

RAPID CASUALTY ASSESSMENT INSTRUCTION

TASK:	Perform a rapid casualty assessment
CONDITION:	Given a trauma casualty in a combat or noncombat scenario and a first aid kit
STANDARD:	Assess and render aid to a trauma casualty using the MARCH sequence in accordance with CoTCCC Guidelines. Subsequently, assess and render aid for other injuries.
EQUIPMENT:	First aid kit and a manikin or a training buddy

PERFORMANCE MEASURES: Step-by-step instructions.

Care Under Fire/Threat Phase

01 Assess scene safety

Assess scene safety for hostile threats including gun fire, burning, electrocution, or anything that can cause further harm.

02 Assess the casualty for responsiveness

If safe to enter, approach casualty. Assess the casualty for responsiveness by asking in a loud, but calm voice “Are you okay” and note any signs of confusion. If unresponsive, gently shake or tap them to see if the casualty is awake.

03 Retrieve the First Aid Kit

- (a) Open the kit and retrieve the tourniquet. If the casualty has a personal first aid kit, use the tourniquet in their personal kit.
- (b) If it is not safe to enter, and the casualty is able, direct them to move to a safe location and, if indicated, perform self tourniquet application using his/her own tourniquet. If the casualty is unable to move, does not have a personal first aid kit, or is unresponsive, eliminate or reduce the threat, perform a visual sweep for obvious extremity bleeding, apply tourniquet(s) as needed and move the casualty to a safe/covered position.

Tactical Field Care Phase

INITIATE “MARCH” SEQUENCE

04 MASSIVE BLEEDING:

- (a) If the source of massive bleeding is obviously visible from an amputation or other major wound, immediately control the bleeding by applying a tourniquet(s) or packing the wound(s) if the injury is in a location where a tourniquet cannot be used (e.g., groin, armpit or neck).
- (b) Once the scene is deemed safe during the Tactical Field Care phase, perform a BLOOD SWEEP. Using both hands, start by feeling the front/back of the neck, looking for blood on your hands. From the neck, move down to sweep each arm, one at a time starting at the arm pit, stopping every few inches to look for signs of blood on your hands. Continue down to sweep each leg, one at a time starting at the groin, stopping every few inches to look for signs of blood on your hands. If during the sweep, you encounter any massive bleeding, immediately apply tourniquet(s). If the injury is in a location where a tourniquet cannot be used (groin, armpit or neck) pack wound(s) and apply pressure bandage. Continue the blood sweep until all the extremities have been checked.

AIRWAY: If tolerated, put the casualty on their back and assess for breathing (look, listen, and feel). If air is not flowing freely in and out, proceed with airway maneuvers to open the airway. Open the airway using head-tilt/chin-lift or jaw-thrust maneuvers.

NOTE: If you suspect that the casualty has a neck or spine injury, and the situation allows, use and maintain the jaw-thrust maneuver.

RESPIRATION/BREATHING: Once the airway has been addressed:

- (a) Look, listen and feel for breathing, or if the casualty is attempting to breathe. Look for equal rise and fall with each breath. Listen for gurgling or wheezing.
- (b) Expose the casualty's chest and back to identify penetrating injuries (entry or exit wound).
- (c) Look/feel for any wounds by running both hands and fingertips across the chest, abdomen and back using a sweeping motion. To examine the back, kneel beside the casualty, reach across their body and grab them at the waist and shoulder, rolling them on to your knees, and move or remove clothes and body armor to expose their back.
- (d) Identify signs and symptoms of a penetrating or open chest wound:
 - A "sucking" or "hissing" sound when the casualty inhales
 - Difficulty breathing
 - Puncture wound(s) to the chest
 - Froth or bubbles around the injury
 - Coughing or spitting up blood
 - Pain in the chest or shoulder
- (e) If the casualty is CONSCIOUS place into the SEATED or RECOVERY POSITION. If the casualty is UNCONSCIOUS place in the RECOVERY position.

CIRCULATION: Monitor the casualty for circulation and prevent or render aid for signs and symptoms of shock.

NOTE: Bleeding Re-check. *Reassess every tourniquet and/or dressing that may have been applied earlier. Expose the area and determine if bleeding is controlled. Expose and clearly mark all tourniquet sites with the time of tourniquet application if not previously done. When time and the tactical situation permit, check for further bleeding and for pulses further out on the limb than the tourniquet.*

Prevent Shock. *Assess for shock from excessive bleeding (look for rapid breathing, losing focus and having difficulty engaging, having sweaty, cool, clammy skin and/or pale/gray skin). Prevention of shock is much better than medical aid for shock, so any source of bleeding must be controlled, if possible.*

HYPOTHERMIA: Prevent hypothermia worsened by excessive bleeding by keeping the casualty warm and dry.

NOTE: Hypothermia Prevention. *Try to get the casualty off the bare ground and onto an insulated surface as soon as possible. Remove wet clothing and keep dry clothing on and in place. Cover the casualty with anything that is available (jackets, dry blankets, poncho liners, sleeping bags, or anything that will retain heat and keep the casualty dry).*

- 05** Assess and render aid for other injuries such as eye trauma, burns, or fractures (identify need to place eye shield, burn dressing, splints or slings). Also, check for signs or symptoms of a head injury, and report your observations to medical personnel. It is important to share any information about how you found the casualty, any signs you observed or self-reported symptoms. For example, was the casualty awake or unconscious, did they complain of a headache or vomiting, ears ringing, double vision and/or dizziness, or did they report "something feels wrong or I don't feel right."
- 06** Document medical aid on the casualty's DD1380 Tactical Combat Casualty Care (TCCC) Card, and place the card on the casualty, if in a tactical situation.
- 07** Communicate your findings and any medical aid provided to medical personnel; assist with evacuation, as requested.

COMBAT APPLICATION TOURNIQUET INSTRUCTION

TASK:	Apply a tourniquet to a casualty
CONDITION:	Given a trauma casualty with life-threatening extremity bleeding and a tourniquet
STANDARD:	Demonstrate the proper application of a tourniquet and control bleeding in accordance with CoTCCC Guidelines.
EQUIPMENT:	First aid kit with tourniquet, and part-task trainer or a training buddy

PERFORMANCE MEASURES: Step-by-step instructions.

- 01** Remove the CAT tourniquet from the First Aid Kit or its carrying pouch.
- 02** **SLIDE** the injured arm or leg through the loop of the Self-Adhering Band. This can be applied with one hand on yourself (one-handed self-application) or using two hands when performing on another casualty.
NOTE: If using two-hands, wrap the Self-Adhering Band around the extremity and pull the free end through the slit of the Routing Buckle, and fasten back on itself. If applying to a leg wound, it may be helpful to wrap the Self-Adhering Band around the leg, then route through the Routing Buckle to form a loop, instead of trying to slide a pre-looped band over the foot and up the leg.
- 03** **POSITION** the Self-Adhering Band above the wound site; leave at least 2-3 inches of uninjured skin between the tourniquet and the wound. If there is a lot of blood and the bleeding site is not identifiable, place at the highest point of the extremity closest to the torso/body, over the clothing.
NOTE: For proper application, the Windlass Clip/Windlass Rod should be situated on the outside of the body (not inside the armpit or groin area). Do not place a tourniquet over a joint (knee, elbow, wrist).
- 04** **PULL** the free end of the Self-Adhering Band around the extremity as tightly as possible (critical step), and securely fasten the band back on itself.
NOTE: All the slack must be removed from the Self-Adhering Band before tightening the Windlass Rod. The band should be tight enough so that the tips of three fingers can't slide between the band and the extremity. Do not adhere the band past the Windlass Clip.
- 05** **TWIST** the Windlass Rod to tighten the band until the bleeding has stopped. Check for pulse in the arm/leg to which a tourniquet has been applied farther out on the limb than the tourniquet. If arterial blood flow has stopped, the pulse should not be felt.
NOTE: Stop the bleeding within 1 minute from the time you start applying the tourniquet.
LOCK the Windlass Rod inside the Windlass Clip to secure it and keep the band from untwisting.
- 06** **RE-CHECK** to make sure that the bleeding has not started again, and the pulse is still absent.
NOTE: If bleeding is not controlled or the pulse is still present, remove the Windlass Rod from the clip, tighten the Windlass Rod further until the bleeding and/or pulse is absent, and re-position the Windlass Rod back inside the clip.
- 07** **ROUTE** the Self-Adhering Band between the clips and around the rod.
- 08** **SECURE** the Windlass Rod and Self-Adhering Band under the Windlass Safety Strap.
NOTE: Pull the band backwards through the Windlass Clip, and then back around the Windlass Rod, if possible. Fold the Windlass Safety Strap over the top of the clip and adhere to the Velcro on the Windlass Clip. It is important to secure the Windlass Rod with the Safety Strap before moving the casualty.
NOTE: The tourniquet application process should be completed within 3 minutes (from start to finish).
- 09** **WRITE** the time of tourniquet application on the Windlass Safety Strap (and a DD1380 Tactical Combat Casualty Care (TCCC) Card or forehead).
- 10** **COMMUNICATE** your findings and any medical aid provided to medical personnel.
NOTE: It is important to continuously reassess tourniquet effectiveness every 2-5 minutes and tighten as needed to control bleeding. Once applied, do not loosen or remove the tourniquet.

