Resuscitation FMST 410 Perform Casualty Assessment FMST 411 Medication Appendix Review Questions COMPONENTS OF FIELD MEDICINE Blast Related Injuries FMST 501 Traumatic Brain Injury (TBI) FMST 502 Manage Burn Casualties FMST 503 Conduct Triage FMST 504 Coordinate Casualty/Tactical Evacuation FMST 505 Perform Aid Station Procedures FMST 506 Medical Support for Military Operations in Urban Terrain (MOUT) FMST 507 Review Questions

Over 3,400 total pages ... Includes: Electronic Warfare and Radar Systems Engineering Handbook, 2013, 455 pages Electronic Warfare and Radar Systems Engineering Handbook, 2012, 399 pages Electronic Warfare and Radar Systems Engineering Handbook, 1999, 287 pages Electronic Warfare and Radar Systems Engineering Handbook, 1997, 602 pages Electronic Warfare Fundamentals, 2000, 351 pages Radar Fundamentals Student Guide Volume II, no date, 355 pages Principles of Naval Weapons Systems, no date, 351 pages Electronic Warfare, U.S. Marine Corps, 2002, 73 pages Marine Corps Warfighting Publication (MCWP) 6-22, Communications and Information Systems, 1999, 146 pages Marine Corps Warfighting Publication (MCWP) 6-22D, Field Antenna Handbook, 1999, 146 pages, 192 pages Plan / Design / Layout Of Satellite Communication Systems, 1994, 169 pages

Over 1,600 total pages ... 14097 FIRE CONTROLMAN SUPERVISOR Covers Fire Controlman supervisor responsibilities, organization, administration, inspections, and maintenance; supervision and training; combat systems, subsystems, and their maintenance; and weapons exercises. 14098 FIRE CONTROLMAN, VOLUME 01, ADMINISTRATION AND SAFETY Covers general administration, technical administration, electronics safety, and hazardous materials as they pertain to the FC rating. 14099A FIRE CONTROLMAN, VOLUME 02--FIRE CONTROL SYSTEMS AND RADAR FUNDAMENTALS Covers basic radar systems, fire control systems, and radar safety as they relate to the Fire Controlman rating. 14100 FIRE CONTROLMAN, VOLUME 03--DIGITAL DATA SYSTEMS Covers computer and peripheral fundamentals and operations, configurations and hardware, operator controls and controlling units, components and circuits, central processing units and buses, memories, input/output and interfacing, instructions and man/machine interfaces, magnetic tape storage, magnetic disk storage, CD-ROM storage, printers, data conversion devices, and switchboards. 14101 FIRE CONTROLMAN, VOLUME 04--FIRE CONTROL MAINTENANCE CONCEPTS Introduces the Planned Maintenance System and discusses methods for identifying and isolating system faults, liquid cooling systems used by Fire Controlmen, battery alignment (purpose, equipment, and alignment considerations), and radar collimation. 14102 FIRE CONTROLMAN, VOLUME 05--DISPLAY SYSTEMS AND DEVICES Covers basic display devices and input devices associated with Navy tactical data systems as used by the FC rating. 14103 FIRE CONTROLMAN, VOLUME 06--DIGITAL COMMUNICATIONS Covers the fundamentals of data communications, the Link-11 and Link-4A systems, and local area networks. 14104A FIREMAN Provides information on the following subject areas: engineering administration; engineering fundamentals; the basic steam cycle; gas turbines; internal combustion engines; ship propulsion; pumps, valves, and piping; auxiliary machinery and equipment; instruments; shipboard electrical equipment; and environmental controls.

"Throughout the entire history of world armed conflict, the proportion of battle injuries involving the genitals was minimal--rarely above 5%. But sadly, by the end of 2007, this statistic was no longer valid for the U.S. military. While standard-issue body armor protects the torso, some lower extremity wounds are so severe that all or part of the reproductive organs are obliterated." --E Scott Sills, MD PhD As America picks up the pieces from more than a decade of war, a caliper has never been laid across one critical casualty--the long-term consequences of military service on the fertility of those in uniform. Written for a general audience, "Fighting At The Fertility Front" includes separate chapters for men & women and follows their journeys from reception & basic training to far-away places like the open burn pits of Afghanistan, and back. The list of ingredients

here is provocative: Sex, soldiers' fertility, overseas service, and the "military-industrial-congressional complex" that funds it all...or, in the case of fertility treatment for Veterans, paradoxically denies funding. This one-of-a-kind book confronts some deeply unsettling questions from our armed service members and their loved ones: Should I be worried about fertility if my partner is in the military? How can hazards of defense work diminish future reproductive capacity? Is it true that the Army's standard combat uniform is coated with a potential reproductive toxin? The answers may surprise you. Before deciding on a fertility attack plan, you need credible intelligence about the target. Until now, there has never been any field-book outlining maneuvers to maximize the chances of a military patient growing his or her family. Recognizing that fertility after deployment is another "unknown unknown" of military service, this book helps guide a clear way to bring back baby.

Since Operation Desert Shield/Desert Storm, Gulf War veterans have expressed concerns about health effects that could be associated with their deployment and service during the war. Although similar concerns were raised after other military operations, the Gulf War deployment focused national attention on the potential, but uncertain, relationship between the presence of chemical and biological (CB) agents and other harmful agents in theater and health symptoms reported by military personnel. Strategies to Protect the Health of Deployed U.S. Forces which is one of the four two-year studies, examines the detection and tracking of exposures of deployed personnel to multiple harmful agents. This edited volume explores stability, security, transition and reconstruction operations (SSTR), highlighting the challenges and opportunities they create for the US Navy. The book argues that SSTR operations are challenging because they create new missions and basing modes, and signal a return to traditional naval methods of operation. Mission accomplishment requires collaboration with a wide range of actors representing governmental, non-governmental and commercial organizations, which often creates politically and bureaucratically charged issues for those involved. However, although from a traditional warfighting perspective, stability operations might be viewed as having little to do with preparing for high-intensity conventional combat, these kinds of operations in fact correspond to traditional missions related to diplomacy, engagement, maritime domain awareness, piracy and smuggling, and intervention to quell civil disturbances. SSTR operations can be therefore depicted as a return to traditional naval operations, albeit operations that might not be universally welcomed in all quarters.

Over 2,300 total pages ... OVERVIEW Tactical Combat Casualty Care (TCCC) was developed to emphasize the need for continued improvement in combat pre-hospital care. The Committee on Tactical Combat Casualty Care (CoTCCC) was established in 2001 and is part of the Defense Health Board. CoTCCC is a standing multi-service committee charged with monitoring medical developments in regards to practice, technology, pharmacology and doctrine. New concepts in hemorrhage control, airway management, fluid resuscitation, analgesia, antibiotics and other lifesaving techniques are important steps in providing the best possible care for our Marines and Sailors in combat. The TCCC guidelines are published every 4 years in the Prehospital Trauma Life Support manual. It has been recognized that TCCC guidelines and curriculum will need to change more often than the 4-year cycle of the PHTLS textbook publication. The National Association of Emergency Medical Technicians (NAEMT) will include the updated TCCC guidelines and curriculum on its website as they are approved as a way to help get this new information out to the combat medical personnel in the military that need it. PRINCIPLES OF TACTICAL COMBAT CASUALTY CARE (TCCC) The principles of Tactical Combat Casualty Care are fundamentally different from those of traditional civilian trauma care, where most medical providers and medics train. These differences are based on both the unique patterns and types of wounds that are suffered in combat and the tactical conditions medical personnel face in combat. Unique combat wounds and tactical conditions make it difficult to determine which intervention to perform at what time. Besides addressing a casualty's medical condition, responding medical personnel must also address the tactical problems faced while providing care in combat. A medically correct intervention at the wrong time may lead to further casualties. Put another way, "good medicine may be a bad tactical decision" which can get the rescuer and the casualty killed. To successfully navigate these issues, medical providers must have skills and training oriented to combat trauma care, as opposed to civilian trauma care. The specifics of casualty care in the tactical setting will depend on the tactical situation, the injuries sustained by the casualty, the knowledge and skills of the first responder, and the medical equipment at hand. In contrast to a hospital Emergency Department setting where the patient IS the mission, on the battlefield, care of casualties sustained is only PART of the mission. TCCC recognizes this fact and structures its guidelines to accomplish three primary goals: 1. Treat the casualty 2. Prevent additional casualties 3. Complete the mission In thinking about the management of combat casualties, it is helpful to divide care into three distinct phases, each with its own characteristics and limitations.

Over 1,300 total pages 14086A Electronics Technician, Volume 1 Safety and Administration 'This is the first volume in the ET Training Series. Covers causes and prevention of mishaps, handling of hazardous materials; identifies the effects of electrical shock; purpose of the tag-out bill and personnel responsibilities, documents, and procedures associated with tag out; and identifies primary safety equipment associated with ET work. Provides an overview of general and technical administration and logistics. Included are descriptions of forms and procedures included in the Maintenance Data System (MDS) and publications that should be included in a ship's technical library. Also included is a basic description of the Naval Supply System and COSAL. This volume combines the previous ET volumes 1 & 2 and has been updated. 14087 ELECTRONICS TECHNICIAN, VOLUME 02--ADMINISTRATION OBSOLETE: no further enrollments allowed. Provides an overview of general and technical administration and logistics. Included are descriptions of forms and procedures included in the Maintenance Data System (MDS) and publications that should be included in a ship's technical library. Also included is a basic description of the Naval Supply System and COSAL. 14088 ELECTRONICS TECHNICIAN, VOLUME 03--COMMUNICATIONS SYSTEMS Provides operations-related information on Navy communications systems including SAS, TEMPEST, satellite communications, Links 11, 4-A, and 16, the C2P system, and a basic introduction to local area networks (LANs). 14089 ELECTRONICS TECHNICIAN, VOLUME 04--RADAR SYSTEMS Provides a basic introduction to air search, surface search, ground-controlled approach, and carrier controlled approach RADAR systems. Included are basic terms associated with RADAR systems, descriptions of equipment that compose the common systems, descriptions of RADAR interfacing procedures and equipment, and primary radar safety topics. 14090 ELECTRONICS TECHNICIAN, VOLUME 05--NAVIGATION SYSTEMS Introduces the primary navigation systems used by U.S. Navy surface vessels. It provides a basic introduction to and explanation of the Ship's Inertial Navigation System (SINS), the U.S. Navy Navigation Satellite System (NNSS), and the NAVSTAR Global Positioning System (GPS) and associated equipment. It then provides an introduction to and explanation of the Tactical Air Navigation system (TACAN) and its associated equipment. The information provided is written at an introductory level and is not intended to be used by technicians for diagnoses or repairs. 14091 ELECTRONICS TECHNICIAN, VOLUME 06--DIGITAL DATA SYSTEMS Covers the following subject matter on computers and peripherals: fundamentals and operations, configurations and hardware, operator controls and controlling units, components and circuits, central processing units and buses, memories, input/output and interfacing, instructions and man/machine

interfaces, magnetic tape storage, magnetic disk storage, CD-ROM storage, printers, data conversion devices and switchboards. 14092 ELECTRONICS TECHNICIAN, VOLUME 07--ANTENNAS AND WAVE PROPAGATION Covers a basic introduction to antennas and wave propagation. It includes discussions about the effects of the atmosphere on rf communications, the various types of communications and radar antennas in use today, and a basic discussion of transmission lines and waveguide theory. 14093 ELECTRONICS TECHNICIAN, VOLUME 08--SUPPORT SYSTEMS Provides a basic introduction to support systems: liquid cooling, dry air, ac power distribution, ship's input, and information transfer. It includes discussions on configuration, operation and maintenance of these systems.

