CMC TCCC

COMBAT MEDIC/ CORPSMAN

# TACTICAL COMBAT CASUALTY CARE COURSE

## MODULE 4: PRINCIPLES AND APPLICATION OF TACTICAL FIELD CARE (TFC)

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

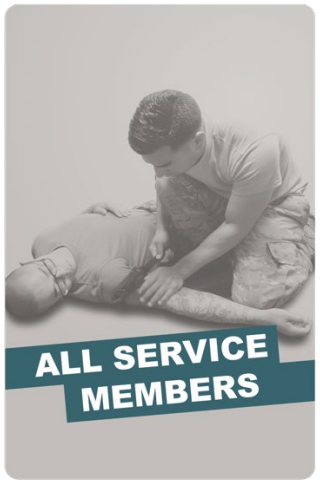
# CHANGE LOG - CURRICULUM UPDATE HISTORY

| CHANGE DATE | PRODUCT UPDATE | DESCRIPTION OF CHANGE |
|---|---|---|
| 30 APR 2025 | Module 04 - Didactic PPT Slides 9 and 14 | Updated TCCC 1380 Card image to reflect changing “gender” to “sex” |
| 30 MAY 2026 | Module 04 – Didactic PPT Slides 14 - 42 | Updated Triage content across modules to align with current TCCC Guideline changes. |
| | | |
| | | |
| | | |

# TACTICAL COMBAT CASUALTY CARE ROLE-BASED TRAINING SPECTRUM

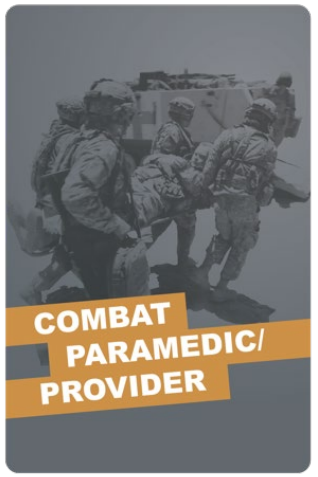
## ROLE 1 CARE

NONMEDICAL PERSONNEL





MEDICAL PERSONNEL


◀ YOU ARE HERE

STANDARDIZED JOINT CURRICULUM

# LEARNING OBJECTIVES

**05** **To perform Tactical Field Care in accordance with CoTCCC Guidelines, given a combat or noncombat scenario**

- ● **5.1** Identify the importance of security and safety in Tactical Field Care
- ● **5.2** Identify basic principles of removal/extraction of casualties from a unit-specific platform
- ● **5.3** Identify the importance and techniques of communicating casualty information with unit tactical leadership and/or medical personnel
- ● **5.4** Identify the relevant tactical and casualty data involved in communicating casualty information
- ▨ **5.5** Demonstrate communication of casualty information to tactical leadership and/or medical personnel (in accordance with Service and/or unit standard operating procedures in Tactical Field Care)
- ● **5.6** Identify triage considerations in Tactical Field Care
- ● **5.7** Describe the principles, roles, responsibilities, planning considerations, and management of a casualty collection point
- ▨ **5.8** Demonstrate the consolidation and triage of casualties in a casualty collection point

