
WARRIOR AID AND LITTER KIT **WALK**TM **INSTRUCTION MANUAL**

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NORTH AMERICAN RESCUE PRODUCTS, INC. • 9.14.2006

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OVERVIEW

- ATTACKS FROM IMPROVISED EXPLOSIVE DEVICES, OR EXPLOSIVE FORMED PROJECTILES ARE THE LEADING CAUSE OF INJURY AND DEATH IN THEATER TODAY



- THE WARRIOR AID AND LITTER KIT™ IS DESIGNED TO PROVIDE THE USER WITH ENOUGH MEDICAL SUPPLIES AND A STABLE EVACUATION PLATFORM FOR TWO CRITICALLY INJURED CASUALTIES
 - THE COMPONENTS OF THE KIT SUPPORT FIRST RESPONDER CARE BASED ON THE PREVENTABLE CAUSES OF DEATH: EXTREMITY HEMORRHAGE, PENETRATING CHEST WOUNDS WITH COMPLICATIONS, AND AIRWAY COMPROMISE.
 - A STABLE, NATO COMPATIBLE, LITTER IS INCLUDED WHICH ALLOWS FOR RAPID EVACUATION OF CASUALTIES IN BOTH CONVENTIONAL MEDEVAC PLATFORMS AS WELL AS VEHICLES OF OPPORTUNITY IN A CASEVAC CONFIGURATION
 - HYPOTHERMIA PREVENTION AND MANAGEMENT IS A CRITICAL COMPONENT OF THE KIT
 - THE ABILITY TO PROVIDE IMMEDIATE LIFESAVING CARE TO INJURED COMBATANTS AT THE POINT OF WOUNDING WILL RESULT IN MORE LIVES SAVED, AND A MORE RAPID EVACUATION OF CASUALTIES TO DEFINITIVE CARE FACILITIES
-

COMPONENT DESCRIPTION

Pocket AB

- 2- NASOPHARYNGEAL AIRWAYS
28 FR. W/LUBRICANT
- 2 - 14 GA. 3.25 IN. NEEDLE/
CATHETER UNITS
- 2 - VASELINE IMPREGNATED GAUZE
- 2 - ROLLS OF 2 IN. ADHESIVE TAPE
- 5 pr.- BLACK TALON TRAUMA
GLOVES

Pocket D1

- 1-HYPOTHERMIA PREVENTION &
MANAGEMENT KIT

Pocket C1

- 2- COMBAT APPLICATION
TOURNIQUETS
- 2- EMERGENCY BANDAGES

Pocket D2

MC /Main Compartment

- 1-TALON LITTER (90C)
- 2 Pr.-LITTER STRAPS

Pocket E1

- 2-SAM UNIVERSAL SPLINTS
- 1-AVIATION PANEL
- 1-TRAUMA SHEARS
- 2-EMERGENCY BANDAGES
- 2-T2 TRIAGE CARDS
- 1-COMBAT CASUALTY
REFERENCE CARD

Pocket E2

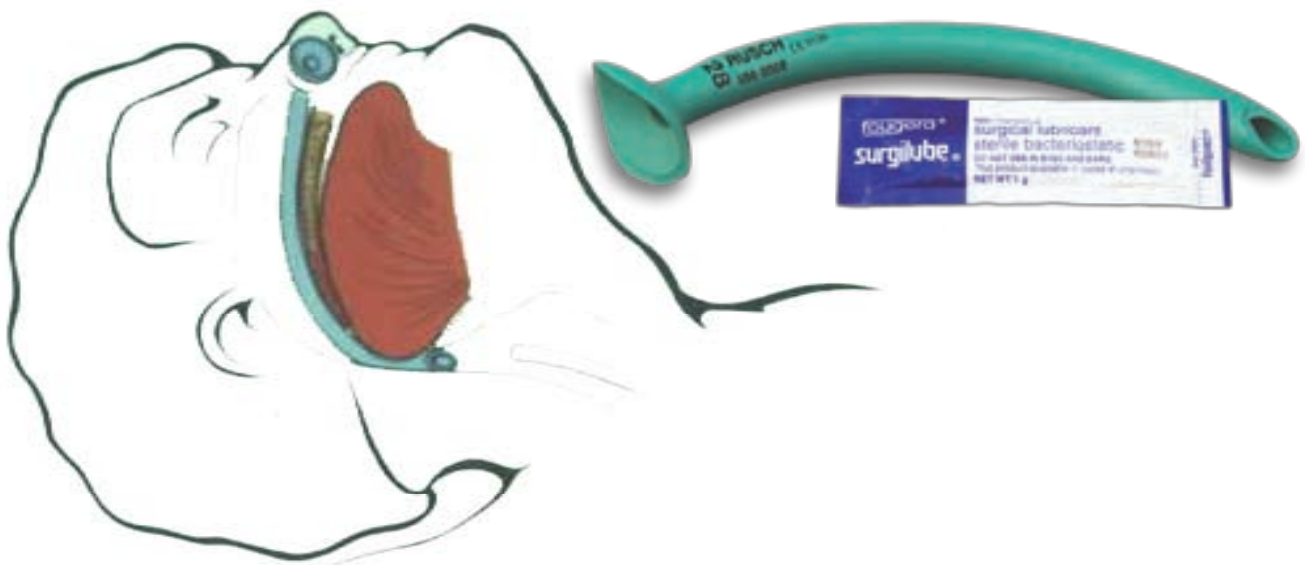
- 1-EMERGENCY BANDAGE
ABDOMINAL DRESSING

Pocket C2

- 2- EMERGENCY BANDAGES
- 4- ROLLS KERLIX, (fan folded)

NPA INSERTION

- MAINTAIN HEAD IN THE NEUTRAL POSITION
- INSPECT NOSTRIL OPENINGS AND SELECT THE LARGEST OR THE NOSTRIL WITH THE BEST AIRFLOW (USUALLY THE RIGHT)
- LOOK IN THE MOUTH FOR ANY INJURY OR DISRUPTION OF THE ROOF OF THE MOUTH THAT MAY INDICATE A SKULL FRACTURE (IF PRESENT DO NOT INSERT THE NPA)
- LUBRICATE THE DISTAL TIP (LUBRICANT IS INCLUDED)
- SLOWLY INSERT THE TIP INTO THE SELECTED NOSTRIL ALONG THE FLOOR OF THE NOSTRIL. IF RESISTANCE IS MET, A GENTLE BACK AND FORTH ROTATION OF THE NPA BETWEEN THE FINGERS WILL USUALLY AID IN PASSING THE NPA
- IF UNABLE TO ADVANCE THE NPA BEYOND THE RESISTANCE DO NOT FORCE; REMOVE THE NPA, RELUBRICATE THE DISTAL TIP, AND ATTEMPT INSERTION IN THE OPPOSITE NOSTRIL
- FULLY INSERT UNTIL THE FLANGE RESTS ON THE NOSTRIL OPENING AND TAPE IN PLACE
- SHOULD THE CASUALTY GAG, REMOVE THE NPA SLIGHTLY AND SECURE IN PLACE AT THAT DEPTH
- PLACE THE CASUALTY IN THE RECOVERY POSITION



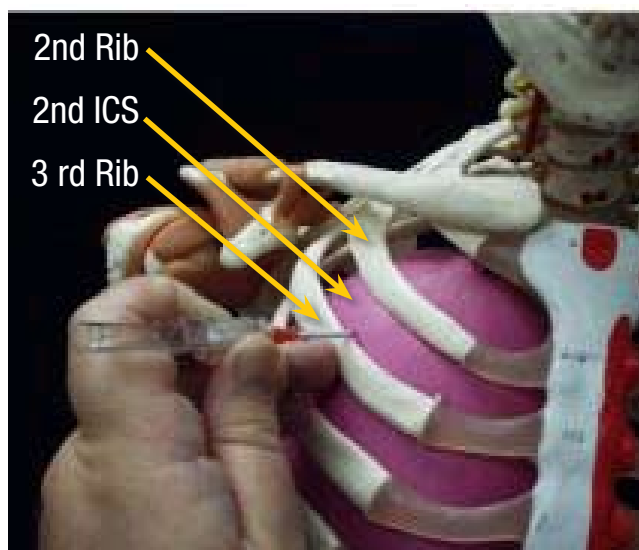
OCCLUSIVE DRESSING (VASELINE GAUZE) APPLICATION