Sample text: NCIS REPORTING AND MILITARY JUSTICE INVESTIGATIONS REFERENCES: (a) MCM (RCM 303) (b) JAGMAN (Chapter II) (c) SECNAVINST 5430.107 (series) (d) SECNAVINST 1752.4A (series) (e) DODI 6495.02 COMMAND INQUIRY: Suspected offenses may come to command attention in a variety of ways (e.g., shore patrol, civil law enforcement, or phone call, etc.) The commanding officer (CO) must conduct some form of inquiry into reported offenses that may be tried by court-martial per reference (a). The degree of inquiry will depend on the nature, validity, and seriousness of the complaint. See reference (b). MANDATORY REFERRAL TO NCIS: Reference (c) mandates that certain incidents be referred to NCIS whether occurring on or off base and regardless of civilian investigation involvement. These incidents include: Actual, suspected, or alleged major criminal offenses (punishable under the Uniform Code of Military Justice (UCMJ) by more than 1 year of confinement); Non-combat deaths when the cause of death is not medically attributable to disease or natural causes; Fires or explosions of unknown origin affecting Department of the Navy (DON) property or property under DON control; Theft or loss of ordnance or controlled substances; Disappearance of a command member; All instances of suspected fraud against the government within DON (e.g., theft of government property, bribery, false claims for pay, etc.); actual or suspected acts of espionage, terrorism, sabotage, assassination, and actual, suspected, or attempted defection of DON personnel; Internal security incidents, such as loss, compromise, or suspected compromise of classified information and national security cases; and Suspected sex-related offenses as defined under Articles 120 and 125 of the UCMJ. WHEN NCIS DECLINES TO INVESTIGATE: NCIS may, at its discretion, decline to conduct or continue any investigation, but shall expeditiously inform the effected command. A command may then request assistance from the local base security department or appropriate authority or pursue a command investigation pursuant to reference (a).

Will enhance the physical abilities required to perform Spec Ops mission-related physical tasks, promote long-term cardiovascular health and physical fitness, prevent injuries, accelerate return to duty, and maintain physical readiness under deployed or embarked environments. Includes an overview of physical fitness and addresses: SEAL mission-related physical activities, cardiorespiratory conditioning, running, swimming, strength training, flexibility, calisthenics, load-bearing, training for specific environments, training and sports related injuries, harmful substances that affect training, etc. Illustrated.

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Over 4,000 total pages ... Just a SAMPLE of the Contents: OBSTETRICS AND NEWBORN CARE I, 185 pages OBSTETRICS AND NEWBORN CARE II, 260 pages Operational Obstetrics & Gynecology The Health Care of Women in Military Settings 2nd Edition (Standard Version), 259 pages Operational Obstetrics & Gynecology The Health Care of Women in Military Settings 2nd Edition (Field Version), 146 pages MEDICAL EXAMINATIONS AND STANDARDS, 353 pages PHYSICAL EXAMINATION TECHNIQUES, 149 pages GYNECOLOGICAL EXAM presentation, 81 pages GYNECOLOGICAL INFECTIONS AND ABNORMALITIES presentation, 76 pages ASSESSMENT OF PREGNANCY AND ESTIMATING DATE OF DELIVERY presentation, 23 pages REPRODUCTIVE AND DEVELOPMENTAL HAZARDS: A GUIDE FOR OCCUPATIONAL HEALTH PROFESSIONALS, 136 pages MEDICAL SURVEILLANCE PROCEDURES MANUAL AND MEDICAL MATRIX (EDITION 7), 354 pages Sexual Health Primer, 70 pages Fleet Medicine Pocket Reference 1999, 70 pages OCCUPATIONAL MEDICINE FIELD OPERATIONS MANUAL, 120 pages Readiness Guide for Female Airmen, 32 pages

