

EFMB Test Score Sheet
WARRIOR SKILLS — PERFORM SELF-AID FOR MILD NERVE AGENT POISONING
 (For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)

CANDIDATE'S RANK AND NAME		CANDIDATE #
TASK: PERFORM SELF-AID FOR MILD NERVE AGENT POISONING.		
CONDITIONS: You are wearing your protective mask and MOPP gear (or remaining MOPP gear is available) and have been exposed to a nerve agent. One set of MARK I nerve agent antidote auto injectors or one Antidote Treatment, Nerve Agent, Auto-injectors (ATNAA) is available.		
STANDARDS: Correctly identify six of eight signs and symptoms of mild nerve agent poisoning, administer the antidote to self in the proper sequence, and secure the auto-injector within 5 minutes.		
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
NOTES: 1. The ATNAA system is a nerve agent antidote device that will be used by the Armed Forces. A single ATNAA delivers both atropine and pralidoxime chloride (2 PAM Cl). The ATNAA will replace the MARK I when supplies are exhausted. 2. Nerve agent antidote training aids will be used to train and evaluate this task. Actual auto-injectors will not be used.		
1. Identify mild signs and symptoms of nerve agent poisoning by stating six of the eight to the evaluator.		
EVALUATOR STATES: "NAME SIX OF THE EIGHT SIGNS AND SYMPTOMS OF MILD NERVE AGENT POISONING." EVALUATOR WILL INITIAL NEXT TO EACH ONE THAT IS STATED BY THE CANDIDATE.		
NOTE: Time begins after the evaluator states the above statement to the candidate.		
a. Candidate will verbalize a minimum of six of the following signs and symptoms: unexplained sudden headache, difficulty seeing (blurred vision), unexplained runny nose, excessive flow of saliva (drooling), tightness of the chest causing breathing difficulties, muscular twitching around areas of exposed or contaminated skin, stomach cramps, and/or nausea.		
EVALUATOR STATES: "YOU ARE NOW EXPERIANCING SIGNS AND SYMPTOMS OF MILD NERVE AGENT POISONING."		
2. Administer either the MARK I or ATNAA to self (self-aid).		
a. MARK I.		
(1) Prepare to administer one atropine injection.		
(a) Remove one set of MARK I from your protective mask carrier, from the pocket of the MOPP suit, or from another location as specified by your unit standing operating procedure (SOP).		
(b) With your non-dominant hand, hold the set of injectors by the plastic clip with the big injector on top.		
(c) With your dominant hand, check the injection site in order to avoid buttons and objects in pockets where injecting. For injections into the thigh, grasp the trouser cargo pocket and pull forward, clearing possible obstructions from the site.		
(d) Grasp the small injector without covering or holding the needle (green) end and pull it out of the clip with a smooth motion.		
(e) Form a fist around the auto-injector with the needle end (green) extending beyond the little finger end of the fist. Be careful not to inject yourself in the hand.		

NOTE: If the injection is accidentally given in the hand, another small injector must be obtained and the injection given in the proper site.		
(f) Place the needle end of the injector against the outer thigh muscle. For injections into the thigh, grasp the trouser cargo pocket and pull forward, clearing possible obstructions from the site.		
NOTES: 1. The injection may be given in any part of the lateral thigh muscle from about a hand's width above the knee to a hand's width below the hip joint. 2. Very thin soldiers should give the injection in the upper, outer part of the buttocks.		
WARNING: WHEN INJECTING ANTIDOTE IN THE BUTTOCKS, BE VERY CAREFUL TO INJECT ONLY INTO THE UPPER, OUTER QUARTER OF THE BUTTOCKS TO AVOID HITTING THE MAJOR NERVE THAT CROSSES THE BUTTOCKS. HITTING THE NERVE MAY CAUSE PARALYSIS.		
(2) Administer the atropine injection.		
(a) Push the injector into the muscle with firm, even pressure until it functions.		
NOTE: A jabbing motion is not necessary to trigger the activating mechanism.		
(b) Hold the injector firmly in place for at least 10 seconds.		
(c) Remove the injector from your muscle and carefully place this used injector between two fingers of the hand holding the plastic clip.		
(3) Prepare to administer one 2 PAM CI injection.		
(a) Pull the large injector out of the clip and form a fist around the autoinjector with the needle end extending beyond the little finger.		
(b) Place the needle (black) end of the injector against the injection site.		
(4) Administer the 2 PAM CI injection.		
(a) Push the injector into the muscle with firm, even pressure until it functions.		
(b) Hold the injector firmly in place for at least 10 seconds.		
(5) Drop the plastic clip without dropping the used injectors.		
(6) Go to step 3, "Secure the used injectors."		
b. ATNAA.		
(1) Prepare to administer one ATNAA.		
(a) Remove one ATNAA from your protective mask carrier, from the pocket of the MOPP suit, or from another location as specified by your unit SOP.		
(b) Remove the autoinjector from the pouch.		
(c) With your dominant hand, hold the ATNAA in your closed fist with the green needle end extending beyond the little finger in front of you at eye level.		
(d) With your nondominant hand, grasp the safety (gray) cap with the thumb and first two fingers.		
CAUTION: DO NOT COVER OR HOLD THE NEEDLE END WITH YOUR HAND, THUMB, OR FINGERS. YOU MAY ACCIDENTALLY INJECT YOURSELF.		
(e) Pull the safety cap off the bottom of the injector with a smooth motion and drop it to the ground.		
(f) With the nondominant hand, check the injection site in order to avoid buttons and objects in pockets where injecting. For injections into the thigh, grasp the trouser cargo pocket and pull forward, clearing possible obstructions from the site.		
(g) Hold the ATNAA in your closed fist with the green needle end pointing out by your little finger.		
(h) Place the needle end of the injector against the outer thigh muscle.		
NOTES: 1. The injection may be given in any part of the lateral thigh muscle from about a hand's width above the knee to a hand's width below the hip joint. 2. Very thin soldiers should give the injection in the upper, outer part of the buttocks.		

AMEDDC&S HRCOE PAM 350-10

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(2) Administer the injection.		
(a) Push the injector into the muscle with firm, even pressure until it functions.		
NOTE: A jabbing motion is not necessary to trigger the activating mechanism.		
(b) Hold the injector firmly in place for at least 10 seconds.		
(c) Remove the injector from your muscle.		
3. Secure the used injectors. (The candidate will state steps 3a and 3b to the evaluator. The steps will not be performed.)		
a. Use a hard surface to bend each needle to form a hook without tearing protective gloves or clothing.		
b. Push the needle of each used injector (one at a time) through one of the pocket flaps of the protective overgarment.		
WARNING: IF, WITHIN 5 TO 10 MINUTES AFTER ADMINISTERING THE FIRST SET OF INJECTIONS, YOUR HEART BEGINS BEATING RAPIDLY AND YOUR MOUTH BECOMES VERY DRY, DO NOT ADMINISTER ANOTHER SET OF INJECTIONS.		
NOTE: After you have given yourself the first set of MARK I injections or one ATNAA, you most likely will not need additional antidote if you are ambulatory and know who and where you are. If needed, only a buddy, a combat lifesaver, or medical personnel will give additional injections.		
4. Complete all required performance steps/measures in sequence within 5 minutes.		
5. Met all administrative requirements for this task		
EVALUATOR WRITES: CANDIDATE'S TIME FOR TASK:		
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES NO
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE