

Insert Service/
Unit Specific
Logo Here



ASM
TCCC **ALL SERVICE
MEMBERS**

TACTICAL COMBAT CASUALTY CARE COURSE



Committee on
Tactical Combat
Casualty Care
(CoTCCC)

TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

TCCC TIER 3
Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider



SCENE SETTER





OPENING



Welcome to the **TACTICAL COMBAT CASUALTY CARE COURSE FOR ALL SERVICE MEMBERS (TCCC ASM)**

- SECDEF has directed ALL service members be trained and proficient in basic lifesaving TCCC skills
- TCCC ASM Course replaces current military first aid courses
- This evidence-based training reflects the casualty care lessons of nearly two decades of war and has the potential to significantly reduce preventable prehospital trauma-related deaths
- Invest fully in this course: the dividend will be in the lives saved



CENTRAL OBJECTIVE



By the end of this course,
you will know the fundamental concepts of

TACTICAL COMBAT CASUALTY CARE

and be able to perform

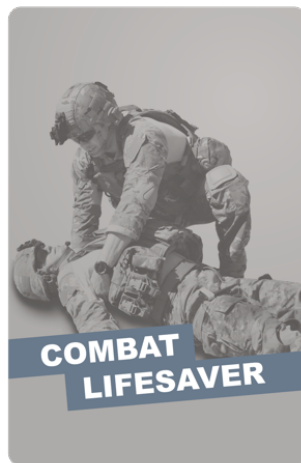
5 LIFESAVING SKILLS

at a basic competency level

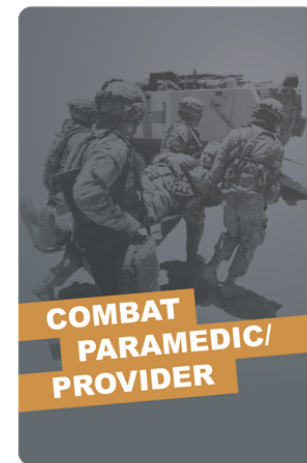
TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NON-MEDICAL PERSONNEL



MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

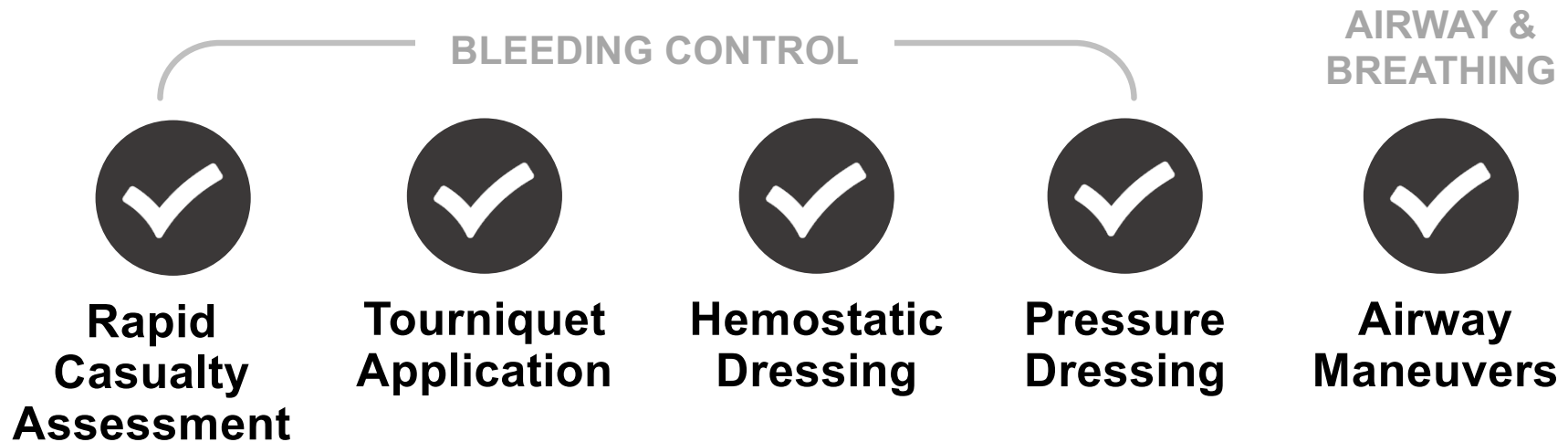
10 **TERMINAL LEARNING OBJECTIVES** (TLOs)

<p>01 Describe the practice of TCCC</p> <p>●●●●●</p>	<p>02 Describe the use of a first aid kit</p> <p>●●</p>	<p>03 Perform a rapid casualty assessment</p> <p>●●●●●</p>	<p>04 Demonstrate basic care for a casualty with massive bleeding</p> <p>●●●●●●●●</p>	<p>05 Demonstrate basic care for a casualty with a compromised airway or in respiratory distress</p> <p>●●●●●</p>
<p>06 Describe the basic care of burns</p> <p>●●●●</p>	<p>07 Describe the basic care of fractures</p> <p>●●</p>	<p>08 Describe the basic care of an eye injury</p> <p>●●</p>	<p>09 Identify a head injury</p> <p>●●●</p>	<p>10 Describe point of injury communication strategies and casualty care documentation</p> <p>●●</p>

37 **ENABLING LEARNING OBJECTIVES** (ELOs)

● = Cognitive ELOs ● = Performance ELOs

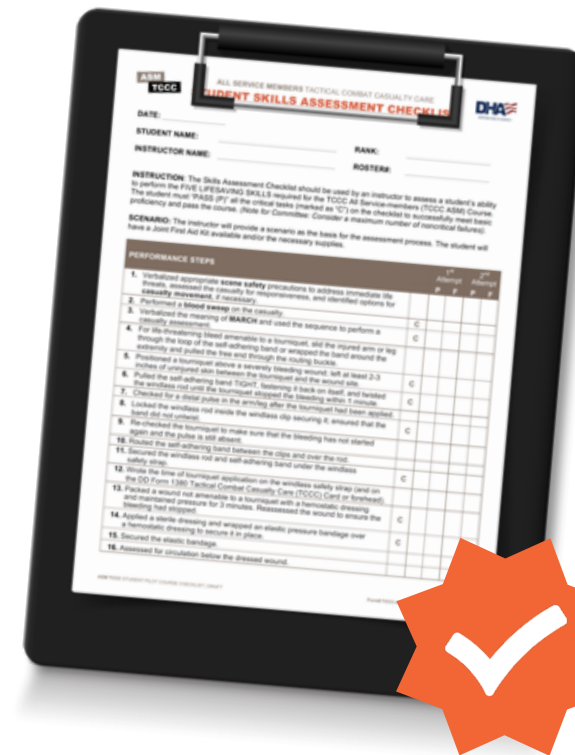
You **MUST** be able to perform these
LIFESAVING SKILLS:



HOW YOU WILL BE EVALUATED

The student must pass the **Skills Assessment** of the TCCC ASM Course

There is no formal, written examination



Three PHASES of TCCC

are born out of years of war and lives lost:

1 CARE UNDER FIRE/THREAT

NOT SAFE

Quick decision-making:

- Ensure scene safety
- Move casualty to safety
- Identify and control life-threatening bleeding

2 TACTICAL FIELD CARE

SAFER

Quick decision-making:

- Provide medical aid

3 TACTICAL EVACUATION CARE

Care provided during transport to advanced medical care, wherever appropriate depending on the trauma scenario

NOTE: This is covered in more advanced TCCC training!

PHASE 1: CARE UNDER FIRE OR THREATS



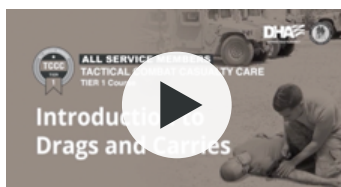
SCENE SAFETY

Using available resources, ensure scene safety

Never attempt to rescue a casualty until the scene is SAFE



CASUALTY MOVEMENT



PLAY VIDEO



HASTY TOURNIQUET



For life-threatening bleeding, place a TQ "high and tight" on the wounded extremity



COMMUNICATION

Check the casualty for responsiveness and reassure

Seek help

IMPORTANT CONSIDERATIONS:

Order of actions will be dictated by the situation

A casualty may be able to perform self aid

Constantly assess risks/threats and make a plan before moving a casualty

PHASE 2: TACTICAL FIELD CARE

Use the MARCH sequence to
guide you through a
RAPID CASUALTY ASSESSMENT



- M** **ASSIVE BLEEDING**
(#1 Priority)
- A** **IRWAY**
- R** **ESPIRATION/BREATHING**
- C** **IRCULATION**
- H** **YPOTHERMIA**
...then, tend to other injuries

THESE ARE THE MEDICAL SUPPLIES YOU WILL NEED TO PROVIDE AID:

- Tourniquet
- Hemostatic Dressing
- Pressure Bandage/
Emergency Trauma Dressing
- DD Form 1380/
Tactical Combat Casualty
Care Card

PERSONAL Joint First Aid Kit (JFAK)

Individual First Aid Kit (IFAK)



SERVICE-SPECIFIC

EXAMPLE: Shipboard First Aid Box



MARCH

MASSIVE BLEEDING

HOW TO RECOGNIZE MASSIVE, LIFE-THREATENING BLEEDING

BRIGHT RED BLOOD is pulsing, spurting or steady bleeding from the wound



Overlying clothing or ineffective bandaging is becoming **SOAKED WITH BLOOD**



IMPORTANT! Casualties with severe injuries can bleed to death in *as little as 3 minutes*



BRIGHT RED BLOOD is pooling on the ground

AMPUTATION of the arm or leg

Three tools in your first aid kit can be used to **CONTROL MASSIVE BLEEDING!**



TOURNIQUET



**HEMOSTATIC
DRESSING**



**PRESSURE
BANDAGE**

M A R C H

MOST COMMON COMBAT APPLICATION TOURNIQUET

**WINDLASS
ROD**

**WINDLASS
CLIP**

**SINGLE
ROUTING
BUCKLE**

**WINDLASS
SAFETY STRAP**



C-A-T® G7 NSN
6515-01-521-7976
(Combat Application
Tourniquet)



TOURNIQUET APPLICATION

A **TOURNIQUET** cuts off blood flow to an arm or leg past the application site; this is the best method to control massive bleeding

APPLY A
TOURNIQUET AND
STOP BLEEDING
WITHIN



WHEN AND HOW TO APPLY A TOURNIQUET (TQ):

CARE UNDER FIRE/THREAT
HASTY TQ “High and Tight” on the wounded extremity or when the bleeding source is uncertain

TACTICAL FIELD CARE
DELIBERATE TQ applied 2-3 inches above the wound

Apply a **SECOND TQ** if bleeding is not stopped with one properly applied TQ
(Note: a severe bleeding wound to the thigh frequently requires a **SECOND TQ**)

COMMON ERRORS WHEN PERFORMING TOURNIQUET APPLICATION

#1

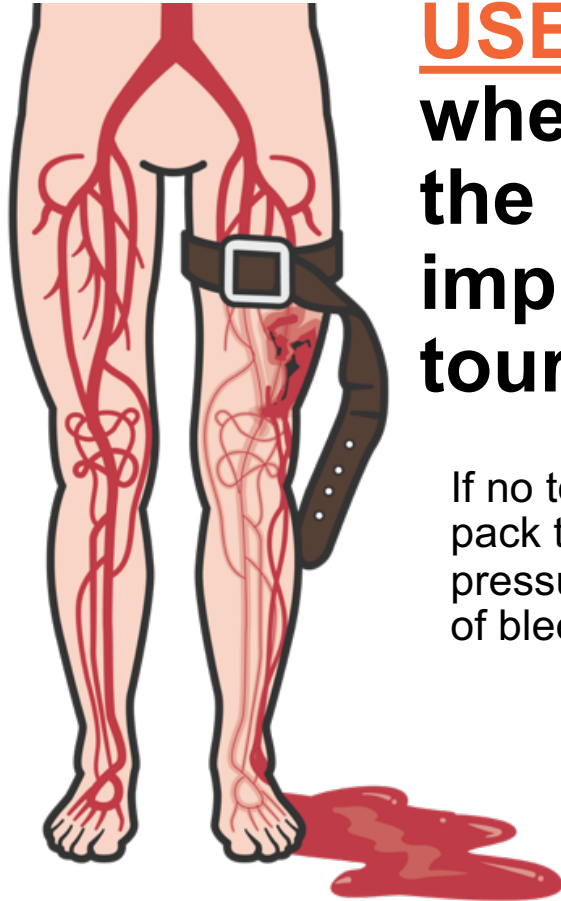
Self-adhering strap
not pulled tight enough at onset of application

#2

Windlass rod
not twisted tight enough to stop bleeding

#3

Tourniquet not applied fast enough
(bleeding stopped at 1 minute; fully secured at 3 minutes)



USE CAUTION when considering the use of an improvised tourniquet!

