ASM TCCC ALL SERVICE MEMBERS

TACTICAL COMBAT CASUALTY CARE COURSE

TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

TCCC TIER 3
Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider
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
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

ALL SERVICE MEMBERS

COMBAT LIFESAVER

COMBAT MEDIC/CORPSMAN

COMBAT PARAMEDIC/PROVIDER

YOU ARE HERE

STANDARDIZED JOINT CURRICULUM
### STUDENT LEARNING OBJECTIVES

#### TERMINAL LEARNING OBJECTIVES (TLOs)

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Cognitive Level</th>
<th>Performance Level</th>
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<tbody>
<tr>
<td>01</td>
<td>Describe the practice of TCCC</td>
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<td>02</td>
<td>Describe the use of a first aid kit</td>
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<td>03</td>
<td>Perform a rapid casualty assessment</td>
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<td>04</td>
<td>Demonstrate basic care for a casualty with massive bleeding</td>
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<td>05</td>
<td>Demonstrate basic care for a casualty with a compromised airway or in respiratory distress</td>
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<td>06</td>
<td>Describe the basic care of burns</td>
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<td>07</td>
<td>Describe the basic care of fractures</td>
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<td>08</td>
<td>Describe the basic care of an eye injury</td>
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<td>09</td>
<td>Identify a head injury</td>
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<td>10</td>
<td>Describe point of injury communication strategies and casualty care documentation</td>
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#### ENABLING LEARNING OBJECTIVES (ELOs)

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

- Rapid Casualty Assessment
- Tourniquet Application
- Hemostatic Dressing
- Pressure Dressing
- Airway Maneuvers
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

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

PLAY VIDEO
CASUALTY ASSESSMENT

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
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

BRIGHT RED BLOOD
is pooling on the ground

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

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**
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.

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)

MASSIVE BLEEDING
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
**WOUND PACKING AND PRESSURE BANDAGE**

**APPLY DIRECT PRESSURE AND PACK WOUND**

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.

**WRAP BANDAGE tightly around injured extremity**

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

Ensure **AIRWAY IS NOT BLOCKED**

**IMPERATIV**! Remove any visible objects, but do not perform a blind finger sweep.

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

- **HEAD-TILT CHIN LIFT**
- **JAW-THRUST**

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

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

RESPIRATION
ASSESS FOR RESPIRATORY DISTRESS

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

IMPORTANT! REPORT findings of Respiratory Distress to medical personnel at the scene
RESPIRATION/BREATHING

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

IMPORTANT

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

REPORT a severe CHEST INJURY to medical personnel immediately
IMPORTANT! Alert medical personnel for signs of shock

PREVENT SHOCK by controlling bleeding

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

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

Check radial pulse

Rapid breathing
Losing focus and having difficulty engaging
Sweaty, cool, clammy skin
Pale/gray skin

CIRCULATION/SHOCK
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 it's 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

A

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.

B

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

IMPORTANT! DO NOT APPLY PRESSURE
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.
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.

**In Case of Electrical Injury**

**Burn Care**

- **Cover** the burn area with dry, sterile dressings
- **Cover** the casualty to prevent heat loss and keep the casualty dry
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

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

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

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

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

SIGNs AND SYMPTOMs OF HEAD INJURY INCLUDE:
- Altered consciousness
- Disorientation or dizziness
- Headache
- Ear ringing
- Amnesia
- Nausea/vomiting
- Double vision
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

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 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
Use the Deployed Medicine website and free mobile app to access training materials and instructional videos to sustain knowledge and skills.

www.deployedmedicine.com