Over 3,000 total pages ... Contents: FIELD MEDICAL SERVICE OFFICER STUDENT HANDBOOK FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK Version 4.1 Block 1 Student Outlines For Version 4.1 Block 2 Student Outlines For Version 4.1 FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK Version 4.0 FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK (June 2013) FMST STUDY GUIDE (2015) Fleet Medicine Pocket Reference 2016 MCRP 4-11.1D FIELD HYGIENE AND SANITATION PREVENTION AND TREATMENT OF FIELD RELATED INJURIES STUDENT HANDOUT CASUALTY EVALUATION AND EVACUATION STUDENT HANDOUT COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT Combat Lifesaver / Tactical Combat Casualty Care Instructor Course Student Handbook Command Philosophy My philosophy is basic...provide the highest quality service possible to every person you encounter. We are an institution of higher learning; we need to be the best with everything we do. We are preparing the next generation of heroes for the greatest fighting force on the planet - the 8404 Hospital Corpsman assigned to the United States Marine Corps. They operate at the tip-of-the spear providing combat medicine to our operational forces; they are critical to the success of the Navy & Marine Corps Medicine Team. What each one of us does on a daily basis matters, regardless of our job. We all contribute to the mission. No one job is more important than the other. If just one link (team member) in this chain fails to perform a portion of the mission to standard, we all fail. You have the ability to make a positive difference in peoples' lives every day. Every member of this team should ask themselves, "Am I living by our core values and making decisions that are consistent with these values when I interact with students, staff and the American public." Key points: - Know your chain of command and how to use it. You have not exhausted your chain of command at FMTB-West until the issue reaches me. - If you are lacking something to perform your mission, bring it to the attention of leadership so we can promptly address it. - Any safety issue should immediately be brought to leadership. - Continually strive to improve processes; ask for help before it's too late (in all aspects of your life and career). - If you see a problem, fix it or bring it to the attention of someone who can. Don't ignore it. - Supporting each other is just as important as supporting the mission. - Continue the relentless pursuit of customer satisfaction; feedback is a valuable tool in life and career. - Basic military courtesy should be a part of everyday life. - Always strive to do the right thing, even when no one is looking or when tempted to take the "easy" wrong. As a leader, I believe all members of the team are important. Our civilian shipmates are essential to the success of our mission. As a military leader, I believe, as the Sailor creed says, "I proudly serve my country's Navy combat team with Honor, Courage and Commitment. I am committed to excellence and the fair treatment of all". I cannot over

emphasize the importance of leadership from E-1 to O-6, everyone has a part; I expect officers to lead from the front by setting the example. Be sure that regularly scheduled performance counseling sessions are conducted for military and civilian employees. Cover the good which should be sustained as well as the areas which need improvement. Although I like to be informed, I believe in allowing leaders to lead, managers to manage. A big part of my job is to provide you the support systems necessary for you to accomplish your mission. Tell me what you need and don't worry how it will be resourced. Let me worry about that.

PLEASE NOTE: THIS IS VOLUME 2 OF 2. YOU MUST PURCHASE BOTH BOOKS TO HAVE A COMPLETE SET. Developed as both an air superiority fighter and a long-range naval interceptor, Grumman's F-14 Tomcat was the U.S. Navy's primary fighter from 1974 until 2006. Over 700 were built. The F-14 flew its first combat missions shortly after its initial deployment in late 1974, flying in support of the American withdrawal from Saigon. In 1981 it drew first blood, as two F-14s from VF-41 downed two Libyan Su-22s. The plane compiled a notable combat record for the United States in both Gulf Wars and NATO actions in Bosnia. Planes sold to the Shah of Iran prior to his ouster remain the last F-14s in active service, as the U.S. Navy retired it in October 2006. This F-14 pilot's flight operating handbook was originally produced by the U.S. Navy. It has been slightly reformatted but is reproduced here in its entirety. It provides a fascinating view inside the cockpit of one of history's great planes.

U.S. military personnel are required to adhere to standards of body composition, fitness, and appearance to achieve and maintain readiness--that is, the maintenance of optimum health and performance so they are ready for deployment at any moment. In 1992, the Committee on Military Nutrition Research reviewed the existing standards and found, among other things, that the standards for body composition required for women to achieve an appearance goal seemed to conflict with those necessary to ensure the ability to perform many types of military tasks. This report addresses that conflict, and reviews and makes recommendations about current policies governing body composition and fitness, as well as postpartum return-to-duty standards, Military Recommended Dietary Allowances, and physical activity and nutritional practices of military women to determine their individual and collective impact on the health, fitness, and readiness of active-duty women.

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