**01** **TERMINAL LEARNING OBJECTIVES** (TLOs)

**08** **ENABLING LEARNING OBJECTIVES** (ELOs)

● = Cognitive ELOs

▨ = Performance ELOs

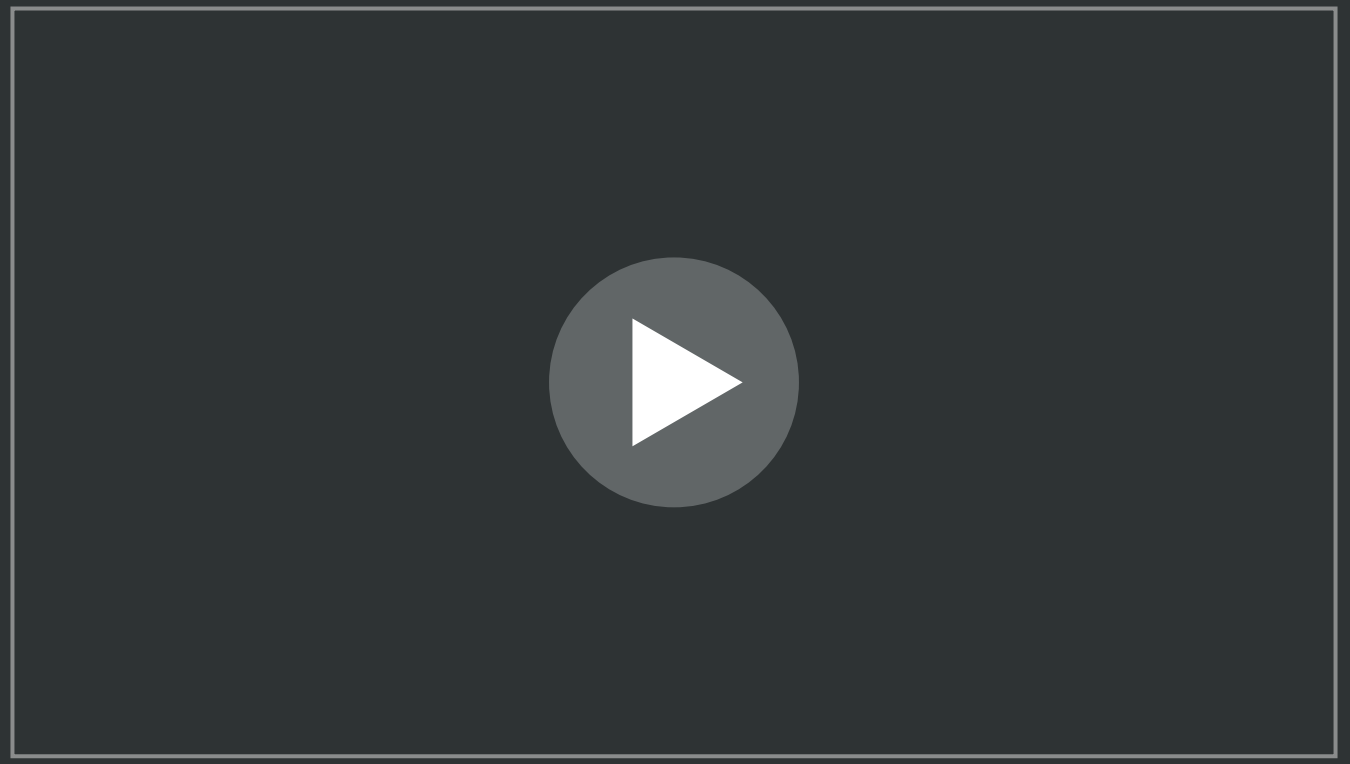
# Three PHASES of TCCC

1. **CARE UNDER FIRE (CUF)/ THREAT**
   - RETURN FIRE AND TAKE COVER
2. **TACTICAL FIELD CARE (TFC)**
   - WORK UNDER COVER AND CONCEALMENT
3. **TACTICAL EVACUATION CARE (TACEVAC)**
   - MORE DELIBERATE ASSESSMENT AND PRE-EVACUATION PROCEDURES

YOU ARE HERE

CMC
TCCC

# CASUALTY COLLECTION POINT OVERVIEW



*Video can be found on deployedmedicine.com*

# PHASE 2: TACTICAL FIELD CARE

After **CARE UNDER FIRE (CUF)**, conduct more deliberate assessments and care following the **MARCH PAWS** sequence

**REMEMBER:** The tactical situation could **REVERT** back to CUF at any time

**IMPORTANT CONSIDERATIONS:**

Mission personnel should **constantly maintain** their situational awareness of the **potential threat** from hostile forces

