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## Atp 4 Guideline Release Date

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*Army Techniques Publication Atp  
4-44/McRp 3-17.7q Water  
Support Operations October 2015  
Springer Publishing Company  
Print+CourseSmart  
**Adult-Gerontology  
Nurse Practitioner  
Certification***

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<b>Intensive Review</b> Publishing The 2013 Printing. This Army techniques publication (ATP) is a consolidation of currently existing publications which address the treatment aspects of the Army Health System (AHS). The publications being consolidated into this ATP publication include: Field Manual (FM) 4-02.10, 3 January 2005; FM 4-02.19, 31 July 2009; FM	OECD 4-02.25, 28 March 2003; FM 4-02.51, 6 July 2006; and FM 4-02.56, 6 July 2006. This publication is intended for use by commanders and their staffs, command surgeons, AHS planners, and Army Medical Department personnel and units. This publication addresses the casualty care aspects of the health service support mission under the sustainment warfighting function.	It describes the various organizational designs for the units providing this support and doctrinal guidance on the employment of these organizations and their functional capabilities. <u>Nutritional Guidelines for Athletic Performance</u> Createspace Independent Publishing Platform Nutrition and Diet Therapy: Self-Instructional Approaches covers the fundamentals of basic nutrition, and then
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nutrition as therapy, in both adults and children. It is designed to work as a traditional text or a self-instructional text that allows for distance-learning and self-paced instruction. Progress checks throughout each chapter and chapter post-tests help students to evaluate their comprehension of key information. The Fifth Edition has been completely revised and updated to include My Pyramid and corresponding DRIs and all of the all figures and tables have been revised. Accompanied by A Comprehensive Companion

Web site  
Army Techniques Publication ATP 4-31 / MCRP 3-40E.1 Recovery and Battle Damage Assessment and Repair (BDAR) November 2020 Elsevier Health Sciences  
Army Techniques Publication ATP 4-32.3 Explosive Ordnance Disposal (EOD) Company, Platoon, and Team Operation February 2017 ATP 4-32.3 discusses and articulates the roles of the company, platoon, and team operations. ATP 4-32.3 addresses the adapted changes to the organizational structure from the approved EOD force design update. ATP 4-32.3 expands on company, platoon, and team operations not found in ATP 4-32, Explosive Ordnance Disposal

(EOD) Operations. ATP 4-32.3 discusses the best practices and techniques used by EOD organizations to provide support throughout unified land operations. It reflects the experiences and knowledge gained from recent deployed operations. ATP 4-32.3 contains eight chapters and four appendices: Chapter 1 describes the organizational structure of EOD companies and platoons. This chapter also provides an overview of company, platoon, and team level operations and how they support unified land operations. Chapter 2 describes EOD operations in a non-permissive environment. It discusses mounted and dismounted operations, as well as support to special operations

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forces (SOF). Chapter 3 describes EOD operations in a permissive environment. It discusses planning considerations required for conducting defense support to civil authorities (DSCA) missions. Chapter 4 provides the principles of EOD team operations. It describes the management of an EOD incident from start to finish. Chapter 5 outlines the incident management of unexploded ordnance (UXO) and recovered ordnance operations. This chapter also provides planning considerations and implementation procedures for conducting multiple ordnance and range clearance operations. Chapter 6 discusses improvised explosive device (IED) operations for EOD elements

conducting operations in continental United States (CONUS) and outside the continental United States (OCONUS) environments. Chapter 7 discusses chemical, biological, radiological, and nuclear (CBRN) operations. This chapter provides instructions for the operations of the emergency personnel decontamination station and the emergency contamination control station. Chapter 8 outlines the requirements for providing support to the United States Secret Service (USSS) while conducting very important person (VIP) support missions. Appendix A provides the guidelines for EOD reporting. Appendix B provides guidance for conducting range clearance operations. Appendix C

discusses the setup and operation of the emergency personnel decontamination station and the emergency contamination control station. Appendix D lists supporting organizations which provide essential support to all EOD elements.

**Army Techniques  
Publication ATP 4-02.84  
MCRP 3-40A.3 NTRP  
4-02.23 AFMAN 44-156\_IP  
Multi-Service Tactics,  
Techniques, and  
Procedures for Treatment  
of Biological Warfare  
Agent Casualties  
November 2019 OUP  
Oxford  
Krause's Food & the**

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Nutrition Care Process, MEA techniques provided in this  
edition E-Book publication are  
*Army Techniques* nonprescriptive ways or  
*Publication ATP 4-02.19* methods that can be used  
*Dental Services August* to perform water support  
*2020 National Academies* missions, functions, or  
*Press* tasks. The principal  
*Army Techniques* audience for ATP  
*Publication ATP* 4-44/MCRP 3-17.7Q is all  
*4-44/MCRP 3-17.7Q* members of the profession  
*Water Support Operations* of arms. Commanders and  
*October 2015 provides* staffs of Army and Marine  
*doctrinal guidance and* Corps headquarters  
*direction for United States* serving as joint task force  
*Army and United States* or multinational  
*Marine Corps units* headquarters should also  
*conducting water support* refer to applicable joint or  
*operations. The* multinational doctrine

concerning the range of  
military operations and  
joint or multinational  
forces. Trainers and  
educators throughout the  
Army and Marine Corps  
will also use this  
publication.  
**Krause's Food & the  
Nutrition Care Process,  
Iranian edition E-Book**  
ASHP  
This manual, Army  
Techniques Publication  
ATP 4-02.84 MCRP  
3-40A.3 NTRP 4-02.23  
AFMAN 44-156\_IP Multi-  
Service Tactics,

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Techniques, and Procedures for Treatment of Biological Warfare Agent Casualties November 2019, provides doctrinal guidance for classification of biological agents (bacterial, viral, or toxin), recognition and treatment of biological warfare agent casualties, and identification technologies. This publication generally remains consistent with the last version of this publication on key topics while adopting updated

terminology and concepts as necessary. Army Techniques Publication ATP 4-02.84 MCRP 3-40A.3 NTRP 4-02.23 AFMAN 44-156\_IP Multi-Service Tactics, Techniques, and Procedures for Treatment of Biological Warfare Agent Casualties November 2019 describes the classification and description of biological warfare agents associated with military operations; provides procedures for collecting, handling and

labeling, shipping, and identifying potential biological warfare agents; describes procedures for medical diagnosis, treatment, and management of biological warfare casualties; and describes medical management and treatment in biological warfare operations. This revision reduces redundancies with principal operations process doctrinal publications and reflects recent changes in

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guidance, methodology, and terminology. The material in this publication is applicable to the full range of military operations to include major operations and campaigns (including combating terrorism; homeland defense; and chemical, biological, radiological, and nuclear response). It also incorporates changes in the capabilities within each of the Services. Participating Service command offices of

primary responsibility will reference and incorporate the guidance provided within this publication into other Service and command manuals, regulations, and curricula as appropriate. The treatment modalities contained in this manual differ from standard textbooks in that they apply to biological warfare agent exposures. The method of exposure for most biological warfare agents is by inhalation; whereas, some endemic

exposures (if applicable) are by other means. Some are by ingestion, some by arthropod bites, and others by dermal contact with the agent. This does not preclude Service members from becoming biological warfare casualties by these means. Army Techniques Publication ATP 4-02.84 MCRP 3-40A.3 NTRP 4-02.23 AFMAN 44-156\_IP Multi-Service Tactics, Techniques, and Procedures for Treatment of Biological Warfare

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## Agent Casualties

November 2019 consists of six chapters and five appendices- Chapter 1 provides information on the threat, military employment, and classification of biological warfare agents. Chapter 2 discusses epidemiology, warning and detection, surveillance, sample collection, medical reporting, and biological warfare monitoring and assessment. Chapter 3 discusses bacterial agents. Chapter 4

discusses viral agents. Chapter 5 discusses toxin agents. Chapter 6 provides information on identification methods for biological agents. Appendix A discusses specimen collection, handling, and transport. Appendix B provides information on emerging infectious diseases. Appendix C discusses patient decontamination from a biological warfare agent. Appendix D provides information on the medical management

and treatment in biological warfare operations.