HEMOSTATIC DRESSING/WOUND PACKING INSTRUCTION

TASK:	Apply hemostatic dressings, pack wounds, and apply pressure bandage
CONDITION:	Given a trauma casualty with a bleeding wound in a location where a tourniquet cannot be applied, and a hemostatic dressing
STANDARD:	Demonstrate the proper application of a hemostatic dressing and control bleeding in accordance with CoTCCC guidelines.
EQUIPMENT:	First aid kit with hemostatic dressing, pressure bandage and part-task trainer

PERFORMANCE MEASURES: Step-by-step instructions.

- 01** Identify the wound and expose the injury by opening or cutting away the casualty's clothing.
- 02** Locate the source of the most active bleeding and apply direct pressure.
- 03** (a) Remove the hemostatic dressing from its sterile package.
(b) Pack it tightly into the wound directly over the site of the most active bleeding.

***NOTE:** Fill and pack the whole wound cavity tightly while keeping firm pressure on the wound. More than one gauze may be required to stop the blood flow. If there is a penetrating object lodged into the casualty's body, bandage it in place. Do not remove the object.*

- 04** After packing, continue to apply firm, manual pressure until the bleeding stops. Hold continuous direct pressure for a minimum of 3 minutes.
- 05** Reassess the wound to ensure that bleeding has stopped, and apply more dressings, if necessary.

***NOTE:** Ensure blood is not seeping through or around the gauze. If bleeding has stopped, leave the gauze in place.*

- 06** Apply a sterile pressure bandage over the hemostatic dressing to secure it in place. (See Pressure Bandage Skill Instruction Card).
- 07** Document medical aid on a casualty's DD1380 Tactical Combat Casualty Care (TCCC) Card.
- 08** Communicate your findings and any medical aid provided to medical personnel; assist with evacuation, as requested.

PRESSURE BANDAGE INSTRUCTION

TASK:	Apply a pressure bandage
CONDITION:	Given a trauma casualty with a bleeding wound in a location where a tourniquet cannot be applied, and an Emergency Trauma Bandage
STANDARD:	Demonstrate the proper application of a pressure bandage and control bleeding in accordance with CoTCCC guidelines.
EQUIPMENT:	First aid kit with pressure bandage and a part-task trainer

PERFORMANCE MEASURES: Step-by-step instructions.

- 01** Identify and remove the bandage from the pouch and packaging.
Open the bandage and expose the padded portion of the bandage, if present.
- 02** Place the pad directly on the hemostatic dressing or open wound, as you continue to maintain pressure.
***NOTE:** If the wound has already been packed, continue to apply direct pressure using your thumb or any other digit over the site.*
- 03** Wrap the elastic bandage around the wounded extremity, while continuing to apply direct pressure.
***NOTE:** Use short tugs to ensure tightness. Be careful not to pull the pre-existing hemostatic gauze out or off of the wound during wrapping.*
- 04** If using a dressing with a pressure bar, insert the elastic bandage completely into the pressure bar.
- 05** Reverse wrap the elastic bandage back over the top of the pressure bar.
***NOTE:** Reversing the wrap back over the top of the pressure bar forces the bar down onto the pad.*
- 06** Wrap the elastic bandage tightly over the pressure bar until pad edges are covered.
- 07** Secure the hooking end of the closing bar into the elastic bandage. If you are using a bandage with a velcro end, pull up a piece of the wrap and secure it on the top and bottom with the teeth tabs. If available, tape the bandage as well. The bandage is now secure.
- 08** Assess the circulation below the pressure bandage (if placed around a limb), and readjust to loosen if necessary, and re-secure.
***NOTE:** If the skin below the pressure bandage becomes cool to the touch, bluish, or numb, or if the pulse below the pressure bandage is no longer present, the pressure bandage may be too tight.*
- 09** Document medical aid on the casualty's DD1380 Tactical Combat Casualty Care (TCCC) Card.
- 10** Communicate your findings and any medical aid provided to medical personnel; assist with evacuation, as requested.