If no tourniquet is available,
pack the wound and hold direct
pressure over the main source
of bleeding

RISKS ASSOCIATED WITH IMPROVISED TOURNIQUETS:

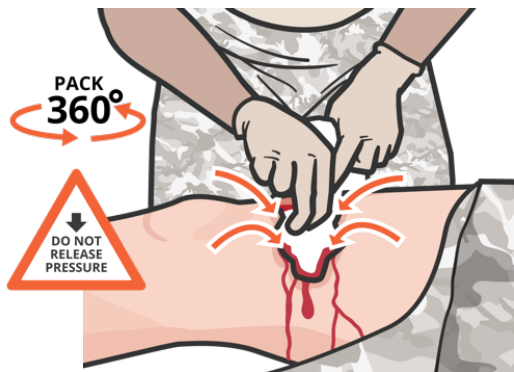


- DAMAGE** may occur to skin if the band is too narrow
- Bleeding may **WORSEN**
- Bleeding **MAY NOT BE COMPLETELY CONTROLLED**
- An improvised tourniquet may likely **LOOSEN** over time from not being properly secured



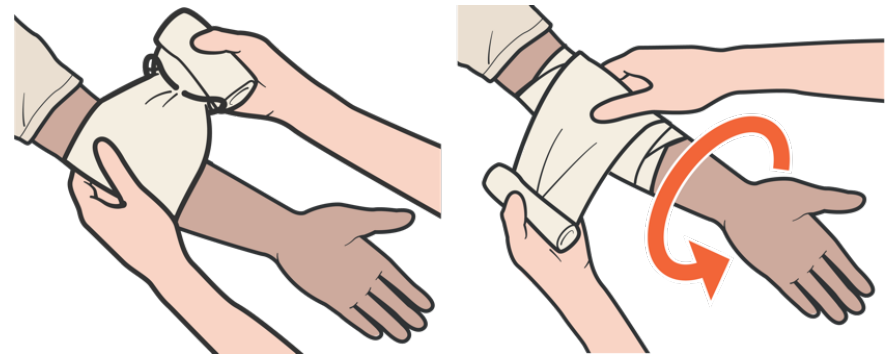
APPLY DIRECT PRESSURE AND PACK WOUND

WRAP BANDAGE tightly around injured extremity



PACK tightly using a **HEMOSTATIC Dressing** that contains a special agent that promotes blood clotting or a clean cloth, if dressing not available

APPLY FIRM, DIRECT PRESSURE for at least 3 mins or until the bleeding stops



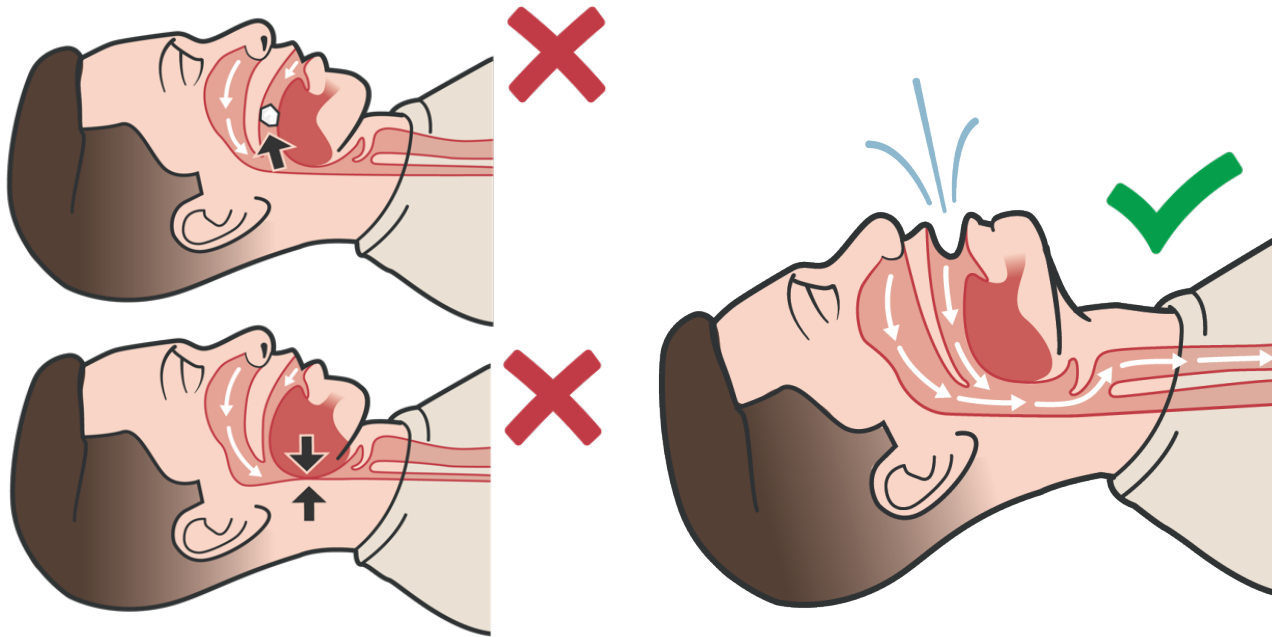
APPLY using short tugs evenly around the extremity while maintaining continuous tension on the bandage so pressure is maintained