- PEEL OPEN VASELINE GAUZE PACKAGE, KEEPING THE GAUZE AGAINST ONE SIDE OF THE FOIL WRAPPER. DISCARD THE OTHER SIDE OF THE FOIL WRAPPER
- APPLY THE VASELINE GAUZE WITH THE FOIL WRAPPER OUT, AGAINST THE OPEN CHEST WOUND (both entrance and exit if present)
- TAPE THE FOIL WRAPPER (using the two inch roll of tape) TO THE CHEST WALL ON ALL FOUR SIDES
- IF NECESSARY APPLY AN EMERGENCY BANDAGE OVER THE OCCLUSIVE DRESSING TO SECURE IN PLACE AND PROTECT THE WOUND
- PLACE THE CASUALTY IN THE SITTING POSITION TO ASSIST VENTILATION
- OBSERVE THE CASUALTY FOR PROGRESSIVE RESPIRATORY DISTRESS
(This is an indication that a tension pneumothorax is developing)
- SHOULD A CASUALTY DEVELOP PROGRESSIVE RESPIRATORY DISTRESS, YOUR FIRST ATTEMPT TO RELIEVE IT SHOULD BE TO REMOVE THE OCCLUSIVE DRESSING IN AN ATTEMPT TO RELIEVE THE PRESSURE
- SHOULD THAT FAIL, SEE NEEDLE CHEST DECOMPRESSION, PAGE 6



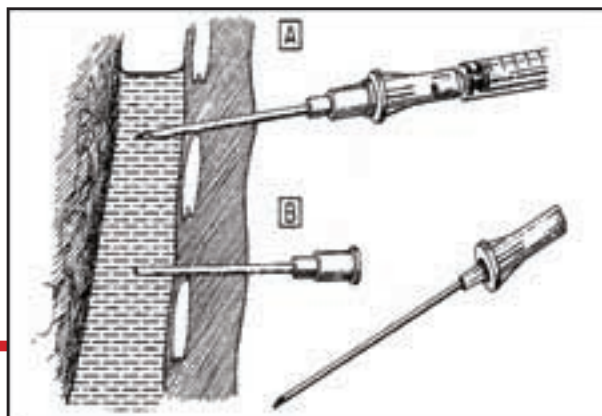
NEEDLE CHEST DECOMPRESSION

- SHOULD THE CASUALTY WITH A PENETRATING CHEST WOUND, DEVELOP PROGRESSIVE RESPIRATORY DISTRESS, THAT IS NOT RELIEVED BY REMOVAL OF THE OCCLUSIVE DRESSING, NEEDLE CHEST DECOMPRESSION SHOULD BE CONSIDERED
- IDENTIFY THE SECOND INTERCOSTAL SPACE (ICS) AT THE MID-CLAVICULAR LINE
- PALPATE THE SPACE AND IDENTIFY THE TOP OF THE THIRD RIB, (IF UNABLE TO FIND THE INTERCOSTAL SPACES PLACE TWO FINGER WIDTHS BELOW THE CLAVICLE AND INSERT THE NEEDLE/CATHETER BELOW YOUR FINGERS)
- INSERT THE NEEDLE/CATHETER UNIT AT A 90 DEGREE ANGLE JUST ABOVE THE THIRD RIB UNTIL A DISTINCT POP IS FELT OR A HISS OF ESCAPING AIR IS HEARD. (insure you have removed the plastic plug in the catheter opening)



- INSERT THE NEEDLE/CATHETER ALL THE WAY TO THE HUB
- REMOVE THE NEEDLE AND SECURE THE CATHETER TO THE CHEST WALL WITH TAPE
- IF UNABLE TO UTILIZE THE SECOND ICS YOU MAY ALSO UTILIZE THE THIRD, FOURTH, OR FIFTH ICS, BUT SHOULD MOVE Laterally TO THE ANTERIOR-AXILLARY OR MID-AXILLARY LINE. AGAIN INSERT THE NEEDLE/CATHETER UNIT AT A 90° ANGLE OVER THE TOP OF THE RIB.

