



COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE
SKILLS ASSESSMENT CHECKLIST



INDIVIDUAL SKILLS ASSESSMENT
MODULE 6: Massive Hemorrhage Control in TFC

DATE: _____

STUDENT NAME: _____

RANK: _____

TRAINER NAME: _____

ROSTER#: _____

INSTRUCTION: This Skills Assessment Checklist should be used by a trainer to grade a student's ability to perform the individual SKILLS for the TCCC Combat Medic/Corpsman (TCCC-CMC) Course. A trainer 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 trainer 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.

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
TWO-HANDED (WINDLASS) TOURNIQUET APPLICATION IN TACTICAL FILED CARE (TFC)		P	F	P	F
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding site.	C				
3. Applied direct pressure to control bleeding while preparing to apply tourniquet.	C				
4. Removed the tourniquet from the casualty's Joint First Aid Kit (JFAK) and/or carrying pouch.					
5. Inserted the wounded extremity in the loop of the self-adhering band (looped) or routed the band around the limb and passed the band tip through the slit of the buckle.	C				
6. Positioned the tourniquet about 2–3 inches above the wound and directly on the skin.	C				
7. Pulled self-adhering band until all slack was removed and it was tight around the extremity.	C				
8. Fastened the band back on itself all the way around the limb (but not over the windlass rod clips).	C				
9. Twisted the windlass rod until bleeding stopped.	C				
10. Completed steps 1–7 within 1 minute.	C				
11. Locked the windlass rod in place with the windlass clip.	C				
12. Routed the self-adhering band around the rod and between the clips.					
13. Secured with the windlass safety strap.					
14. Documented the time of tourniquet application on the windlass safety strap (or the casualty's forehead), completing the process within 3 minutes	C				



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15. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____ RANK: _____
INSTRUCTOR NAME: _____ ROSTER#: _____



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STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
TWO-HANDED (RATCHET) TOURNIQUET APPLICATION IN TFC					
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding site.	C				
3. Applied direct pressure to control bleeding while preparing to apply tourniquet.	C				
4. Removed the tourniquet from the casualty's JFAK and/or carrying pouch.					
5. Inserted the wounded extremity in the loop of the tourniquet strap or routed the strap around the limb, passed the tip through the routing buckle, and pulled it back on itself.	C				
6. Positioned the tourniquet about 2–3 inches above the wound and directly on the skin.	C				
7. Pulled the strap as tightly as possible, removing all excess slack.	C				
8. Ratcheted the maneuver device as tightly as possible until the bleeding stopped.	C				
9. Completed steps 1–7 within 1 minute.	C				
10. Locked the ratchet on itself (it clicked into place).	C				
11. Wrapped the excess strap around the ratchet device and secured it in place.					
12. Documented the time of tourniquet application on the safety strap (or the casualty's forehead), completing the process within 3 minutes.	C				
13. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency:	Yes No				
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
IMPROVISED LIMB TOURNIQUET					
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding source.	C				
3. Applied direct pressure to control bleeding while preparing to apply tourniquet.	C				
4. Gathered and prepared appropriate improvised tourniquet materials.					
5. Identified the application site 2–3 inches above the bleeding site.	C				
6. Routed the strap under the limb at the application site. (If an optional locking ring was used, then the strap was routed through the ring.)	C				
7. Tied the first half of a square knot tightly and evenly. (If an optional locking ring was used, ensured the ring device was approximately 2 inches away from the knot.)	C				
8. Held the windlass device over the center of the half knot and completed the square knot, tightening down over the windlass device.	C				
9. Twisted the windlass device in one direction until the bleeding stopped and/or no distal pulse was palpated.	C				
10. Held the windlass device in place, tightly tied the tails of the original square knot to the windlass device and secured it in place. (If the optional ring was used, the windlass device was inserted into the ring.)	C				
11. Used the second cravat, tape, or strip of cloth and secured the tourniquet in place (if the optional ring was not used).					
12. Documented the time of tourniquet application on the casualty's forehead.	C				
13. Documented all findings and treatments on the DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS	1 st Attempt		2 nd Attempt	
	P	F	P	F
WOUND PACKING AND PRESSURE BANDAGE				
1. Considered body substance isolation.				
2. Exposed the injury and assessed the bleeding source.	C			
3. Located the source of the most active bleeding and applied direct pressure.	C			
4. Removed the hemostatic gauze from its sterile package.				
5. Packed the hemostatic gauze tightly into the wound directly over the site of the most active bleed. CAUTION: If a penetrating object was lodged into the casualty's body, bandaged it in place. Did not remove the object.	C			
6. Ensured the gauze extended 1–2 inches above the skin. (Placed additional gauze as needed).	C			
7. After packing, continued to apply firm, manual pressure until the bleeding stopped. Held continuous direct pressure for a minimum of 3 minutes.	C			
8. Reassessed to ensure bleeding had been controlled while maintaining pressure.	C			
9. If bleeding had not been controlled: (a) If packed with hemostatic dressing, removed prior packing material and repacked starting at step 4. (OR) (b) If packed with gauze, applied additional gauze and pressure (for 3 minutes) until bleeding stopped.				
10. Removed the pressure bandage from the pouch and packaging.				
11. Placed the pad (bandage) directly on the wound, or any dressing previously applied, while continuing to apply direct pressure.	C			
12. Wrapped the pressure/elastic bandage tightly around the extremity, focusing pressure over the wound and ensuring that the edges of the pad were covered.	C			
13. Secured the hooking ends of the Velcro or closure bar onto the last wrap of the bandage.	C			
14. Checked for circulation below the pressure bandage by feeling for distal pulse. CAUTION: If the skin below the pressure bandage becomes cool to the touch, bluish, or numb, or if the distal pulse is no longer present, the pressure bandage may be too tight and should be loosened and reapplied; if bleeding occurs you may need to apply a limb or junctional tourniquet.	C			
15. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C			
Demonstrated TCCC Proficiency: Yes No				

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PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
XSTAT		P	F	P	F
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding source.	C				
3. Applied direct pressure to the wound while the applicator was gathered and prepared.	C				
4. Pulled the handle out and away from the barrel until it stopped and locked, if using the XSTAT 30.	C				
5. Inserted the applicator tip into the wound track as close to the bleeding source as was possible.	C				
6. If XSTAT 12 was used, the plunger was inserted into the applicator.					
7. Depressed the handle firmly and deployed the mini-sponges into the wound tract or cavity.	C				
8. Used additional applicators as needed and completely packed the wound with mini-sponges.					
9. Ensured XSTAT packing reached a level of 1–2 inches above the wound.	C				
10. Applied manual pressure for 3 minutes (or longer) until the bleeding was controlled.	C				
11. Applied a pressure dressing over the wound.	C				
12. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME:

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
NECK JUNCTIONAL HEMORRHAGE CONTROL		P	F	P	F
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding source.	C				
3. Applied direct pressure to the source of the most active bleeding (if possible).	C				
4. Removed the hemostatic dressing from the casualty's JFAK and opened the sterile package.					
5. Packed the neck wound tightly with hemostatic gauze until the wound cavity was filled while keeping firm pressure on the wound. CAUTION: If a penetrating object was lodged into the casualty's body, bandaged it in place. Did not remove the object.	C				
6. Finished packing within 90 seconds.	C				
7. Ensured gauze extended 1–2 inches above the skin. (Placed additional gauze as needed).	C				
8. Held pressure for a minimum of 3 minutes.	C				
9. Reassessed to ensure bleeding had been controlled while maintaining pressure.	C				
10. If bleeding had NOT been controlled: (a) If packed with hemostatic dressing, removed prior packing material and repacked starting at step 4. (OR) (b) If packed with gauze, applied additional gauze and pressure (for 3 minutes) until bleeding stopped.					
11. Placed a 6-inch elastic bandage over the dressing, leaving enough tail to tie it into a knot.					
12. While maintaining pressure on the dressing/gauze, wrapped the pressure (or elastic) bandage (no less than 1–1½ times) over the packing material, ensuring it was covered completely.	C				
13. Wrapped diagonally across the chest under the opposite axilla around the back to the neck and back over the wound.	C				
14. Wrapped around the neck and under the arm (on alternating sides of the tail, while maintaining tension/pressure), pulling the elastic bandage tightly for pressure, covering the packing material.	C				
15. Secured the dressing by tying a non-slip knot with the end of the elastic bandage and its tail.	C				
16. Secured elastic bandage tails with tape, wrapping the tape a minimum of 1–1½ times around the knot.					
17. Swathed the upper arm (of the injured side) to the chest using a bandage.	C				
18. Continued to assess the wound for further bleeding.					
19. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
AXILLARY JUNCTIONAL HEMORRHAGE CONTROL					
1. Considered body substance isolation.					
2. Lifted the arm to expose the injury and assessed the bleeding source.	C				
3. Applied direct pressure to the source of the most active bleeding (if possible).	C				
4. Removed the hemostatic dressing from the casualty's JFAK and opened the sterile package.					
5. Extended the casualty's arm at a 90-degree angle by placing it on the medic's shoulder (to maintain elevation of the arm).					
6. Packed the axillary wound tightly with hemostatic gauze until the wound cavity was filled while keeping firm pressure on the wound. CAUTION: If a penetrating object was lodged into the casualty's body, bandaged it in place. Did not remove the object.	C				
7. Finished the packing within 90 seconds.	C				
8. Ensured gauze extended 1–2 inches above the skin. (Placed additional gauze as needed if not extended beyond 1-2 inches above the skin).	C				
9. Held pressure for a minimum of 3 minutes.	C				
10. Reassessed to ensure bleeding had been controlled while maintaining pressure.	C				
11. If bleeding had not been controlled: (a) If packed with hemostatic dressing, removed prior packing material and repacked starting at step 4. (OR) (b) If packed with gauze, applied additional gauze and pressure (for 3 minutes) until bleeding had stopped.					
12. While maintaining pressure on the dressing/gauze, wrapped the pressure (or elastic) bandage around the injured shoulder twice ensuring the gauze underneath was completely covered.	C				
13. Wrapped the elastic bandage across, back, and under the opposite axilla, anchoring around the opposite shoulder in a "Figure 8" pattern.	C				
14. Depending on the bandage used, secured with the closure bar or tied the tails of the elastic bandage together with a non-slip knot.	C				
15. Secured pressure (elastic) bandage tails and knot using 3-inch tape, wrapping the tape a minimum of 1–1½ times around the knot.					
16. Swathed the upper arm to the side of the chest using a cravat.	C				
17. Continued to assess the wound for further bleeding.					
18. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS	1 st Attempt		2 nd Attempt	
	P	F	P	F
INGUINAL HEMORRHAGE CONTROL WITH IMPROVISED JUNCTIONAL PRESSURE DELIVERY DEVICE (PDD)				
1. Considered body substance isolation.				
2. Exposed the injury and assessed the bleeding source.	C			
3. Applied direct pressure to the source of most active bleeding, if not visible, placed a fist squarely in the inguinal gutter on the injured.	C			
4. Removed the hemostatic dressing from the casualty's JFAK and opened the sterile package.				
5. Removed the fist, if used for initial bleeding control, and immediately applied direct pressure while tightly packing the inguinal wound with hemostatic gauze until the wound cavity was filled. CAUTION: If a penetrating object was lodged into the casualty's body, bandaged it in place. Did not remove the object.	C			
6. Finished the packing within 90 seconds.	C			
7. Ensured gauze extended 1–2 inches above the skin. (Placed additional gauze as needed to ensure gauze extends 1-2 inches above the skin.)	C			
8. Held pressure for a minimum of 3 minutes.	C			
9. Reassessed to ensure bleeding had been controlled while maintaining pressure.	C			
10. If bleeding had not been controlled: (a) If packed with hemostatic dressing, removed prior packing material and repacked starting at step 4. (OR) (b) If packed with gauze, applied additional gauze and pressure (for 3 minutes) until bleeding stopped.				
11. Selected a cylindrical or spherical PDD and positioned into the inguinal gutter while continuously maintaining pressure to the dressing.	C			
12. Selected a tourniquet that could wrap around the casualty's waist/hip area or connected two tourniquets together.	C			
13. Placed the windlass or ratchet tourniquet directly over the middle of the PDD; ensured that the routing buckle was located toward the medial aspect of the body.	C			
14. Removed all slack from the self-adhering band or strap using a pushing motion across the casualty's body before tightening the tourniquet.	C			
15. Tightened the tourniquet until bleeding stopped and the distal pulse was checked and was absent.	C			
16. Visually inspected placement of equipment, ensuring the PDD was in place and the windlass/ratchet were properly positioned over the device.				
17. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C			
Demonstrated TCCC Proficiency: Yes No				
Notes:				