MARCH

MARCH

AIRWAY

Ensure AIRWAY IS NOT BLOCKED



SIGNS AND SYMPTOMS AIRWAY MAY BE BLOCKED:

- Casualty is in distress and indicates they can't breathe properly
- Casualty is making snoring or gurgling sounds
- Visible blood or foreign objects are present in the airway
- Severe trauma to the face



IMPORTANT! Remove any visible objects, but do not perform a blind finger sweep

M A R C H

In a **CASUALTY** without an airway obstruction, you can perform the following maneuvers:

Assist a conscious casualty by helping them assume any comfortable sitting-up position that **ALLOWS THEM TO BREATHE EASILY**



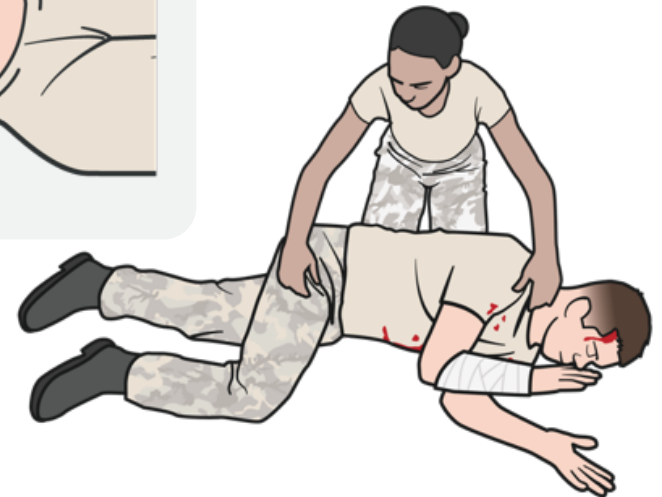
HEAD-TILT CHIN LIFT



JAW-THRUST



For an unconscious casualty not in shock, place them into the **RECOVERY POSITION**



MARCH

M A R C H

RESPIRATION

ASSESS FOR **RESPIRATORY** DISTRESS



LOOK - LISTEN - FEEL



IMPORTANT! REPORT findings of *Respiratory Distress* to medical personnel at the scene

SIGNS OF RESPIRATORY DISTRESS INCLUDE:

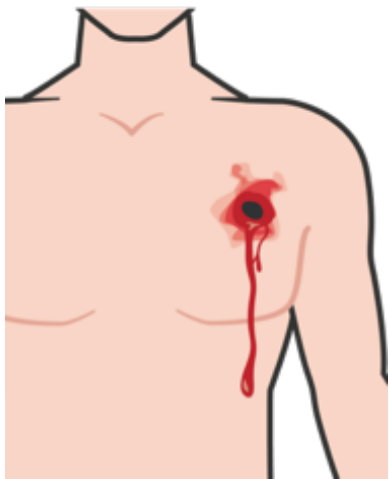
- Difficulty breathing
- Struggling to get air in and out
- Breathing is too weak to be effective (less than 6 times per minute)
- Rapid breathing (greater than 20 times per minute)

