



COMBAT
LIFESAVER



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 01: PRINCIPLES AND APPLICATIONS OF TACTICAL COMBAT CASUALTY CARE (TCCC)



Committee on
Tactical Combat
Casualty Care
(CoTCCC)

TCCC TIER 1
All Service Members

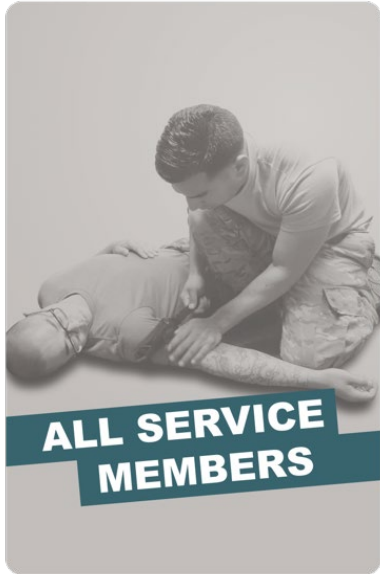
TCCC TIER 2
Combat Lifesaver

TCCC TIER 3
Combat Medic/Corpsman

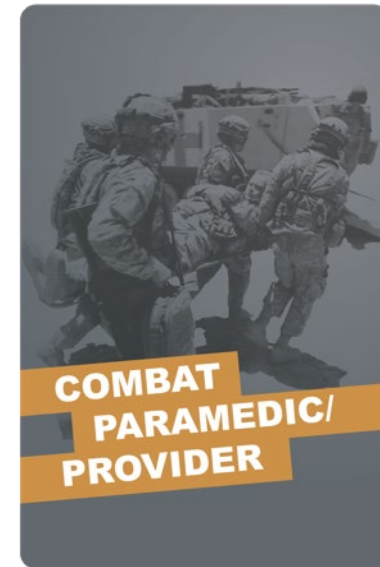
TCCC TIER 4
Combat Paramedic/Provider

ROLE 1 CARE

NONMEDICAL PERSONNEL



MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

TERMINAL LEARNING OBJECTIVES

01 Given a combat or noncombat scenario, perform Tactical Combat Casualty Care (TCCC) in accordance with the Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines

- 01 Demonstrate the application of Tactical Combat Casualty Care skills in a combat or noncombat scenario. (Comprehensive Module Practical Exercise)

02 Describe the practice of TCCC in accordance with CoTCCC Guidelines

- 02 Identify the leading causes of preventable death due to traumatic injuries, and the corresponding interventions to help increase chances of survival
- 03 Describe the TCCC Phases of Care, and how intervention priorities differ in each phase, in accordance with CoTCCC guidelines
- 04 Describe the application of TCCC in combat and noncombat settings across different environments
- 05 Describe the role and responsibilities of a nonmedical service member in rendering TCCC care in accordance with Joint Publication (JP) 4-02, Health Services Support, p. 27 (II-1)
- 06 Identify the key factors influencing TCCC
- 07 Identify the importance of TCCC training
- 08 Identify three objectives (or goals) of TCCC

08 ENABLING LEARNING OBJECTIVE (ELO)

● = Cognitive ELOs ● = Performance ELOs

CONGRESSIONAL MANDATE FOR STANDARDIZED TRAINING

DoDI 1322.24



DoD INSTRUCTION 1322.24

MEDICAL READINESS TRAINING (MRT)

Originating Component:	Office of the Under Secretary of Defense for Personnel and Readiness
Effective:	March 16, 2018
Releasability:	Cleared for public release. Available on the DoD Issuances Website at http://www.esd.whs.mil/DD/ .
Reissues and Cancels:	DoD Instruction 1322.24, "Medical Readiness Training," October 6, 2011
Approved by:	Robert L. Wilkie, Under Secretary of Defense for Personnel and Readiness

Purpose: This issuance:

- In accordance with the authority in DoD Directive (DoDD) 5124.02, establishes policy, assigns responsibilities, and provides procedures for governing MRT for Service members and the DoD expeditionary civilians (DoD-EC).
- In accordance with Section 708 of Public Law 114-328, develops a standardized combat casualty care instruction for all Service members, including the use of standardized trauma training platforms.
- Establishes a requirement to record tactical combat casualty care (TCCC) certification in Service-designated training tracking systems.

Standardizes Combat Casualty Care for all Service members

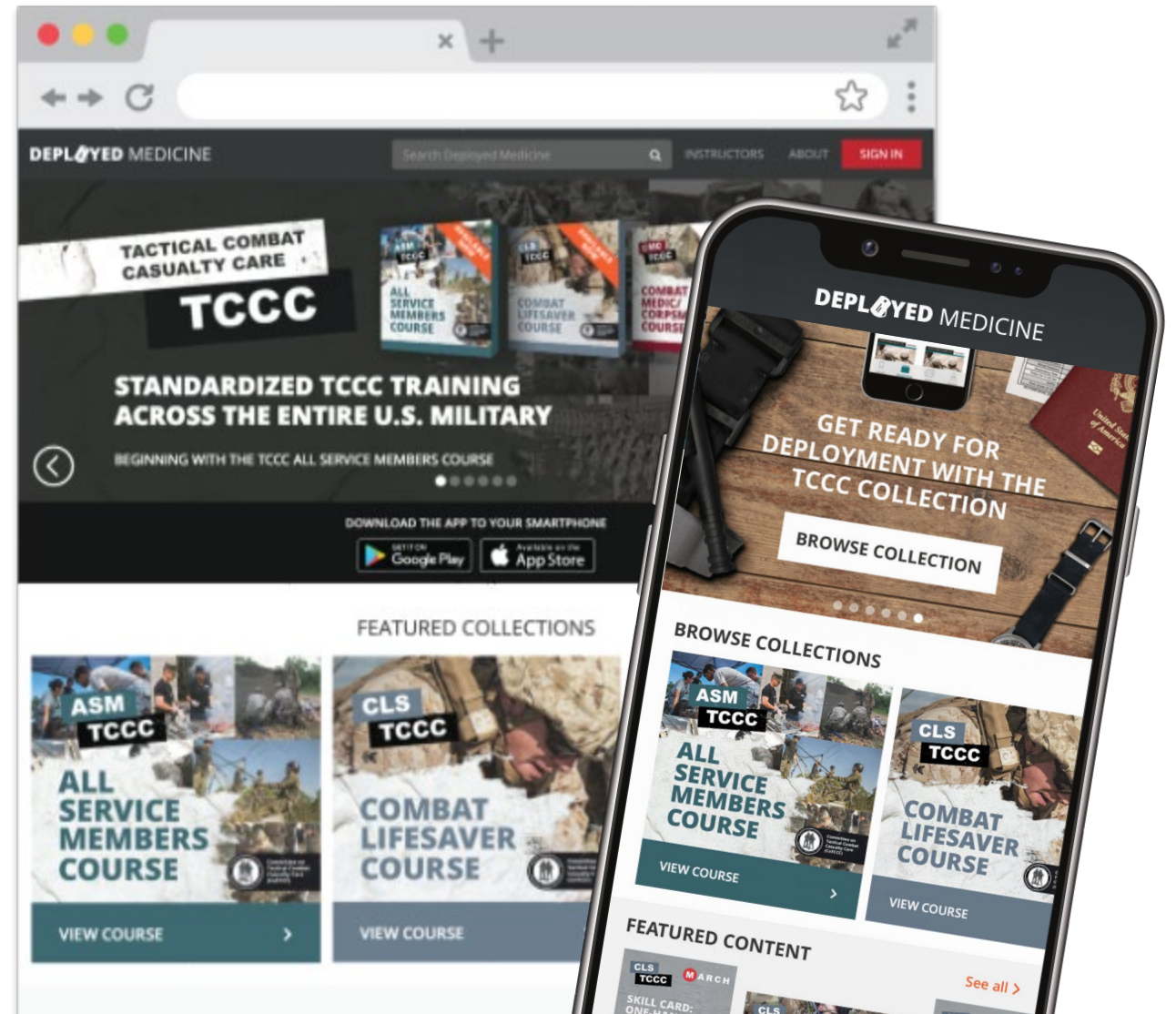
Covers the use of a standardized trauma training platforms

This isn't just your typical first aid training

DEPLOYED MEDICINE

- Training & Education Resource
- ASM TCCC Curriculum and resources
- Updated videos, podcasts, and resources
- Download CPGs to your phone

www.deployedmedicine.com



WHAT THIS COURSE CONTAINS

- Principles and Applications of TCCC
- Medical Equipment
- Care Under Fire
- Principles and Application of Tactical Field Care
- Tactical Trauma Assessment
- Massive Hemorrhage Control
- Airway Management
- Respiration Assessment and Management
- Circulation/Hemorrhage Control
- Shock Recognition
- Hypothermia Prevention
- Head Injuries
- Eye Injuries
- Pain Medication and Antibiotic Administration
- Wound Management
- Burns
- Fractures
- Casualty Monitoring
- Pre-evacuation Procedures
- Evacuation Procedures

PRINCIPLES AND APPLICATIONS OF TCCC



Video can be found on [DeployedMedicine.com](https://www.deployedmedicine.com)

ROLES AND RESPONSIBILITIES OF COMBAT LIFESAVER (CLS)



In a **CUF** situation the CLS:

- Attention to suppression of hostile fire may minimize the risk of injury to personnel and minimize additional injury to previously injured Service members

In **TFC** the CLS Service members:

- Must maintain security and situational awareness while continuing the treatment of casualties and preparation for evacuation

ROLES AND RESPONSIBILITIES OF CLS



First Responder Care (Role 1)

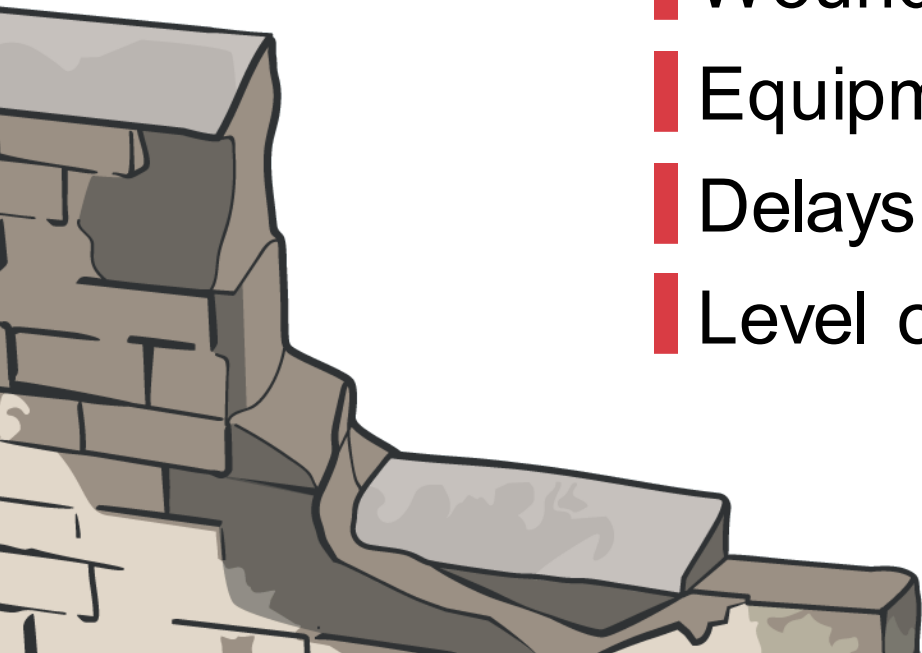
The first medical care military personnel receive is provided at Role 1 (also referred to as unit-level medical care or self-aid, buddy aid, combat lifesaver, and/or medic care). This role of care includes:

- Immediate lifesaving measures

Treatment for disease and non-battle injury (DNBI) or degradation of functional capability sustained by personnel and caused by factors other than those directly attributed to enemy action

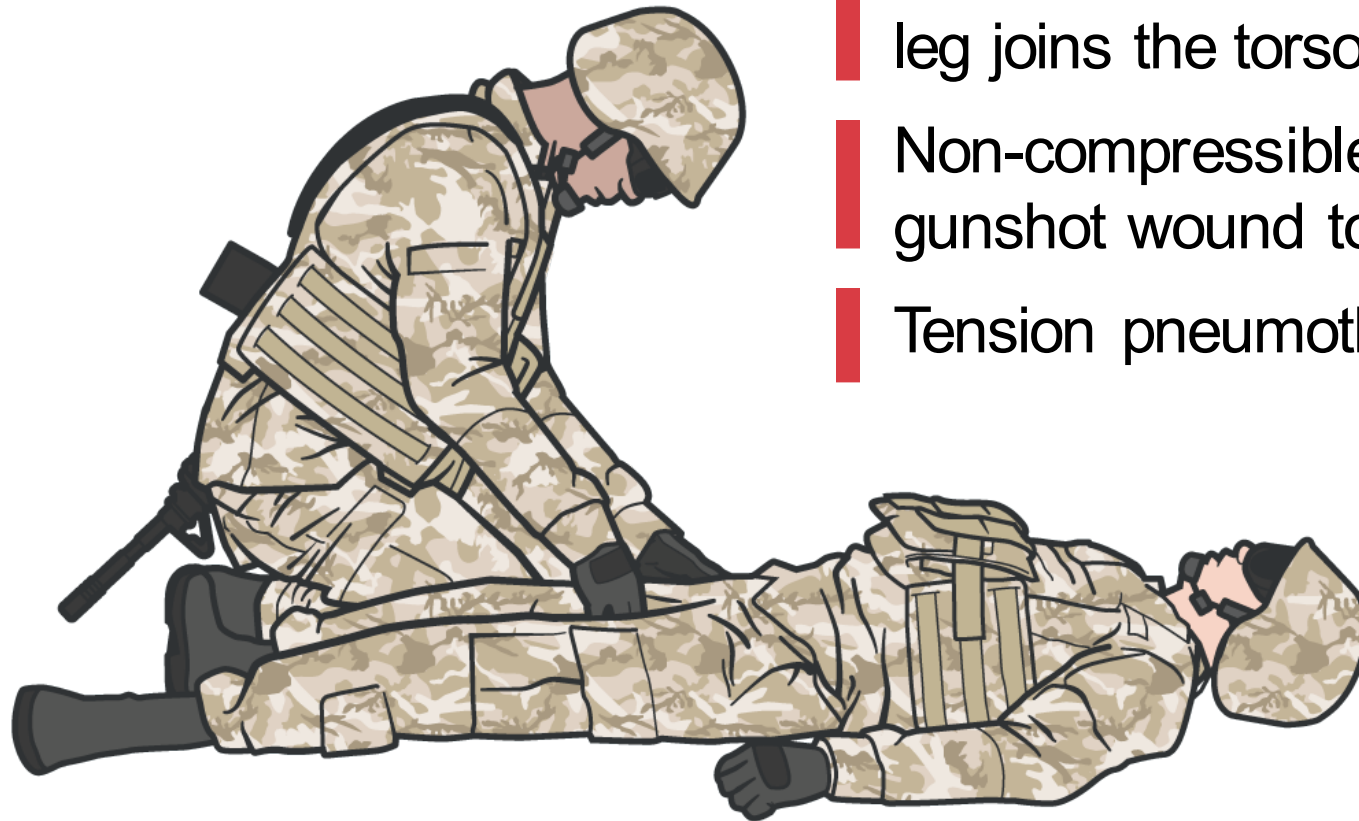
THE KEY FACTORS INFLUENCING TCCC

- Hostile fire
- Tactical considerations
- Environmental considerations
- Wounding patterns
- Equipment constraints
- Delays in reaching higher levels of care
- Level of first responder training and experience



IMPORTANCE OF TCCC TRAINING

TCCC focuses on identifying and treating the causes of preventable death on the battlefield



- Bleeding from arm and leg injuries
- Junctional bleeding where an arm or leg joins the torso such groin
- Non-compressible bleeding such as a gunshot wound to the abdomen
- Tension pneumothorax, and airway problems

THREE GOALS OF TCCC

- Treat the Casualty
- **Prevent additional casualties**
- Complete the mission



ENTER THE BATTLEFIELD

Three PHASES of TCCC

1 CARE UNDER FIRE

RETURN FIRE
AND TAKE COVER

Quick decision-making:

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

2 TACTICAL FIELD CARE

COVER AND
CONCEALMENT

Basic Management Plan:

- Maintain tactical situational awareness
- Triage casualties as required
- MARCH-PAWS assessment

3 TACTICAL EVACUATION CARE

More deliberate assessment and treatment of unrecognized life-threatening injuries

- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TCCC training!

PHASE 1: CARE UNDER FIRE

RETURN FIRE AND TAKE COVER



Never attempt to rescue a casualty until hostile fire is suppressed



Using available resources, ensure scene safety

DIRECT CASUALTY TO REMAIN ENGAGED

APPLY SELF AID
AND MOVE TO COVER
(if able)

GAIN FIRE
SUPERIORITY

FIRE SUPERIORITY
HAS BEEN GAINED

CLS MOVEMENT
TO CASUALTY
*(if casualty is unable
to move to cover)*

PHASE 1: CARE UNDER FIRE

APPLY TOURNIQUET
TO CONTROL
LIFE-THREATENING
BLEEDING



For life-threatening bleeding, place a tourniquet **"high and tight"** above the wound



FIRE SUPERIORITY
CONTINUES TO BE
MAINTAINED

CASUALTY
MOVEMENT



IMPORTANT
CONSIDERATIONS:

Constantly assess risks and make a plan before moving a casualty

TACTICAL FIELD CARE

MARCH PAWS

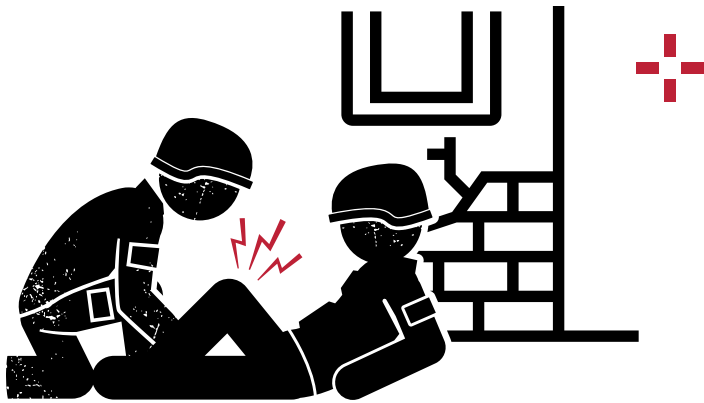
LIFE-THREATENING

- M** MASSIVE BLEEDING #1 Priority
- A** AIRWAY
- R** RESPIRATION (*Breathing*)
- C** CIRCULATION
- H** HYPOTHERMIA / HEAD INJURIES

AFTER LIFE-THREATENING

- P** PAIN
- A** ANTIBIOTICS
- W** WOUNDS
- S** SPLINTING

PHASE 2: OTHER CONSIDERATIONS OF TACTICAL FIELD CARE



TACTICAL FIELD CARE (TFC)

- The casualty and the person rendering care are not under direct fire
- Intervention priorities should follow MARCH PAWS



LIMITED SUPPLIES

- Medical equipment and supplies are limited to what is carried into the field by the combat lifesaver and the individual service member

REMEMBER:

- Always use the **casualty's** JFAK first
- Tactical Field Care can turn into a Care Under Fire unexpectedly
- Personnel should maintain their situational awareness

PHASE 3: TACTICAL EVACUATION CARE

CASUALTY MONITORING

- Continue to reassess and monitor casualty

EVAC REQUEST

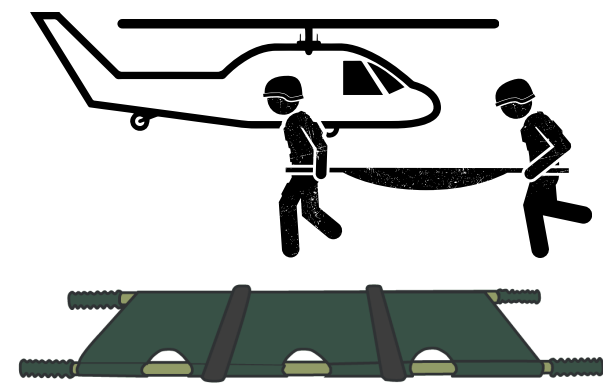
- Use 9-Line Format

CASUALTY PREP

- Prep Litter
- Prep Evac Equipment
- Pack Casualty
- Secure Items

Complete MIST report

- M** Mechanism of injury
- I** Injuries
- S** Symptoms
- T** Treatment



(Litter Transport)

PRE-EVAC PROCEDURES

- Complete DD Form 1380

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

BATTLE ROSTER #:

EVAC: Urgent Priority Routine

Treatments: (X all that apply, and fill in the blank)

C: TQ: Extremity Junctional Truncal Type _____

Dressing: Hemostatic Pressure Other _____

A: Intact NPA CRIC ET-Tube SGA _____

C: O2 Needle-D Chest-Tube Chest-Seal _____

Fluid	Name	Volume	Route	Time
Blood Product				

EDS:

Analgesic (e.g. Ketamine, Fentanyl, Morphine)	Name	Dose	Route	Time
Antibiotic (e.g. Moxifloxacin, Clindamycin) <td></td> <td></td> <td></td> <td></td>				
Other (e.g. TXA)				

Combat-Pill-Pack Eye-Shield R L Splint

Thermia-Prevention Type: _____

LAST 4: _____

TCCC CARD

GOALS

Treat the Casualty

Prevent additional casualties

Complete the mission

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CHECK ON LEARNING

- What are factors that influence TCCC?
- What are the phases of care in TCCC?
- What is the most essential treatment task in Care Under Fire?
- What is every first responder's role in Care Under Fire?
- What does MARCH-PAWS stand for?

ANY QUESTIONS?