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
SAM JUNCTIONAL TOURNIQUET					
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding source.	C				
3. Applied direct pressure to the source of the most active bleeding (if possible).	C				
4. Emptied the casualty's pockets and removed items (e.g., equipment, weapons) from around the hip area.					
5. Placed the casualty in the supine position.					
6. Applied direct pressure over the femoral pulse just below the inguinal ligament while the junctional tourniquet was gathered and prepared.	C				
7. Passed the belt of the junctional tourniquet behind the thighs and slid it upward, positioned over the area to be compressed by the Target Compression Device (TCD): (a) Over the femoral pulse just below the inguinal ligament. (OR) (b) If pulse was not palpable, placed just below the midpoint of the imaginary line between the anterior superior iliac spine and pubic tubercle.	C				
8. Held the TCD in place and connected/snapped the belt buckles together.					
9. Pulled the brown handles away from each other firmly until the buckle was secured and ensured that all slack was removed from the belt before TCD inflation.	C				
10. Fastened excess belt in place and pressed it down on the hook and loop fastener.					
11. Used the hand pump to inflate the TCD(s) until the hemorrhage stopped and no distal pulse is present.	C				
12. Documented the time of tourniquet placement on the casualty's forehead.	C				
13. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					



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PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
INGUINAL COMBAT READY CLAMP (CRoC) JUNCTIONAL TOURNIQUET		P	F	P	F
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding source.	C				
3. Applied direct pressure to the source of the most active bleeding (if possible).	C				
4. Emptied the casualty's pockets and removed items (e.g., equipment, weapons) from around the hip area.					
5. Placed the casualty in the supine position.					
6. Applied direct pressure over the femoral pulse just below the inguinal ligament while the junctional tourniquet was gathered and prepared.	C				
7. Removed the CRoC junctional tourniquet from the package.	C				
8. Raised the vertical arm up until it locked into place and rotated it 90-degrees until the locking pin engaged.					
9. Pulled up on the vertical arm detent (retaining pin) and inserted the horizontal arm. Released the retaining pin and advanced the horizontal arm until the locking pin engaged.					
10. Inserted the T handle into the horizontal arm and turned clockwise until it was threaded far enough to be stable and exposed the end below the horizontal arm.					
11. Pressed the pressure disk firmly onto the T handle until the disk clicked into place.					
12. Identified the area to be compressed: (a) Over the femoral pulse just below the inguinal ligament. (OR) (b) If pulse is not palpable, just below the midpoint of the imaginary line between the anterior superior iliac spine and pubic tubercle.	C				
13. Positioned the baseplate under the casualty, beneath the desired pressure point.	C				
14. Ensured the vertical arm was in contact with the casualty on the wounded side in close proximity to the wound location.					
15. Adjusted the horizontal arm and positioned the disc over the femoral pressure point.					
16. Adjusted the vertical arm downward and ensured the disc head contacted the casualty.					
17. Applied pressure to the dressing by turning the T handle clockwise until the bleeding stopped.	C				
18. Attached the securing strap.					
19. Documented time of tourniquet placement on the casualty's forehead.	C				
20. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
JUNCTIONAL EMERGENCY TREATMENT TOOL TOURNIQUET					
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding source.	C				
3. Applied direct pressure to the source of the most active bleeding (if possible).	C				
4. Emptied the casualty's pockets and removed items (e.g., equipment, weapons) from around the hip area.					
5. Placed the casualty in the supine position.					
6. Applied direct pressure over the femoral pulse just below the inguinal ligament while preparing the junctional tourniquet.	C				
7. Opened and unrolled the device and prepared for application.					
8. Slid the belt under the small of the casualty's back or buttocks.					
9. Located the femoral pulse, just below the inguinal ligament running from the superior iliac crest to the pubic bone to guide the proper placement of the device.	C				
10. Slid the belt under the buttocks using a back-and-forth motion, so that the buttocks pad was centered behind the casualty and allowed for the alignment of the pressure pads just below the inguinal ligament.					
11. Adjusted the two junctional pressure pads on the straps and positioned them in the area over the femoral pulse just below the inguinal ligament.	C				
12. Angled the junctional pressure pads at approximately a 30-degree angle, pointed midline toward the feet and parallel to the inguinal canal, and ensured the casualty's genitals were clear of the area to be compressed.	C				
13. Slid the female end into the male end of the buckle until a click was heard.					
14. Pulled the free running end of the strap firmly with the loop handle to tighten the device and remove all the slack.					
15. Reassessed pad placement and ensured the pressure pads were correctly positioned over the femoral pulse and below and parallel (~30-degree angle) to the inguinal ligament.					
16. Tightened the threaded T handle on the injured side and turned it in a clockwise direction.	C				
17. Stabilized the baseplate with the other hand and stopped the bleeding.	C				
18. Inserted the toggle into the opening on the threaded handle, cinched it tight at the base plate, and secured the device.	C				
19. Documented the time of application on the designated space on the loop handle.	C				
20. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency:	Yes No				
Notes:					