THESE SIGNS MAY ALSO INDICATE A PENETRATING CHEST WOUND INJURY

M A **R C H**

ASSESS FOR POTENTIAL LIFE-THREATENING CHEST INJURIES

TYPES OF CHEST INJURY

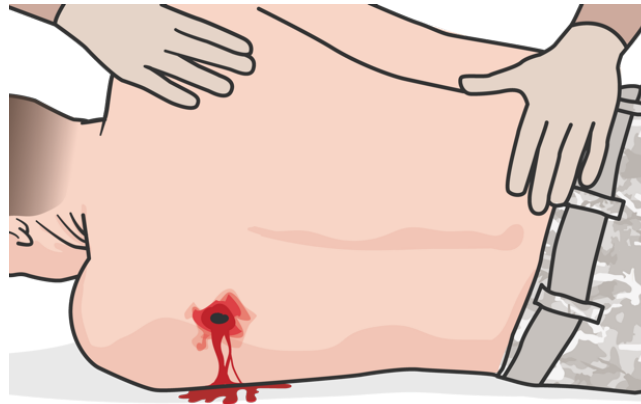


Penetrating
Wounds



Blast
Injury

ROLL TO EXAMINE FRONT
AND BACK FOR SIGNIFICANT
TORSO TRAUMA



M A R C H



IMPORTANT

**DO NOT pack
chest wounds**
with a hemostatic
(or other) dressing

**REPORT a
severe CHEST
INJURY** to
medical personnel
immediately

M A R C H

CIRCULATION

PREVENT SHOCK by controlling bleeding

#1- Reassess all bleeding control measures are still effective. Ensure tourniquets remain tight



Check radial pulse

Option: Consider elevating both legs higher than the casualty's heart, if their airway tolerates lying flat on their back



IMPORTANT! Alert medical personnel for signs of shock

M A R C H

SIGNS AND SYMPTOMS OF SHOCK INCLUDE:

Rapid breathing



Losing focus and having difficulty engaging



Sweaty, cool, clammy skin



Pale/gray skin

M A R C H

HYPOTHERMIA

PREVENT/ADDRESS HYPOTHERMIA worsened by MASSIVE BLOOD LOSS*

* This is not hypothermia due to cold weather



SOME SIGNS OF HYPOTHERMIA:



Slurred
speech or
mumbling



Slow
breathing &
drowsiness



Shivering

M A R C H



PREVENT HYPOTHERMIA:

- Keep clothing on the casualty unless its extremely wet, then remove
- Cover the casualty with blankets, poncho liners, sleeping bags, or anything that will retain heat
- Keep casualty off the ground (*increases loss of body heat*)

In addition to

M A R C H

you may need to address
other injuries

SECONDARY INJURIES



eye trauma



head injury

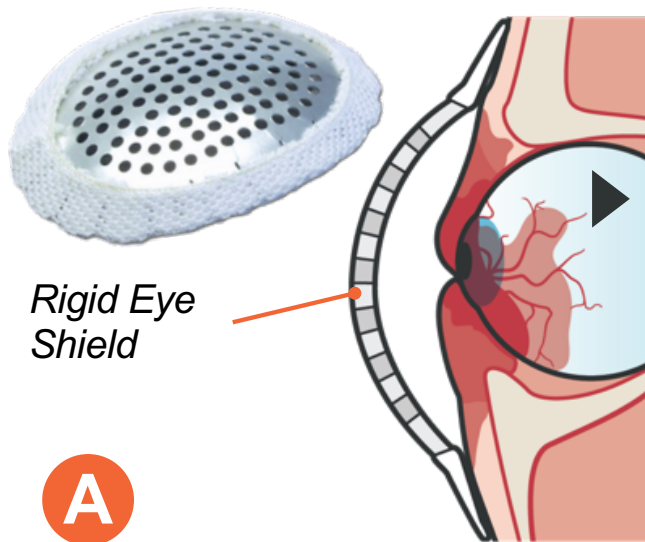


burns



fractures

IF A **PENETRATING EYE INJURY** IS NOTED OR SUSPECTED, SHIELD THE INJURED EYE




IMPORTANT!
DO NOT APPLY
PRESSURE



Cover the eye with a **RIGID EYE SHIELD**, *not a pressure patch*. Place the shield over the injured eye (not both eyes) and tape in place

If no rigid eye shield is available, **TACTICAL EYEWEAR** can also be used to protect the eye