- THERE IS NO NEED FOR A THREE-WAY STOPCOCK OR A ONE-WAY VALVE ON THE NEEDLE
- PLACE THE CASUALTY IN THE SITTING POSITION



BLACK TALON EXAM GLOVES

- USE EXAM GLOVES WHEN PROVIDING CARE TO INJURED SOLDIERS, THIS HELPS TO REDUCE CONTAMINATION AND INFECTION OF OPEN WOUNDS TO BOTH THE PROVIDER AND THE CASUALTY



TWO INCH NYLON ADHESIVE TAPE

- ADHESIVE TAPE HAS MULTIPLE USES IN CARE OF TRAUMA CASUALTIES. IT IS USED TO SECURE BANDAGES IN PLACE, IT CAN BE USED TO SECURE HEMORRHAGE CONTROL DEVICES TO PREVENT ACCIDENTAL LOOSENING. IT MAY BE USED TO SECURE THE SAM SPLINT IN PLACE
-

COMBAT APPLICATION TOURNIQUET

IN THE EVENT OF LIFE THREATENING EXTREMITY HEMORRHAGE A TEMPORARY TOURNIQUET SHOULD BE APPLIED RAPIDLY TO CONTROL THE BLEEDING

ARM APPLICATION:

- INSERT THE WOUNDED EXTREMITY THROUGH THE LOOP OF THE SELF-ADHERING BAND 2-3 INCHES ABOVE THE INJURY SITE
- PULL THE SELF-ADHERING BAND TIGHT, AND SECURLY FASTEN THE BAND BACK ONTO ITSELF
- ADHERE THE BAND AROUND THE ARM, DO NOT ADHERE THE BAND PAST THE WINDLASS CLIP
- TWIST THE WINDLASS ROD, **UNTIL THE BRIGHT RED BLEEDING HAS STOPPED**
- LOCK THE ROD WITH THE WINDLASS CLIP (bleeding is now controlled, you may attend to other injuries or casualties)
- FOR ADDED SECURITY AND ALWAYS BEFORE MOVING THE PATIENT, SECURE THE WINDLASS ROD WITH THE WINDLASS STRAP
- ADHERE THE SELF ADHERING BAND ACROSS THE WINDLASS ROD (for small extremities, also secure the self-adhering band around the extremity and over the windlass clip)
- SECURE THE ROD AND BAND WITH THE STRAP (adhering it to the opposite hook on the windlass clip)
- THE C-A-T IS NOW READY FOR TRANSPORT

COMBAT APPLICATION TOURNIQUET

IN THE EVENT OF LIFE THREATENING EXTREMITY HEMORRHAGE A TEMPORARY TOURNIQUET SHOULD BE APPLIED RAPIDLY TO CONTROL THE BLEEDING

LEG APPLICATION:

- INSERT THE WOUNDED EXTREMITY THROUGH THE LOOP OF THE SELF-ADHERING BAND OR ROUTE THE BAND AROUND THE LEG 2-3 INCHES ABOVE THE INJURY SITE
- PASS THE FREE RUNNING END OF THE SELF-ADHERING BAND THROUGH THE INSIDE SLIT OF THE FRICTION ADAPTOR BUCKLE AND CONTINUE TO ROUTE IT THROUGH THE OUTSIDE SLIT OF THE BUCKLE (this will lock the band in place)
- PULL THE BAND TIGHT AND SECURELY FASTEN IT BACK ON ITSELF
- TWIST THE WINDLASS ROD (until bright red bleeding has stopped)
- LOCK THE ROD WITH THE CLIP (bleeding is now controlled) SECURE THE ROD WITH THE STRAP (C-A-T is now ready for transport)



EMERGENCY BANDAGE

- REMOVE BANDAGE FROM STERILE WRAPPER
- PLACE THE WHITE SIDE OF THE PAD DIRECTLY OVER THE WOUND AND WRAP THE ELASTIC BANDAGE AROUND THE LIMB OR BODY PART
- INSERT THE ELASTIC BANDAGE COMPLETELY INTO THE PRESSURE BAR
- PULL THE ELASTIC BANDAGE TIGHT AND REVERSE IT BACK ON ITSELF OVER THE TOP OF THE PRESSURE BAR FORCING THE PRESSURE BAR DOWN ONTO THE PAD
- CONTINUE TO WRAP THE ELASTIC BANDAGE TIGHTLY OVER THE PRESSURE BAR COVERING BOTH BORDERS OF THE WOUND PAD
- HOOK ENDS OF THE CLOSURE BAR ONTO PREVIOUS WRAPS TO SECURE BANDAGE IN PLACE



ROLLER GAUZE (KERLIX) APPLICATION

- KERLIX HAS MULTIPLE USES FOR WOUND DRESSINGS IN CASUALTY CARE
- PENETRATING WOUNDS WITH HEMORRHAGE: PACK THE GAUZE INTO THE WOUND UNDER PRESSURE AND WRAP WITH AN EMERGENCY BANDAGE TO CREATE A PRESSURE DRESSING
- BURNS: WRAP THE ENTIRE WOUND WITH A DRY STERILE DRESSING AND SECURE IN PLACE WITH TAPE
- ABRASIONS / LACERATIONS: WRAP THE WOUND WITH GAUZE AND SECURE IN PLACE WITH TAPE



HYPOTHERMIA PREVENTION AND MANAGEMENT KIT

- REMOVE CASUALTY'S WET CLOTHING AND REPLACE WITH DRY CLOTHING IF AVAILABLE
- OPEN HYPOTHERMIA PREVENTION AND MANAGEMENT KIT
- ACTIVATE THE SELF HEATING BLANKET BY REMOVING FROM ITS PLASTIC WRAP
- PLACE THE SELF HEATING BLANKET AROUND THE TORSO OF THE CASUALTY INSURING THERE IS A LAYER OF MATERIAL BETWEEN THE PATIENT AND THE BLANKET*
- WRAP THE CASUALTY IN THE HEAT PROTECTIVE SHELL AND SECURE WITH ITS ADHESIVE CLOSURE. BE SURE TO TUCK SHELL AROUND AND UNDER CASUALTY
- PLACE THE HEAT REFLECTIVE SKULL CAP ON THE CASUALTY TO PREVENT HEAT LOSS FROM THE HEAD
- TRANSPORT CASUALTY RAPIDLY TO MEDICAL TREATMENT FACILITY

*WARNING: **DO NOT** PLACE HEATING BLANKET DIRECTLY ON PATIENT'S SKIN



TRAUMA SHEARS 7.25 IN.

- TRAUMA SHEARS HAVE MULTIPLE USES IN CARING FOR A TRAUMA CASUALTY
- CUTTING CLOTHING AND PERSONNEL EQUIPMENT FOR EXPOSURE OF INJURIES
- CUTTING BANDAGES, SPLINTS, AND OTHER MEDICAL EQUIPMENT TO BETTER FIT THE CASUALTY'S INJURIES



SAM II UNIVERSAL SPLINT

- VISUALIZE THE INJURED PART
- CHECK AND RECORD PULSE, MOTOR, AND SENSORY IS INTACT BEFORE AND AFTER SPLINTING
- IF INJURY IS GROSSLY ANGULATED ATTEMPT TO GENTLY REALIGN IT
- COVER OPEN WOUNDS WITH A STERILE DRESSING
- IMMOBILIZE THE JOINT ABOVE AND BELOW THE FRACTURE
- PAD THE SPLINT WELL
- IF APPLYING TRACTION TO AN OPEN WOUND AND THE BONE ENDS RETRACT DO NOT INCREASE THE TRACTION
- IN LIFE THREATENING SITUATIONS TREAT THE LIFE THREAT PRIOR TO SPLINTING
- IF IN DOUBT ABOUT A POSSIBLE INJURY, APPLY A SPLINT
- SAM SPLINTS CAN BE SHAPED TO FORM SPLINTS FOR MANY DIFFERENT MUSCULOSKELETAL INJURIES
- THE SHAPE OF THE SPLINT DETERMINES ITS STRENGTH
- THE THREE DIFFERENT SHAPES OF THE SAM SPLINT FROM WEAKEST TO STRONGEST:
 - “C”-CURVE: Curve the Sam Splint lengthwise to create a longitudinal bend
 - REVERSE C-CURVE: Curve the outside edges in the opposite direction to make it stronger
 - “T”-CURVE: double the Sam Splint or create a “T” bend for maximum strength



