



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 03: CARE UNDER FIRE



TCCC TIER 1 All Service Members

TCCC TIER 2 Combat Lifesaver

TCCC TIER 3
Combat Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider



TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM



ROLE 1 CARE

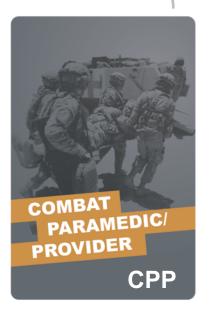
NONMEDICAL PERSONNEL





MEDICAL PERSONNEL





▼ YOU ARE HERE

STANDARDIZED JOINT CURRICULUM



STUDENT LEARNING OBJECTIVES



TERMINAL LEARNING OBJECTIVE

- Given a combat or noncombat scenario, perform Care Under Fire in accordance with CoTCCC Guidelines
 - 14 Describe the role of fire superiority and threat containment and the impact of the tactical environment on TCCC.
 - Describe the actions required before engaging with a casualty to prevent harm or additional casualties in accordance with CoTCCC guidelines.
 - 16 Identify appropriate actions and priorities to treat and move casualties in CUF.
 - 17 Identify the importance of early application of limb tourniquets to control life-threatening bleeding in CUF.
 - 18 Demonstrate one-handed tourniquet application to self in CUF.
 - 19 Demonstrate two-handed tourniquet application to a casualty in CUF.
 - 20 Describe the principles, advantages, and disadvantages of one-person drag/carry or two-person drag/carry in CUF.
 - 21 Demonstrate the one-person drags and carries of a casualty in CUF.
 - 22 Demonstrate two-person drags and carries of a casualty in CUF.











Three PHASES of TCCC

CARE UNDER FIRE

> **RETURN FIRE AND TAKE COVER**

Quick decision-making:

- Consider scene safety
- Identify and control lifethreatening bleeding
- Move casualty to safety

TACTICAL FIELD CARE

> **COVER AND** CONCEALMENT

- Maintain tactical situational awareness
- Triage casualties as required
- MARCH-PAWS assessment

TACTICAL EVACUATION CARE

More deliberate assessment and

- Continuation of documentation

NOTE: This is covered in more advanced TCCC training!







PHASE 1: CARE UNDER FIRE

RETURN FIRE AND TAKE COVER



Never attempt to rescue a casualty until hostile fire is suppressed



Using available resources, ensure scene safety

DIRECT CASUALTY TO REMAIN ENGAGED

APPLY SELF-AID AND MOVE TO COVER (if able)

GAIN FIRE SUPERIORITY

MOVE TO CASUALTY (if casualty is unable to move to cover)

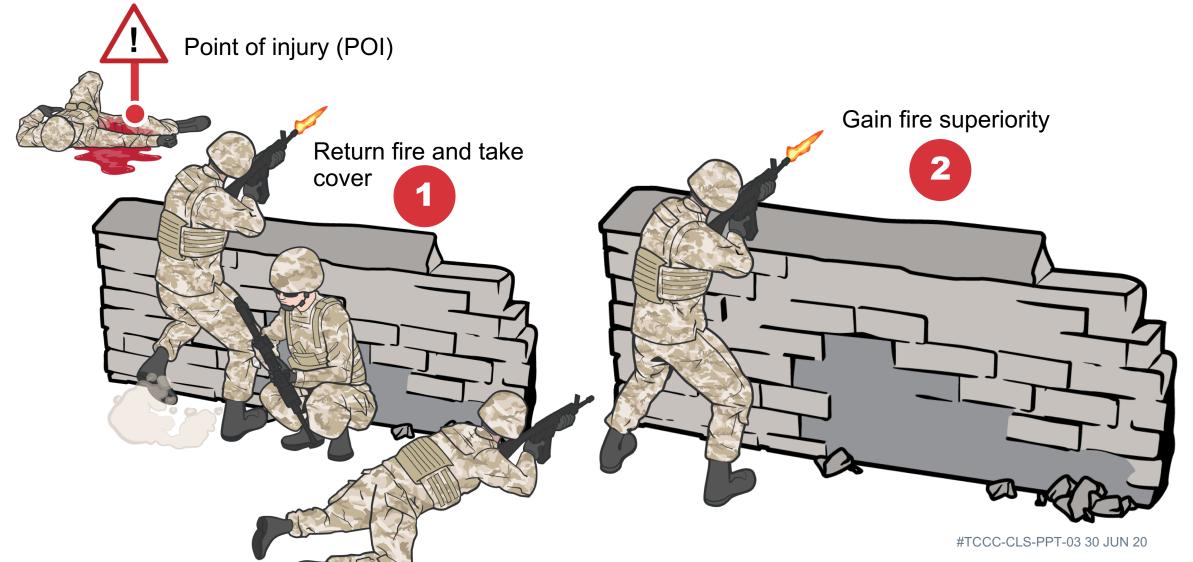
IMPORTANT CONSIDERATIONS:

- Order of actions will be dictated by the situation
- A casualty **may** be able to perform **self-aid**
- Constantly ASSESS
 risks and make a plan
 before moving a
 casualty





ROLE OF FIRE SUPERIORITY







FIRE SUPERIORITY PRINCIPLES

Order of actions will be dictated by the situation

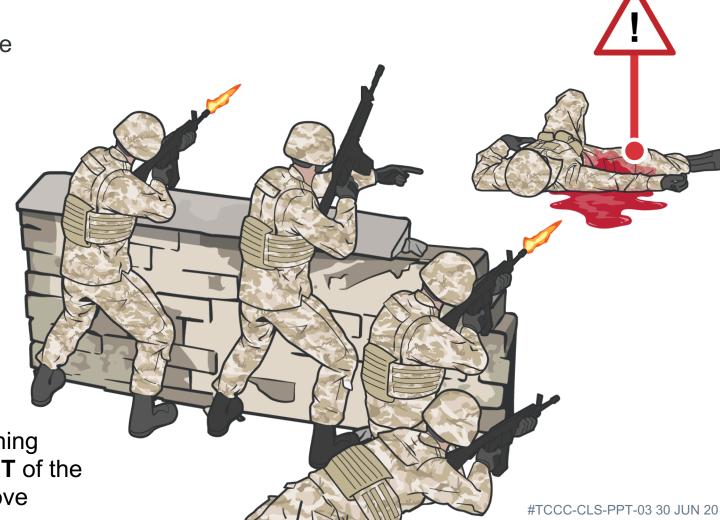
Return fire **AND** take cover

Direct casualty to remain engaged

Direct casualty to apply self-aid and move to cover

DO NOT approach casualty while casualty is inside of a KILL ZONE

Suppress hostile fire to gain fire superiority



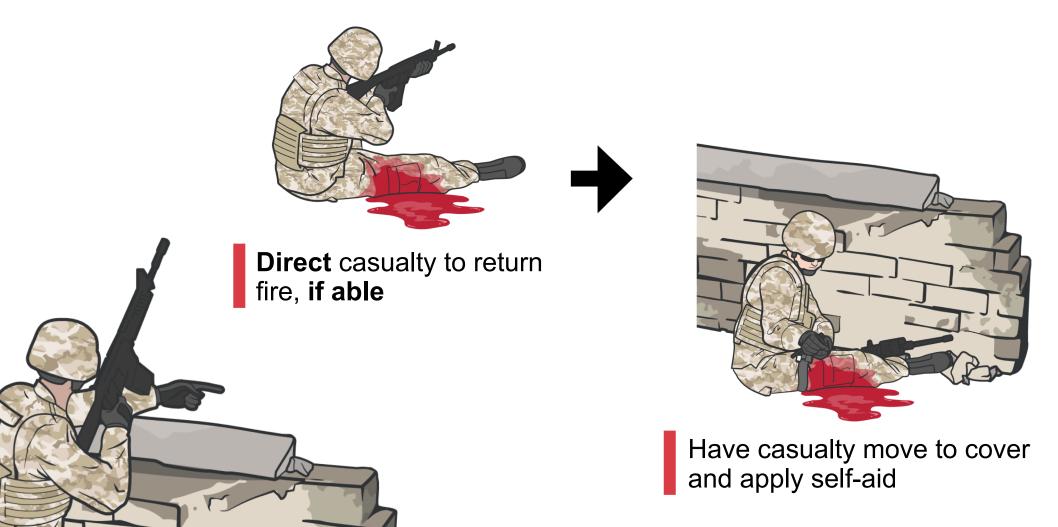


Place a tourniquet on life-threatening bleeding and get the casualty **OUT** of the **KILL ZONE** if they are unable to move