ASSESS FOR BURNS

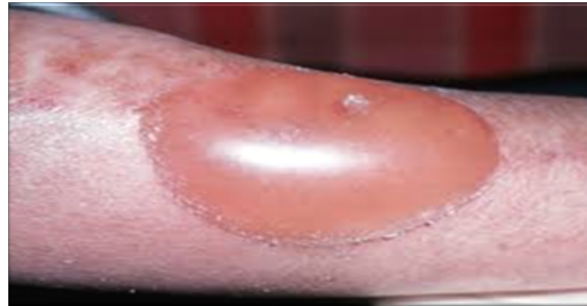
BURNS ARE CLASSIFIED BY THE DEPTH OF THE WOUND.



SUPERFICIAL

1ST DEGREE BURNS

are just like a sunburn, with a reddened appearance of the skin



PARTIAL THICKNESS

2ND DEGREE BURNS

will also have blisters



FULL THICKNESS

3RD DEGREE BURNS

may appear dry, stiff, and leathery, and/or it can also be white, brown, or black

BURN CARE



COVER
the burn area
with dry, sterile
dressings



COVER
the casualty to
prevent heat loss
and keep the
casualty dry

**IN CASE OF
ELECTRICAL
INJURY**



Secure the power, if possible. Otherwise, remove the casualty from the electrical source using a nonconductive object such as a wooden stick. Move the casualty to a safe place.

ASSESS FOR A FRACTURE



CLOSED FRACTURE



OPEN FRACTURE

WARNING SIGNS OF A FRACTURE:

- Significant pain and swelling
- An audible or perceived “snap”
- Different length or shape of limb
- Loss of pulse or sensation in the injured arm or leg
- Crepitus (hearing a crackling or popping sound under the skin)

APPLICATION OF A SPLINT



A splint is used to prevent movement and hold an injured arm/leg in place. Use a semirigid splint (like a SAM splint) or improvise using rigid or bulky materials (e.g., boards, boxes, tree limbs, and even weapons):

- | Incorporate the joint **ABOVE** **AND** **BELOW** the fracture
- | **SECURE THE SPLINT** with an ace wrap, cravats, belts, or duct tape (if available)
- | Try to **SPLINT** before moving the casualty and minimize movement of the fractured extremity



Arm fractures can easily be secured to the shirt using the sleeve as a sling

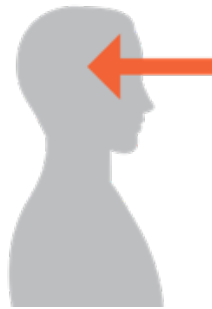


IMPORTANT! If the bandage is too tight, it can decrease circulation to the fingers or toes

ASSESS FOR HEAD INJURY



Result of blunt force, acceleration, or deceleration forces (i.e., explosion or blast events, motor vehicle collision or roll-overs, fall or sports injury)



Usually gunshot wounds, stabbings, or fragmentation from explosives

BLUNT AND PENETRATING HEAD TRAUMA

SIGNS AND SYMPTOMS OF HEAD INJURY INCLUDE:

- Altered consciousness
- Disorientation or dizziness
- Headache
- Ear ringing
- Amnesia
- Nausea/vomiting
- Double vision



IMPORTANT! REPORT signs and symptoms of a head injury to medical personnel at the scene

COMMUNICATE:

1. WITH THE CASUALTY

Encourage, reassure, and explain care

2. WITH TACTICAL LEADERSHIP

Provide leadership with the casualty status and location

3. WITH MEDICAL PERSONNEL

Discuss the casualty's injuries and symptoms, as well as any medical aid provided with the responding medics

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____

EVAC: Urgent Priority Routine

NAME (Last, First): _____ LAST 4: _____

GENDER: M F DATE (DD-MMM-YY): _____ TIME: _____

SERVICE: _____ UNIT: _____ ALLERGIES: _____

Mechanism of Injury: (X all that apply)
 Artillery Blunt Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm TYPE: _____ TIME: _____

TQ: L Arm TYPE: _____ TIME: _____

TQ: R Leg TYPE: _____ TIME: _____

TQ: L Leg TYPE: _____ TIME: _____

Signs & Symptoms: (Fill in the blank)

	Time			
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

DD Form 1380, JUN 2014 TCCC CARD

▲ DD Form 1380

DOCUMENT:

1. CASUALTY ASSESSMENT FINDINGS

2. MEDICAL AID RENDERED

3. CHANGES IN CASUALTY STATUS

Attach the DD Form 1380 to the casualty's belt loop, or place it in their upper left sleeve or the left trouser cargo pocket

You have encountered an active shooter situation. An unconscious casualty has sustained multiple gunshot wounds.