SAM II UNIVERSAL SPLINT



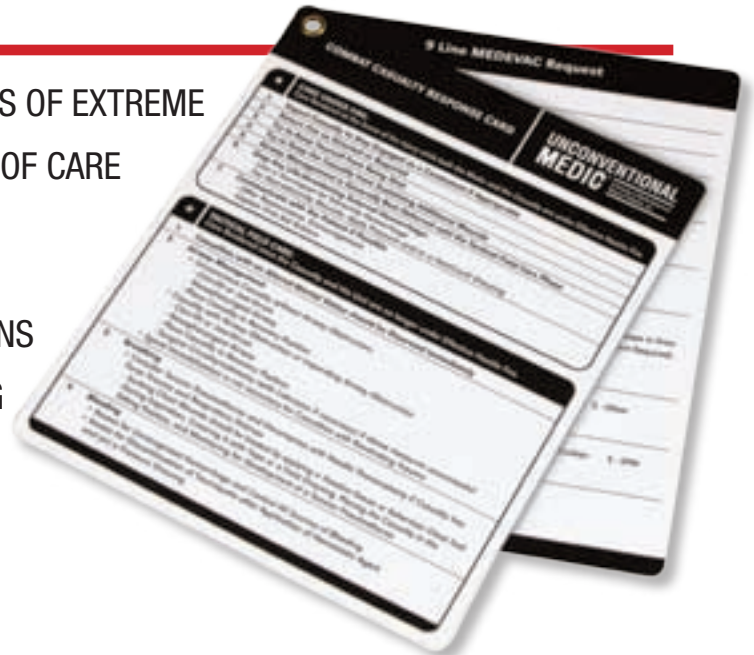
AVIATION PANEL

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- AN AVIATION PANEL IS INCLUDED FOR FIELD EXPEDIENT MARKING OF HELICOPTER LANDING ZONES



COMBAT CASUALTY REFERENCE CARD

- DOCUMENTATION OF CASUALTY CARE IS OF EXTREME IMPORTANCE FOR THE NEXT ECHELON OF CARE PERSONNEL
- WHAT TREATMENT AND OR MEDICATIONS HAVE BEEN GIVEN HELP THE RECEIVING UNIT TO CONTINUE WITH NEEDED CARE WITHOUT STARTING OVER FROM BEGINNING
- THE COMBAT CASUALTY REFERENCE CARD PROVIDES A RUGGED, RAPID ACCESS RESOURCE OF CRITICAL CASUALTY MANAGEMENT INFORMATION INCLUDING THE “CARE UNDER FIRE” AND “TACTICAL FIELD CARE” PROTOCOLS AND A 9 LINE MEDEVAC REQUEST



NARP T2™ INDIVIDUAL KIT

- CASUALTY TRIAGE AND ONGOING CARE CAN BE DOCUMENTED ON THE T2 TACTICAL TRIAGE TAG AND FORWARDED WITH THE CASUALTY WHILE KEEPING A RECORD OF THE INDIVIDUALS INFORMATION FOR UNIT ACCOUNTABILITY



EMERGENCY BANDAGE ABDOMINAL

- REMOVE BANDAGE FROM STERILE WRAPPER
- MOISTEN GAUZE PAD WITH STERILE SOLUTION OR SALINE
- PLACE THE WHITE SIDE OF THE PAD DIRECTLY OVER THE WOUND AND WRAP THE ELASTIC BANDAGE AROUND THE BODY
- INSERT THE ELASTIC BANDAGE COMPLETELY INTO THE PRESSURE BAR
- PULL THE ELASTIC BANDAGE TIGHT AND REVERSE IT BACK ON ITSELF OVER THE TOP OF THE PRESSURE BAR FORCING THE PRESSURE BAR DOWN ONTO THE PAD
- CONTINUE TO WRAP THE ELASTIC BANDAGE OVER THE PRESSURE BAR COVERING BOTH BORDERS OF THE WOUND PAD
- HOOK ENDS OF THE CLOSURE BAR ONTO PREVIOUS WRAPS TO SECURE BANDAGE IN PLACE
- TRANSPORT TO DEFINITIVE CARE FACILITY