Appendix E provides a biological warfare agent clinical diagnostic algorithm.

Army Techniques Publication Atp 4-48 Aerial Delivery 21 December 2016  
Lippincott Williams & Wilkins

Knowing the basic nutrition requirements and combining them with proper training are the two most important factors for athletes to achieve peak performance levels. Nutritional Guidelines for Athletic Performance:



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The Training Table addresses these needs on a comprehensive basis from a training table perspective.

Offering practical guidelines for p

Krause's Food & the Nutrition Care Process - E-Book Elsevier Health Sciences

The book combines comprehensive coverage of various aspects of hypertension with guidance in conveying important concepts, knowledge, and advice to patients. The result is a

highly useful tool for achieving clinically successful, cost-effective pharmaceutical care for hypertensive patients, and for reducing the morbidity and mortality associated with this devastating disease state. Book jacket.

**Clinical Practice Guidelines We Can**

**Trust** John Wiley & Sons  
Highly regarded as the go-to-resource of adolescent medicine for more than 30 years, Neinstein's Adolescent and Young Adult Health Care remains

the #1 choice for those involved in the care of adolescents and young adults. The 6th Edition continues to deliver practical, authoritative guidance on everything from normal development to legal issues, psychosocial care, and special populations. Extensive updates include the addition of young adult health care; a new color design; numerous new chapters; more algorithms, photos, and bulleted text; and fresh perspectives

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from a new senior editor and two new associate editors. This renowned title is ideal for daily practice or board preparation, and is recommended by the American College of Physicians for their internal medicine library. The 6th Edition is a highly useful resource for pediatricians, family practitioners, gynecologists, internists, house staff, nurse practitioners, PAs, residents, medical

students, and fellows, as well as school-based clinics, college health centers, juvenile detention centers, pediatric ERs, and other facilities that serve adolescents and young adults. Features: One of the first texts to incorporate young adults into the scope of adolescent health care. New full-color design and more clinical photos provide visual appeal and clarity. New chapters cover U.S. and world data on the health of

adolescents and young adults, potential effects of technology use on youth, and the growing issues regarding transgender adolescents and young adults. New section explores special populations such as foster placement; young adults in the military; homeless, incarcerated, and immigrant youth and young adults; Native American youth, and more. More algorithms and bulleted lists make the text more readable and

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useful as a quick reference. Evidence based throughout, with numerous references provided for further research. Key topics include psychological issues, ways to develop rapport with teenagers, interviewing, sports medicine, LARC, HPV, substance abuse, and college health. Hundreds of useful websites on nearly every topic, where professionals, teenagers, and parents can find up-to-the-minute information.

**Transient Analysis of Power Systems** Army Health System Support Planning Atp 4-02.55 Almost 1,000 total pages; see index at beginning of publications for a complete list of included CPGs. Each CPG includes a section on the following: 1. GOAL 2. BACKGROUND 3. EVALUATION 4. TREATMENT 5. PERFORMANCE IMPROVEMENT (PI) MONITORING 6. SYSTEM REPORTING & FREQUENCY 7. RESPONSIBILITIES & 8. REFERENCES. OVERVIEW Clinical Practice Guidelines (CPGs) are the backbone of the system-wide JTS

Performance Improvement program. Health data abstracted from patient records and after action reports is analyzed and distilled into globally relevant CPGs to remove medical practice variations and prevent needless deaths. The CPGs compiled from DoDTR data and used by healthcare providers worldwide are largely responsible for the decreased Case Fatality Rate for the wars in Iraq and Afghanistan. Examples are better transfusion practices; reduced burn morbidity and mortality; near elimination of extremity compartment syndrome; better patient care documentation;