CASUALTY SELF-AID





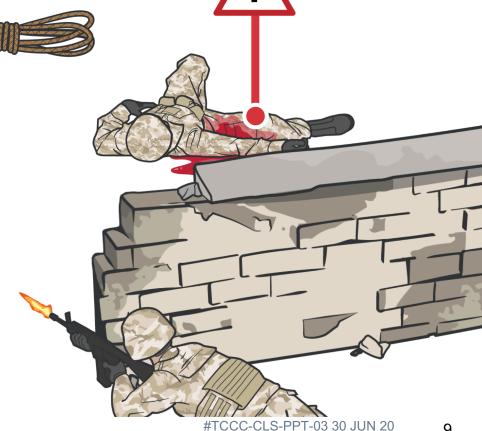


IF CASUALTY IS UNABLE TO MOVE

If casualty is unable to move to cover, when tactically feasible, go to them when fire has been SUPPRESSED and fire superiority has been **GAINED and AID THEM IN MOVEMENT**

Use rope, dragging straps, etc.









PHASE 1: CARE UNDER FIRE

APPLY TOURNIQUET TO CONTROL LIFE-**THREATENING BLEEDING**



For life-threatening bleeding, place a tourniquet (TQ) "high and tight" above the wound

MOVE CASUALTY

Drag or carry based on tactical situation







M ASSIVE BLEEDING IN CARE UNDER FIRE





CARE UNDER FIRE OVERVIEW







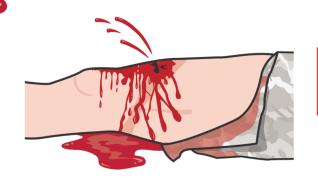
IDENTIFY LIFE-THREATENING BLEEDING

Bright red blood is pooling on the ground

The overlying clothes are soaked with blood







There is **pulsatile** (pulsing) or **steady** bleeding from the wound



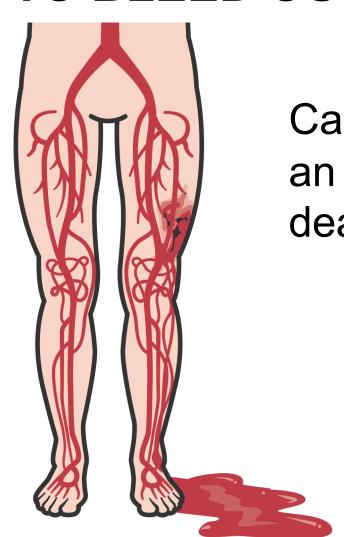
QUESTION



TIME TO BLEED OUT

How long does it take to bleed to death from a major artery injury?





Casualties with such an injury can bleed to death in as little as







KNOW YOUR ACCESS TO A TOURNIQUET

Have TQ available for **self-application** should you need one, **QUICK ACCESS IS KEY!**

DON'T leave your TQ at the bottom of your pack!

CASUALTY'S JFAK FIRST

When helping a buddy, **NEVER USE YOUR OWN TQ** before the casualty's

Look for the TQ in the casualty's JFAK

If the casualty does **NOT** have a TQ available, **then** use the TQ from the CLS kit or the next available one

PERSONAL Joint First Aid Kit (JFAK)







ONE-HANDED TOURNIQUET SELF-APPLICATION



One-Handed Application

The one-handed application is normally used to apply a CoTCCC-recommended windlass or ratchet TQ to the **upper extremities** (upper arm or forearm)



WINDLASS AND RATCHET TQs

- A windlass or ratchet TQ is the TQ of choice; it is effective and can be applied quickly.
- Use the windlass or ratchet TQ from the warfighter JFAK





ONE-HANDED WINDLESS TOURNIQUET APPLICATION







ONE-HANDED RATCHET TOURNIQUET APPLICATION







ONE-HANDED TOURNIQUET APPLICATION CRITICAL POINTS



- TQs are used to control massive or severe hemorrhage (bleeding) of an extremity (arms and legs)
- TQs are **effective** and can be **applied quickly**
- TQs are the most important lifesaving item in the JFAK and should be kept easily accessible
- When helping a buddy, **NEVER USE YOUR OWN** tourniquet before the casualty's