AIRWAY MANEUVERS AND RECOVERY POSITION INSTRUCTION

TASK:	Open an airway using the head-tilt/chin-lift and jaw-thrust maneuvers
CONDITION:	Given a trauma casualty with an airway obstruction
STANDARD:	Demonstrate maneuvers to open the airway of an unconscious casualty
EQUIPMENT:	Part-task trainer or training buddy

PERFORMANCE MEASURES: Step-by-step instructions.

- 01** Kneel at the level of the casualty's shoulders and roll the casualty onto their back on a hard, flat surface, if possible. Position yourself on the side of the casualty.
- 02** Open the mouth and look for anything blocking the airway. Look for lacerations, obstructions, broken teeth, burns or swelling or other debris such as vomit. Remove visible objects immediately. **DO NOT** perform a blind finger sweep inside the mouth.

Open the Airway

 - (a) Use the Head-Tilt/Chin-Lift maneuver, if no suspicion of a neck or spine injury.**
 1. Place one hand on the casualty's forehead and apply firm, backward pressure with the palm of your hand. Tilt the head back gently.
 2. Place the fingertips of your other hand under the tip of the bony part of the casualty's lower jaw (thumb on the top) and bring the chin forward.
 3. Lift the chin upward. The mouth should not be closed as this could interfere with breathing if the nasal passages are blocked or damaged.

NOTE: If needed, the thumb may be used to depress the casualty's lower lip slightly to keep the mouth open. **CAUTION:** Do not use the thumb to lift the lower jaw. Do not press deeply into the soft tissue under the chin with the fingers as this could close the casualty's airway.
 - (b) Use the Jaw-Thrust maneuver, if you suspect a neck or spine injury.**
 1. Position yourself on your knees at the head of the casualty and rest your elbows on the ground.
 2. Place your forearms along the casualty's head to stabilize. Maintain positive control ensuring not to rotate or move the neck or head.
 3. Place the fingers under the curvature of the jaw line ensuring fingers are below the ears and place the thumbs onto the chin.
 4. Use the index fingers to pull the lower jaw up while using the thumbs to push the casualty's chin forward. **NOTE:** If the casualty's lips are still closed after the jaw has been moved forward, pull back the lower lip and open the mouth to let air flow. **NOTE:** Neck and/or spine injuries are suspected in obvious head or neck trauma and in blast injuries or motor vehicle accidents.
- 03** Reassess for breathing. Look for a rise in the chest during breaths, listen for air moving in and out & feel for breath on your cheek.
- 04** Look/feel for any wounds by running hands across the chest, abdomen and back using a sweeping motion. **NOTE:** To examine the back, kneel beside the casualty, reach across their body and grab them at the waist and shoulder; roll them on to your knees, and move/remove clothes and body armor to expose their back.
- 05** Position the casualty. Place a casualty that is awake in a sitting or the recovery position. Place an unconscious casualty in the recovery position.

NOTE: To place the casualty in the recovery position, extend the arm that will be on the bottom as you roll the casualty towards you above the casualty's head and bend the other (top) arm so the back of their hand is against their cheek on the opposite side, Roll the casualty as a single unit onto their side. Ensure the chin is raised forward. Bend the upper leg and place the knee on the ground. Slightly bend the lower leg. In a casualty with a suspected spinal injury, do not place the casualty in the recovery position. Leave them as you find them on a hard, flat surface.
- 06** Document medical aid on the casualty's DD1380 Tactical Combat Casualty Care (TCCC) Card.
- 07** Communicate your findings and any medical aid provided to medical personnel; assist with evacuation, as requested.