

COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE

PRINCIPLES AND APPLICATION OF TACTICAL FIELD CARE SKILL INSTRUCTIONS

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COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE SKILL INSTRUCTIONS



COMMUNICATION OF CASUALTY INFORMATION INSTRUCTION

TASK: Communicate casualty information

CONDITION: Given a Tactical Field Care setting, and a casualty that has sustained one or

more injuries

STANDARD: Communicate casualty information in accordance with Service and/or unit standard

operating procedures

EQUIPMENT: Casualty's DD Form 1380, 9-Line Report, communication equipment, paper, and

writing instrument

PERFORMANCE MEASURES: step-by-step instructions

- **O1 Communicate**: Transmit the 9-Line Medical Evacuation (MEDEVAC) information in the proper sequence (see Prepare and Transmit 9-Line MEDEVAC and Mechanism of Injury, Injuries, Symptoms and Treatment Report instructions).
- **02** Communicate with the **casualty**, if possible. Encourage, reassure, and explain care.
- O3 Communicate with **tactical leadership** as soon as possible and throughout casualty treatment as needed. Provide leadership with casualty status and evacuation requirements to assist with coordinating evacuation assets.
- **04** Communicate with the **evacuation system** (the Patient Evacuation Coordination Cell) to arrange for tactical evacuation.
- **05** Communicate with **medical providers** on the evacuation asset (if possible) and relay mechanism of injury, injuries sustained, signs/symptoms, and treatments rendered. Provide additional information as appropriate.
- **Document**: Record all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.



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SKILL INSTRUCTIONS



TACTICAL FIELD CARE CASUALTY COLLECTION POINT (CCP)

TASK: Consolidate and triage casualties in a CCP

CONDITION: Triage casualties while establishing a CCP in Tactical Field Care

STANDARD: Successfully establish a CCP for the rapid triage, assessment, treatment, and

staging of casualty(s) for evacuation; perform all steps and performance measures

without causing further injury to the casualty(s)

EQUIPMENT: Appropriate marking materials (chem lights, signs, etc.), medical equipment

(aid bag, etc.), litters

PERFORMANCE MEASURES: step-by-step instructions

NOTE: CCPs may vary depending on the tactical situation, operational plans, and unit-specific tactics, techniques, and procedures.

NOTE: Consider body substance isolation.

NOTE: If a Combat Lifesaver is available, direct them to assist.

- **01** Select the site. Should:
 - 1. Be reasonably close to the fight.
 - 2. Be near areas where casualties are most likely to occur.
 - 3. Be close to natural terrain "lines of drift".
 - 4. Provide cover and concealment from enemy threat.
 - 5. Have access to evacuation assets and routes (foot, vehicle, aircraft, boat).
 - 6. Allow for expansion if the casualty load increases.
- **02** Assign responsibilities for nonmedical and medical personnel supporting the CCP.
- **03** Establish the CCP with day/night marking systems.
 - 1. Color-coded signs during daylight hours.
 - 2. Color-coded chemical lights at night.
- **04** If appropriate and feasible, establish a separate triage/treatment area with day and night marking systems.
- **05** Establish a killed in action area away from the other casualties.
 - **NOTE:** Leadership will establish casualty flow and everything **outside** the CCP. Medical personnel are responsible for everything **inside** the CCP.
- Establish casualty movement flow for entry and exit of the CCP for tracking and access control.
 NOTE: This location is where casualties are triaged.
- 77 Triage casualties based on treatment priorities:
 - 1. Immediate
 - 2. Delayed
 - 3. Minimal
 - 4. Expectant
- **08** Establish a Tactical Evacuation Point staging area in accordance with unit policies.
- **09** Execute medical evacuation by precedence:
 - 1. Urgent: within 2 hours
 - a. Loaded onto asset last so they are first off at the medical destination
 - 2. **Priority:** within 4 hours
 - a. Loaded onto asset before "urgent"
 - 3. Routine: within 24 hours
 - a. Loaded onto asset first
- 10 Establish a medical resupply area.
- 11 Transition to Tactical Evacuation Care, if appropriate.

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A Combat Support Division of the