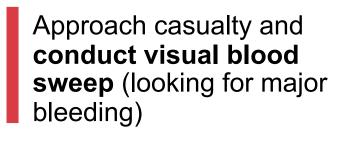




BUDDY AID

IF CASUALTY IS UNRESPONSIVE OR

UNABLE TO MOVE



If you see bleeding, apply a hasty (high and tight) TQ using a two-handed method

IMPORTANT CONSIDERATION:

Be sure to use equipment (TQ) in the casualty's JFAK and not your own





TWO-HANDED RATCHET TOURNIQUET APPLICATION







TWO-HANDED WINDLASS TOURNIQUET APPLICATION







SKILL STATION

CUF Tourniquet (Skills)

- One-Handed (Windlass) TQ Application in CUF
- One-Handed (Ratchet) TQ Application in CUF
- Two-Handed (Ratchet) TQ Application in CUF
- Two-Handed (Windlass) TQ Application in CUF



TACTICAL FIELD CARE



EXTRACTION OF CASUALTIES



Casualty to be extracted from vehicles and buildings per unit Standard Operating Procedure (SOP)

If casualties are on fire, put out the fire **IMMEDIATELY**

Move casualty to **relative safety** following the unit SOP







CRITICAL OBJECTIVES FOR THE ONE- OR TWO-PERSON DRAG/CARRY



- Once bleeding is controlled, move the casualty to cover using a one- or two-person drag/carry
- At the point of injury you must move your casualty to the closest position of cover
- If you must move a casualty under fire, then quickly develop a casualty movement rescue plan
- When moving casualties, spinal injuries are not to be a concern during Care Under Fire movements



DRAG/CARRY

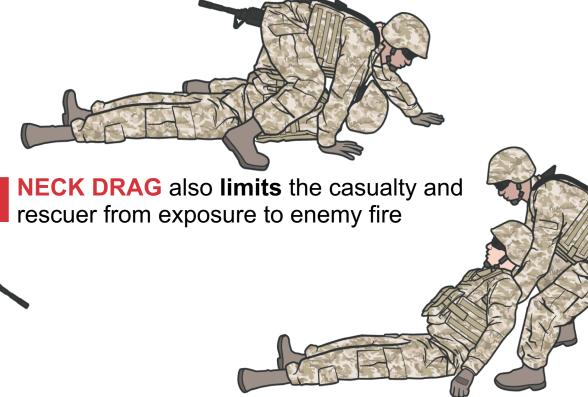


ONE-PERSON DRAG/CARRY



SUPPORT CARRY should be used for a conscious casualty only





CRADLE-DROP DRAG is effective in moving a casualty **up or down the stairs**, **steps**, **or short distances**





ONE-PERSON CASUALTY DRAG/CARRY





DRAG/CARRY



TWO-PERSON DRAG/CARRY



The TWO-MAN SUPPORTING CARRY

can be used in transporting **both** conscious and unconscious casualties



KIT OR ARM DRAG can cause Injury to either the rescuer or casualty during training drills; keep safety in mind



FORE AND AFT CARRY

Exposes two rescuers to hostile fire instead of one





TWO-PERSON CASUALTY DRAG/CARRY





DRAG/CARRYS



SKILL STATION

Drag/Carry (Skills)

- One-Person Drag/Carry
- Two-Person Drag/Carry





SUMMARY



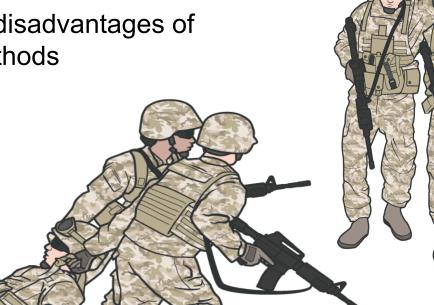
We defined Care Under Fire

We discussed the importance of fire superiority

We defined massive hemorrhage control methods

We discussed casualty movement in CUF

We discussed the advantages and disadvantages of one- and two-person drag/carry methods



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31





CHECK ON LEARNING

- What is Care Under Fire?
- What are the signs of life-threatening bleeding?
- How long does it take to bleed to death from a complete femoral artery and vein disruption?
- What are the advantages and disadvantages of one-person drags?
- What are the advantages and disadvantages of two-person carries?





ANY QUESTIONS?