Your assessment reveals the following: two open chest wounds from apparent gunshots, and bright red blood squirting from the lower right thigh. The casualty is in respiratory distress.

What is the most important priority in the care of this casualty?

1. Airway maneuvers
2. Wound packing of the right thigh
3. Tourniquet to the right thigh
4. Pressure dressing to the right thigh



Using the

TCCC

standard of care in
Prehospital Battlefield
Medicine

...following the

M A R C H

sequence to perform a
**RAPID CASUALTY
ASSESSMENT**

...and providing

**LIFESAVING
SKILLS**

YOU can
SAVE A LIFE!



YOUR JOB as a First Responder is to TAKE ACTION:

PROVIDE
5 TCCC LIFESAVING
SKILLS until medical
personnel arrive
at the scene

DOCUMENT
medical aid

ASSIST
with evacuation

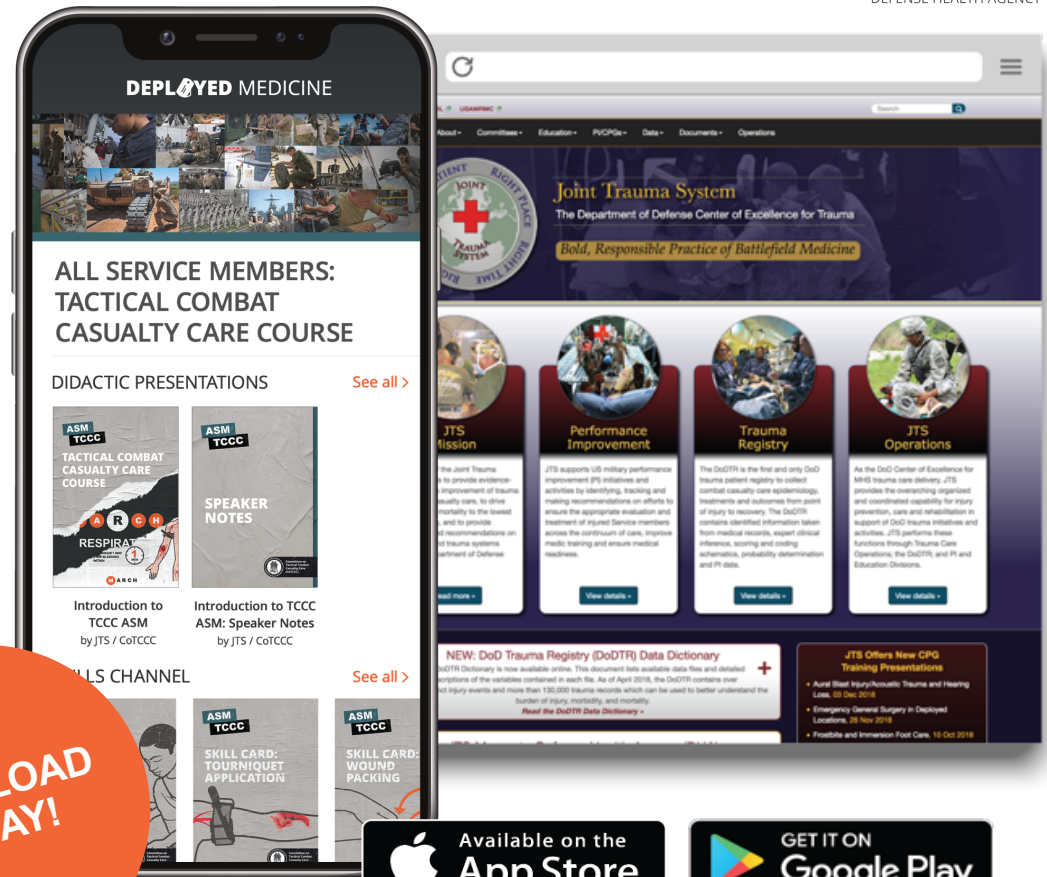


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