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and improved communication across the spectrum of care between geographically dispersed facilities. CPGs are evidence-based and developed with experts in the military and civilian communities, deployed clinicians, Service trauma/surgical consultants, JTS leadership and formerly deployed Trauma Directors and Coordinators. JTS has a formalized process for developing, reviewing, updating, and approving CPGs. The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility. CPGs were

developed originally for U.S. Central Command. However, collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs. INTRODUCTION TO THE JOINT TRAUMA SYSTEM (JTS) The Joint Trauma System (JTS) is the Department of Defense (DoD) authority for the military's trauma care system. The vision of the Joint Trauma System is that every Soldier, Sailor, Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery. To achieve this vision, in 2006, the JTS

implemented programs for data-driven trauma system development and improvement in addition to the collection of trauma data. As part of its data collection efforts, the JTS maintains a registry of trauma patients who received care at medical treatment facilities (MTFs). Since 2007, this registry – known as the DoD Trauma Registry (DoDTR) – has documented demographic, injury, treatment, and outcomes data for all trauma patients admitted to any DoD MTF, regardless of whether the injury occurred during on-going military operations, and is the largest military trauma data source in the world.

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Development of the DoDTR began during the early years of the Global War on Terror (Gwot) when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry, known then as the Combat Trauma Registry (CTR). The CTR was constructed by the Center for AMEDD Strategic Studies (CASS); trauma-related information was initially abstracted into it from paper medical records received from trauma nurse coordinators (TNCs) at Landstuhl Regional Medical Center (LRMC) in Germany. Shortly after the

demonstration program started, the Army Surgeon General approved its transition to an operational mode, leading to the formation of the Joint Theater Trauma System (JTTS) and, eventually, the Joint Trauma System (JTS). **Army Techniques Publication Atp 4-10 Mcrp 4-11h Nttp 4-09.1 Afman 10-409-o** Createspace Independent Publishing Platform Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice. Clinical practice

guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance

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healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust explores questions surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest ; systematic review--guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality (AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical

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specialty societies, disease advocacy groups, health professionals, private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers.

Army Health System Support Planning Atp 4-02.55 JP  
Medical Ltd

Includes more than 30 new diagnoses and eBook with digital updates as needed! Updated to deliver the most current standards, this is a unique prescribing reference for APRN students and advanced health care providers in all practice

settings who need guidance on prescribing drugs for patients with acute, episodic, and chronic health problems. Concise, easy to read, and updated throughout, the resource delivers pharmacotherapy regimens for more than 600 diagnoses—including over 30 that are new. The print format includes an eBook with digital updates to assure immediate access to essential information. Listed alphabetically by diagnosis, pharmacotherapy regimens include, for each diagnosis, drug choices listed by generic name, FDA pregnancy category, generic/over-the-

counter availability, adult/pediatric dosing regimens, brand names, forms of dosage, and additives. Clinically useful information such as laboratory values to be monitored, patient teaching points, and safety information is interspersed throughout each diagnosis. Additional quick-access features include information presented in convenient table format and an alphabetical cross-reference index of drugs by generic and brand name, with FDA pregnancy category and controlled drug schedule (I, II, III, IV, V). Key Features: Includes 31 new diagnoses totaling over 600 organized

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alphabetically Serves as a quick-access prescribing reference for APRN and PA students and health care providers in all primary care settings Presents drug information in condensed and summary form for ease of use Within each diagnosis, drug choices are listed alphabetically by generic /trade name, FDA pregnancy category, adult/pediatric dosing, dose forms, and additives Delivers guidance on lab values to be monitored, patient education points, and safety information Includes 30 Appendices with ready access to key drug classifications, FDA Pregnancy Categories,

US Schedule of Controlled Substances, Immunization Schedules, Contraceptive Guidance, categories Anti-Infectives, and more! Offers brand/generic cross-reference Army Techniques Publication ATP 4-02.5 Casualty Care Change 1 August 2020 Elsevier Health Sciences This publication, Army Techniques Publication ATP 4-90 Brigade Support Battalion April 2014, describes the brigade support battalion (BSB) role, organization and operations in support of a brigade combat team (BCT) or

support brigade. ATP 4-90 is a revision of FM 4-90, Brigade Support Battalion, last published in 2010. This ATP was written for commanders, staffs and Soldiers assigned to a brigade support battalion, the brigade combat team and the support brigades. It provides relevant information to echelon above brigade sustainment organizations. ATP 4-90 provides information on the role and functions of each organization within the BSB. ATP 4-90 clarifies existing BSB doctrine. The intent is