TALON II EVACUATION LITTER MODEL 90C



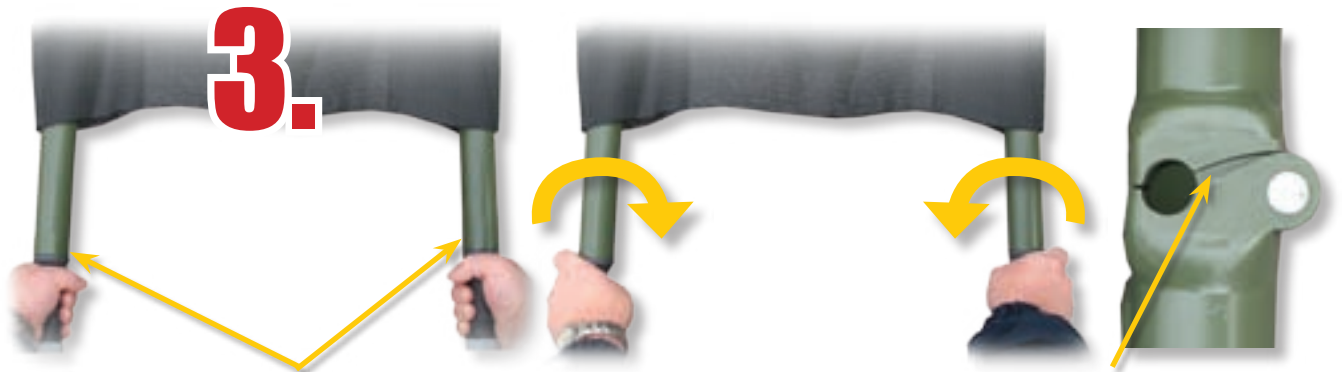
STEP 1: RELEASE THE BUCKLES

STEP 2: PLACE LITTER ON THE GROUND AND COMPLETELY EXTEND WITH THE FABRIC SIDE UP



NOTE: WHEN THE LITTER IS IN THE RELAXED POSITION, HINGES CLOSEST TO YOU WHEN HOLDING THE HANDLES WILL LOOK LIKE THIS





STEP 3: GRAB HANDLES AND ROTATE INWARDS UNTIL ALL HINGES ROTATE AND LOCK



STEP 4: WHILE MAINTAINING HINGES IN THE LOCKED POSITION APPLY FIRM STEADY PRESSURE ON THE SPREADER BAR WITH FOOT. APPLY INCREASE PRESSURE WITH FOOT UNTIL SPREADER BAR LOCKS INTO PLACE

TO CLOSE: REPEAT STEPS IN REVERSE ORDER

LITTER RETENTION STRAPS



STEP 1: SLIDE LITTER
RETENTION SLEEVE OVER
HANDLE

STEP 2: PULL SNUG AND WRAP
AROUND ANY AVAILABLE SECURE
STRUCTURE





STEP 3: APPLY LOOP
TO LITTER HANDLE/APPLY
HOOK TO GREEN PORTION
OF LITTER POLE

STEP 4: SECURE TIGHTLY
WITH RATCHET

REPEAT THIS PROCESS
FOR ALL FOUR STRAPS



SAFETY INSPECTION

SAFETY BELTS AND OTHER MATERIALS IN OUR LITTERS ARE DESIGNED FOR TODAY'S RUGGED WORK ENVIRONMENTS, PROVIDING STRENGTH, DURABILITY, AND DEPENDABILITY IN ACCORDANCE WITH OSHA AND ANSI A10.14 STANDARDS. TO MAINTAIN SERVICE LIFE AND HIGH PERFORMANCE, ALL BELTS, HINGES AND HANDLES AND OTHER MATERIALS MUST BE INSPECTED FREQUENTLY WITH PERIODIC TESTS CONDUCTED BY A TRAINED INSPECTOR.

INSPECT YOUR EQUIPMENT DAILY AND REPLACE IT IF ANY OF THE DEFECTIVE CONDITIONS EXPLAINED IN THIS MANUAL ARE FOUND.

EXAMINE EACH BELT. BEGINNING AT ONE END, HOLDING THE BODY SIDE OF THE BELT TOWARD YOU, GRASP THE BELT WITH YOUR HANDS 6 TO 8 INCHES APART. BEND THE BELT INTO AN INVERTED U SHAPE. THIS PROCEDURE WILL ALLOW YOU TO LOCATE DAMAGED FIBERS OR CUTS MORE READILY. WATCH FOR FRAYED EDGES, BROKEN FIBERS, PULLED STITCHES, CUTS, OR CHEMICAL DAMAGE. SPECIAL ATTENTION SHOULD BE GIVEN TO THE ATTACHMENT OF BUCKLES WHERE ATTACHED TO WEBBING. NOTE ANY UNUSUAL WEAR, FRAYED OR CUT FIBERS, OR DISTORTION OF BUCKLES. LOOK FOR FRAYED OR BROKEN FIBER STRANDS THAT APPEAR AS TUFTS OF FIBER ON THE WEBBING SURFACE.

