

INDIVIDUAL SKILLS ASSESSMENT

MODULE 19: Pre-evacuation Procedures, Communication and Documentation

DATE: _____

STUDENT NAME: _____

RANK: _____

INSTRUCTOR NAME: _____

ROSTER#: _____

INSTRUCTION: This Skills Assessment Checklist should be used by an instructor to grade a student's ability to perform the individual SKILLS for the TCCC Combat Lifesaver (TCCC-CLS) Course. An instructor should use this form when performing the optional individual skills assessment associated with completing a skills station. To successfully demonstrate proficiency, the student should "PASS (P)" all the critical tasks (marked as "C") on the checklist.

This checklist may also be used as a teaching tool at the skills station if the instructor chooses to grade students only during the culminating exercise tactical trauma assessment. Grading during the culminating exercise is mandatory for successful course completion, while grading individual skills during the skill stations is optional. Please note: There is also a Skills Assessment Checklist designed for performing a skills assessment as part of a culminating event, so the instructor can test all the required skills at once as part of a scenario-driven culminating exercise.

***Evaluator to provide a casualty scenario with the necessary information to complete the DD Form 1380**

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
DD FORM 1380 TACTICAL COMBAT CASUALTY (TCCC) CARD		P	F	P	F
1. Removed the casualty's DD Form 1380 from their joint first aid kit (JFAK)	C				
2. Filled out the DD Form 1380 with a pen or marker, starting with the front side	C				
3. Documented Battle Roster # in the appropriate section					
4. Documented the evacuation priority (urgent, priority, or routine) in the "Evac" section					
5. Documented name, last 4, gender, date, time, service, unit, and allergies in the appropriate section	C				
6. Documented the Mechanism of Injury (artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), or other) in the appropriate section	C				
7. Documented injuries using the diagrams of the body, identified locations of any injuries with an "X"	C				
8. Documented known Signs and Symptoms in the appropriate section					
9. Turned the DD Form 1380 over and filled out the back side					
10. Copied 10 Battle roster # and Evac from the front page onto the appropriate section on the back page					
11. Documented all treatments provided in the "Treatments" section	C				

12. Documented any medications given in the “Med” section	C				
13. Documented other interventions such as administration of the Combat Wound Medication Package (CWMP), application of a rigid eye shield (and location), splints or active/passive hypothermia prevention (and the type of device used) in the appropriate section	C				
14. Used the “Notes” section to record any other pertinent information and/or clarifications					
15. Documented the first responder’s name and the last four of their social security number in the “First Responder” section					
16. Securely attached the DD Form 1380 to the casualty – appropriate places for attachment include the casualty’s belt loop, their left upper sleeve or their left trouser pocket	C				
Demonstrated TCCC Proficiency:	Yes	No			
Notes:					

***Evaluator to provide a scenario for evacuation with required 9-Line information**

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
PREPARE AND TRANSMIT 9-LINE MEDEVAC		P	F	P	F
1. Contacted the unit that controls the evacuation assets	C				
2. Gave the following in the clear, "I HAVE A MEDEVAC REQUEST, OVER."	C				
3. Transmitted the MEDEVAC information in the proper sequence.					
4. Line 01: Location of the pickup site (8-digit grid coordinate)	C				
5. Line 02: Radio frequency, call sign, and suffix	C				
6. Line 03: Numbers of patients by precedence (urgent, urgent surgical, priority, routine, convenience)	C				
7. Line 04: Special equipment required (none, hoist, extraction equipment, ventilator)	C				
8. Line 05: Numbers of patients by type (Encrypt this using brevity codes) L+# = number of Litter patients A+# = number of Ambulatory patients	C				
9. Transmitted, as a minimum, line numbers 1-5 during initial contact with the evacuation unit.	C				
10. Line 06: WARTIME- Security of the pickup site N = No enemy troops in the area P = Possible enemy troops in the area					

E = Enemy troops in the area, approach with caution X = Enemy troops in area, armed escort required PEACETIME: Number and type of wound, injury or illness					
11. Line 07: Method of marking pickup site A = Panels B = Pyrotechnic signal C = Smoke signal D = None E = Other					
12. Line 08: Patient Nationality and status (Encrypt this using brevity codes) A = US Military B = US Civilian C = Non-US Military D = Non-US Civilian E = Enemy Prisoner (EPW)					
13. Line 09: WARTIME - CBRN Contamination (Encrypt this using brevity codes) N = Nuclear B = Biological C = Chemical PEACETIME: Number and type of wound, injury or illness					
14. Transmitted lines 6 through 9 while the aircraft or vehicle was enroute, if not included during the initial contact.					
15. Provided a MIST report at the conclusion of the 9-line request M - Mechanism of injury and time of injury (if known) I - Injury or illness S - Symptoms and vital signs T - Treatment given	C				
16. Ended the transmission by stating "OVER"					
17. Kept the radio on and listened for additional instructions or contact from the evacuation unit					
Demonstrated TCCC Proficiency: Yes No					
Notes:					
<p>Instructor Signature: _____</p> <p>Student Signature: _____</p>					