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to frame the BSB in the context of its role within its supported brigade as opposed to its role within the sustainment system. This is accomplished by eliminating discussion about modular logistics and focusing on BSB operations. The updates to ATP 4-90 account for mission command philosophy, emerging Army vision and implementation of Global Combat Support System-Army Field/Tactical (GCSS-Army (F/T)). Language and content of the manual are consistent with current

doctrine guidelines. This is primarily accomplished by removing functional details from the chapters describing the subordinate companies and referring the reader to the appropriate functional ATP. Organization graphics are updated with known organizational changes and GCSS-Army (F/T) operations are annotated where appropriate. The aviation support battalion's role, organization and operations are consolidated into a single chapter. All text related to mission command warfighting functions and log

reporting is consolidated into a single chapter which includes an expanded section on mission command systems and command post (CP) operations. There are three appendices: an echelon of support appendix, a brigade support area (BSA) appendix and a current Stryker brigade combat team appendix. Army Techniques Publication ATP 4-90 Brigade Support Battalion April 2014 contains eight chapters: Chapter 1 includes the role of the BSB, how the BSB supports the

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sustainment warfighting function and decisive action tasks. The chapter also includes BSB concept of support and descriptions of echelon above brigade units that would support the BSB and the BSB supported brigades. Chapter 2 lists the battalions' capabilities and BSB headquarters and staff organization. Of note are the duties of specific staff elements and how they integrate with the supported brigade's staff. There is also a section on how the BSB fits within its supported brigade. Section four

includes the battlefield surveillance brigade's (BFSB) brigade support company role, organization and operations. Chapter 3 provides an overview of the distribution company and includes recent capability updates. Chapter 4 is about the field maintenance company. Chapter 5 describes the brigade support medical company (BSMC) and includes the BSMC's role, organization graphic and BSMC operations. Chapter 6 provides the role, organization and operations

of the aviation support battalion (ASB). The ASB is both structured differently and operates differently from the BSB. Chapter 7 is about the forward support company (FSC). The chapter identifies the role of the FSC, the FSC organization and describes what the FSC does. The chapter also includes a discussion of the FSC commander's role and command relationship between the FSC, the BSB and the supported battalion. Chapter 8 is mission command and logistic

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reporting. The content includes operations process, command post operations, mission command systems available to accomplish logistic reporting and a section on logistic reporting. Hypertension Management for the Primary Care Clinician Jeffrey Frank Jones ATP 4-42, "General Supply and Field Services Operation," provides guidance for commanders, supervisors, Soldiers and other personnel involved in providing general supplies and field services during

deployed operations. This manual is the operational level description the provision of general supplies and selected field service functions. It addresses these operations from the theater sustainment command (TSC) level, where the critical sustainment handover occurs from strategic agencies and commands, down to the tactical level, including applicable operations of the brigade support battalion (BSB). ATP 4-42 provides logisticians and field commanders an

understanding of general supply and selected field services functional principles, organizations, and associated guidance. It provides basic doctrinal discussion on the organization and operations of Quartermaster general supply and field services units. The focus of Army techniques publication (ATP) 4-42 is operational and tactical level general supply and field services operations which are conducted in support of Army forces in a deployed environment. It discusses these functions

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through the various support levels of multi-functional and Quartermaster logistics units. From a supporting commander's perspective, it provides information on the functions of general supplies and field services to allow that commander to understand better how to execute support to the force. From a supported commander's perspective, it provides information on the types of support available in order to allow proper planning.