INSPECT FRAME AND BARS AND WELDS POINTS FOR CRACKS, DISTORTION, OR STRESS MARKS. CHECK PINS TO ENSURE IT IS IN PLACE AND HAS A FASTENER ATTACHED PROPERLY.

INSPECT HANDLES FOR CRACKS, DISTORTION, OR STRESS MARKS.

EXAMINE LITTER BED FOR GENERAL RIPS, TEARS AND TREND DAMAGE. LOOK FOR SIGNS OF DAMAGE CAUSED BY HEAT, CHEMICALS, MOLTEN METAL AND/OR FLAME.

MAINTENANCE

MOST ITEMS IN THE WARRIOR AID AND LITTER KIT ARE EXPENDABLE AND DO NOT REQUIRE MAINTENANCE. THE LITTER AND CARRYING CASE MAY REQUIRE MINOR PREVENTATIVE MAINTENANCE

LITTER

- WIPE OFF ALL SURFACE DIRT WITH A SPONGE SLIGHTLY DAMPENED WITH PLAIN WATER
- FOR MORE RESISTANT DIRT, USE A MILD SOLUTION OF WATER AND COMMERCIAL SOAP OR DETERGENT
- WORK UP A THICK LATHER USING A VIGOROUS BACK AND FORTH MOTION
- RINSE THOROUGHLY TO REMOVE DETERGENT
- WIPE EACH BELT WITH A CLEAN CLOTH AND USE A MILD DETERGENT SOLUTION TO REMOVE STAINS
- HANG BELTS FREELY TO AIR DRY BUT AVOID EXCESSIVE HEAT
- DO NOT STORE DEVICE WHILE STILL DAMP
- STORAGE AREAS SHOULD BE CLEAN, DRY AND FREE FROM EXPOSURE TO FUMES OR CORROSIVE ELEMENTS

CARRYING CASE:

- BRUSH OFF DIRT, DUST, MUD WITH A STIFF BRISTLED BRUSH AND WARM SOAPY WATER
- HANG DRY

PARTS LIST

AS ITEMS ARE USED IN THE CARE OF INJURED SOLDIERS THEY WILL NEED TO BE REPLACED TO RESTOCK THE KIT. THE FOLLOWING IS A LIST OF ALL COMPONENT PARTS IN THE KIT:

ITEM #	DESCRIPTION	NSN#
60-0012	WARRIOR AID & LITTER BAG (ODG)	6530-01-531-6902
60-0013	WARRIOR AID & LITTER BAG (COY)	6530-01-504-9056
60-0015	WARRIOR AID & LITTER BAG (BLK)	PENDING
60-0020	WARRIOR AID & LITTER BAG (DUC)	PENDING
60-0002	TALON II EVAC LITTER 90C	6530-01-504-9051
70-0003	BLACK TALON TRAUMA GLOVES (50 PAIRS)	6515-01-515-0197
ZZ-0034	NASOPHARYNGEAL AIRWAY 28 FR W/LUB	6515-01-529-1187
ZZ-0050	PETROLATUM GAUZE 3X18 IN.	6510-01-532-4289
ZZ-0056	NEEDLE DECOMPRESSION KIT (14G X 3.25")	6515-01-541-0635
30-0001	COMBAT APPLICATION TOURNIQUET	6515-01-521-7976
30-0003	ROLLER GAUZE VACUUMED (PACK OF 8)	6510-01-529-1213
30-0004	EMERGENCY BANDAGE 6 IN.	6510-01-492-2275
30-0012	EMERGENCY BANDAGE-ABDOMINAL	6510-01-541-8121
50-0005	SAM II UNIVERSAL SPLINT 36 IN.	6515-01-494-1951
ZZ-0063	LARGE TRAUMA SHEARS 7.25"	6515-01-538-9276
ZZ-0049	SURGICAL TAPE NYLON 2 IN.	6510-01-532-4283
ZZ-0057	COMBAT CASUALTY REFERENCE CARD	6515-01-537-4161
20-0031	NARP T2 INDIVIDUAL KIT (PACK OF 20)	6545-01-537-3958
ZZ-0062	AVIATION PANEL	
80-0027	HYPOTHERMIA PREVENTION & MANAGEMENT KIT	6515-01-532-8056
ZZ-0061	LITTER RETENTION STRAP SET	
ZZ-0032	LITTER BUCKLE REPLACEMENT (1 MALE/1 FEMALE)	6530-01-435-7337