*Army Techniques Publication  
ATP 4-02.25 The Medical*

*Detachment, Forward Resuscitative and Surgical December 2020 CreateSpace*  
A trusted classic for over 50 years, Krause's Food and the Nutrition Care Process, 14th Edition presents the most cutting-edge and up-to-date dietetics content available in this ever-changing field. Nicknamed the "nutrition bible", students and practitioners alike turn to its current, comprehensive content, engaging pedagogy and design, and logical presentation of information. This new edition includes the 2015 Dietary Guidelines for Americans, more visuals, and highlighted Clinical Case

Studies, Clinical Insights, and Clinical Applications boxes that help translate scientific knowledge into practical patient care. Written by nearly 50 nationally recognized writers, researchers, and practitioners, it covers nutrition assessment and intervention, the nutritional needs of individuals in different stages of the life cycle, nutrition for health and fitness, and medical nutrition therapy. Authored by clinical specialists, ensuring in-depth coverage with many practical and evidence-based recommendations. Sample Nutrition Diagnosis boxes present a problem, its etiology, and its signs and symptoms

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before concluding with a sample nutrition diagnosis, providing both students and practitioners with real-life scenarios they may encounter in practice. **UNIQUE!** Pathophysiology algorithms present the cause, pathophysiology, and medical nutrition management for a variety of disorders and conditions to help you provide optimal nutritional care. Chapters on nutrition in each of the life cycle phases, include: Nutrition in Pregnancy and Lactation Nutrition in Infancy Nutrition in Childhood Nutrition in Adolescence Nutrition in the Adult Years Nutrition in Aging Focus On boxes provide

thought-provoking information on key concepts for well-rounded study and further discussion within the classroom. New Directions boxes point you toward additional research on emerging areas in nutrition therapy. Clinical Insight boxes expand on clinical information, highlight areas that may go unnoticed, and contain clinical resources for students and practitioners. Chapters on the nutritional care of the low-birth-weight and premature infant feature information on how to support their health, growth, and development. Useful websites direct you to online resources that relate to chapter

topics. Key terms are defined at the beginning of each chapter and bolded within the text where they are discussed in more detail.

**Army Techniques  
Publication ATP 4-02.55  
Army Health System  
Support Planning March  
2020 Createspace  
Independent Publishing  
Platform**

Army Techniques  
Publication (ATP) 4-02.55  
provides guidance to the  
medical commander,  
medical planner, and  
command surgeon at all  
levels of command in

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planning Army Health System (AHS) support for unified land operations. The AHS is a complex system of interrelated and interdependent systems which provides a continuum of medical treatment from point of injury or wounding through successive roles of medical care to definitive, rehabilitative, and convalescent care in the continental United States (CONUS), as required. Planning is an essential element which facilitates

the successful accomplishment of the Army Medical Department (AMEDD) mission. The medical planner, by carefully applying AMEDD doctrine and principles, is able to provide the best possible AHS for all Army operations. The AHS provides support to forces deployed across the full range of military operations with its various operational arrangements. The AHS is a complex system of highly synchronized, interrelated

and interdependent systems comprised of ten medical functions. It is a system of systems. The medical functions align with medical disciplines and specialty training with the capabilities required to provide state-of-the-art care to Soldiers regardless of where they are deployed or assigned. The functions include: medical mission command, medical treatment (area support), hospitalization, dental services, preventive medicine services, combat

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and operational stress control, veterinary services, medical evacuation, medical logistics, and medical laboratory.

*Neinstein's Adolescent and Young Adult Health Care* Springer Publishing Company

This United States Army and Marine Corps manual, Army Techniques Publication ATP 4-31 / MCRP 3-40E.1 Recovery and Battle Damage Assessment and Repair (BDAR) November 2020,

provides techniques on how recovery and battle damage assessment and repair (BDAR) are employed during operations. The principal audience for ATP 4-31/MCRP 3-40E.1 is all members of the profession of arms. Commanders and staffs of Army headquarters serving as joint task force or multinational headquarters should also refer to applicable joint or multinational doctrine concerning the range of

military operations and joint or multinational forces. Trainers and educators throughout the Army will also use this publication. Soldiers, Marines, and officers who perform recovery operations and battle damage assessment and repair for their service perform a vital role of keeping units and personnel safe while maintaining and providing the effective operational readiness rates required to accomplish the mission.

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Recovery personnel, as identified in this publication, includes every person that plays a role in recovery operations or battle damage assessment and repair. This includes professional recovery personnel, such as maintenance control officers, warrant technicians and maintenance teams. All personnel involved in recovery operations/battle damage assessment and repair need to understand the environment in which they operate. This manual provides information on recovery support to unit operations including operations within the Joint environment. It is imperative for all personnel engaged in recovery operations or battle damage assessment and repair support operations to have an understanding of the various staff organizations that have a role in recovery planning and support. It will be necessary for a recovery support activity to contact the higher, lower, or adjacent headquarters (both sustainment and operational) to coordinate support, report status, request technical assistance, or request additional resources. This manual presents the roles and missions of the various recovery organizations to enhance coordination. Readers should follow the guidelines in this publication as closely as possible within the



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constraints and restrictions of the tactical situation.

**Army Techniques**

**Publication Atp 3-34.5**

**McRp 4-11b**

**Environmental**

**Considerations August**

**2015** Lippincott Williams & Wilkins

Army Techniques

Publication ATP 4-10 MCRP 4-11H NTTP 4-09.1 AFMAN 10-409-O Multi-Service

Tactics, Techniques, and Procedures or Operational Contract Support February 2016 This multi-Service tactics, techniques, and procedures manual provides

operational contract support (OCS) "how to" guidance for Army, Air Force, and Marine Corps commanders, their non-acquisition officer staffs, and their servicing contracting organizations. It also applies to Naval forces operating ashore when these forces are being supported by Army, Air Force, or Marine Corps units. It serves as the primary reference document for planning and execution of OCS, associated functions and tasks at the tactical level. It supersedes ATTP 4-10, Operational Contract

Support, dated June 2011 and incorporates the latest guidance found in JP 4-10, Operational Contract Support, dated 16 July 2014 and other associated regulatory guidance. OCS is the process of planning for and obtaining supplies, services, and construction from commercial sources in support of joint operations. While varying in scope and scale, OCS is a critical force multiplier across all phases and types of operations. With a smaller military, less robust active component sustainment capability, and

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greater emphasis on Phase 0 operations, the critical importance of operational contract support will surely increase as a necessary capability in future operations. Therefore, the Services must continue to enhance their capabilities to plan and provide OCS for deployed forces. This multi-Service publication is intended to provide commanders and their staffs with the doctrinal and policy tools necessary to properly leverage the full spectrum of OCS capabilities in all phases of the operation.

This multi-Service publication content remains generally consistent with that found in ATTP 4-10; however, terminology and concepts have been updated as required. Most notably, OCS is redefined and contracting support added as one of the three key OCS functions, in accordance with joint OCS doctrine. The material in this multi-Service publication is presented in a more logical format and sequence, and several new appendices provide an overview of multi-Service OCS capabilities and contain checklists to

assist requiring activities and supported units with OCS planning and execution. This multi-Service publication contains five chapters: Chapter 1 introduces OCS and other OCS-related terms, introduces the OCS process and team, discusses key OCS imperatives to minimize risk of contract fraud and unauthorized commitments, and closes with a brief discussion on ethics. Chapter 2 discusses joint planning guidance and the integration of OCS requirements into tactical

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level planning. It also covers considerations for conducting relief in place and base drawdown and closure. Chapter 3 describes the requirements development process with a focus on requiring activity and supported unit functions. It also discusses the critical parts of a contract support request package and the contract support request package approval process. Chapter 4 covers requiring activity and supported unit responsibilities in contract performance oversight, how contract support is typically assessed, and contains sections on unauthorized commitments, ratifications, and contract closeout actions. Chapter 5 discusses contractor management planning, linking contractor management requirements to the requirements development and contract performance oversight processes, contractor management risks and challenges, contractor personnel legal status information, deployment and redeployment planning and preparation requirements, contractor management in theater, and closes with a section on ensuring fair labor processes.

*Army Techniques  
Publication Atp 4-02.55  
Army Health System  
Support Planning  
September 2015  
Createspace Independent  
Publishing Platform  
The Local Lymph Node  
Assay: DA (LLNA: DA) is a  
non-radioactive modification  
to the LLNA method for  
identifying potential skin  
sensitizing test substances  
and measuring the  
proliferation of lymphocytes  
they induce in the auricular*

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lymph nodes. The ...