**TFC IS RENDERED WHEN THERE IS NO LONGER A DIRECT THREAT OR EFFECTIVE ENEMY FIRE**

# CASUALTY REMOVAL / EXTRACTION PRINCIPLES

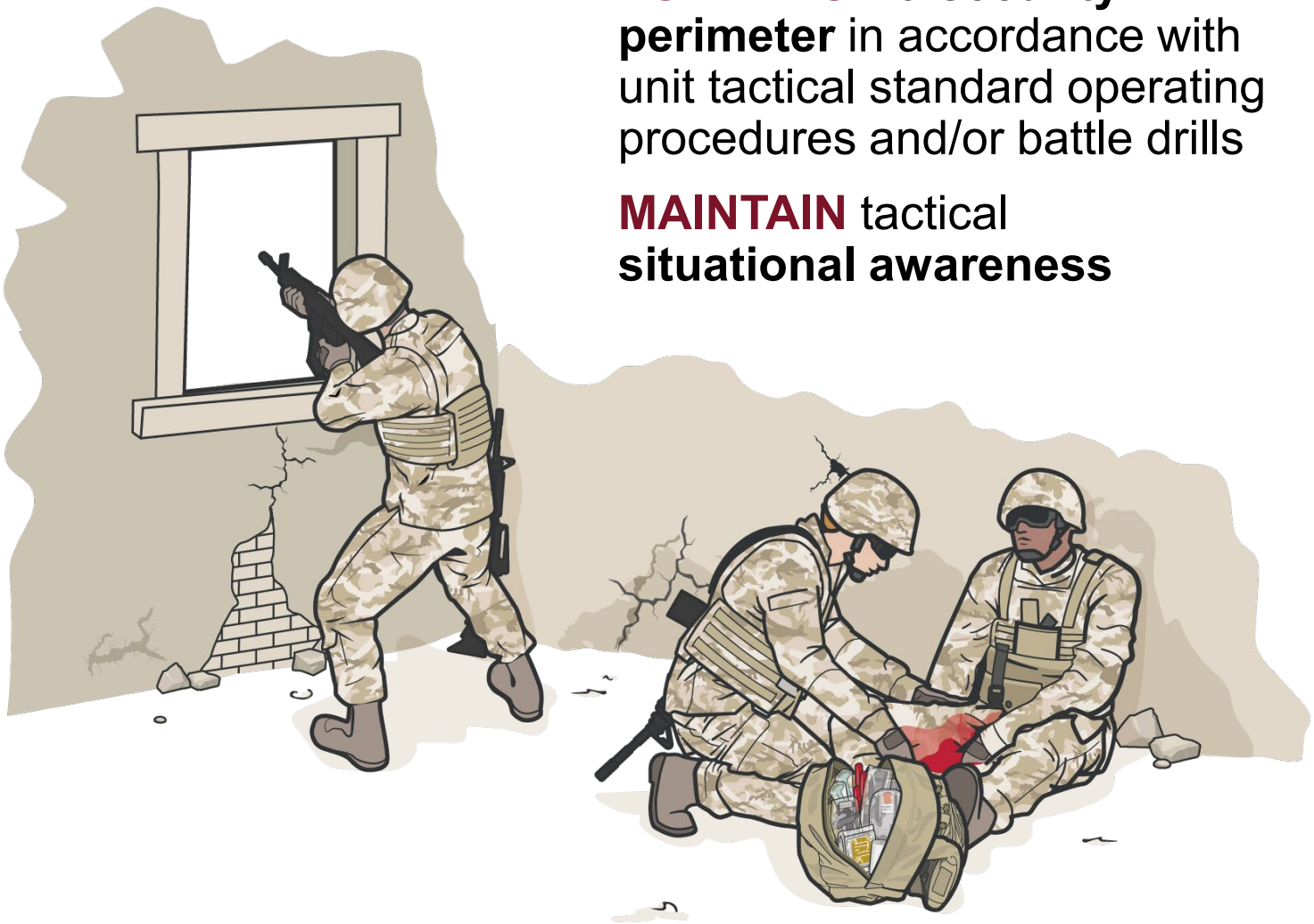
**PRINCIPLE 1:**
**SAFETY** is critical

**PRINCIPLE 2:**
**MARCH** still applies. If possible, you may want to initiate lifesaving measures (e.g., applying a TQ before extraction) and continuously monitor the casualty

**PRINCIPLE 3:**
**TRAINING**

*Extractions will vary based on the **UNIT**, **MISSION**, and **PLATFORMS** located in your area of responsibility. Ensure accountability of every casualty and responder at all times.*

# SECURITY AND SAFETY IN TFC



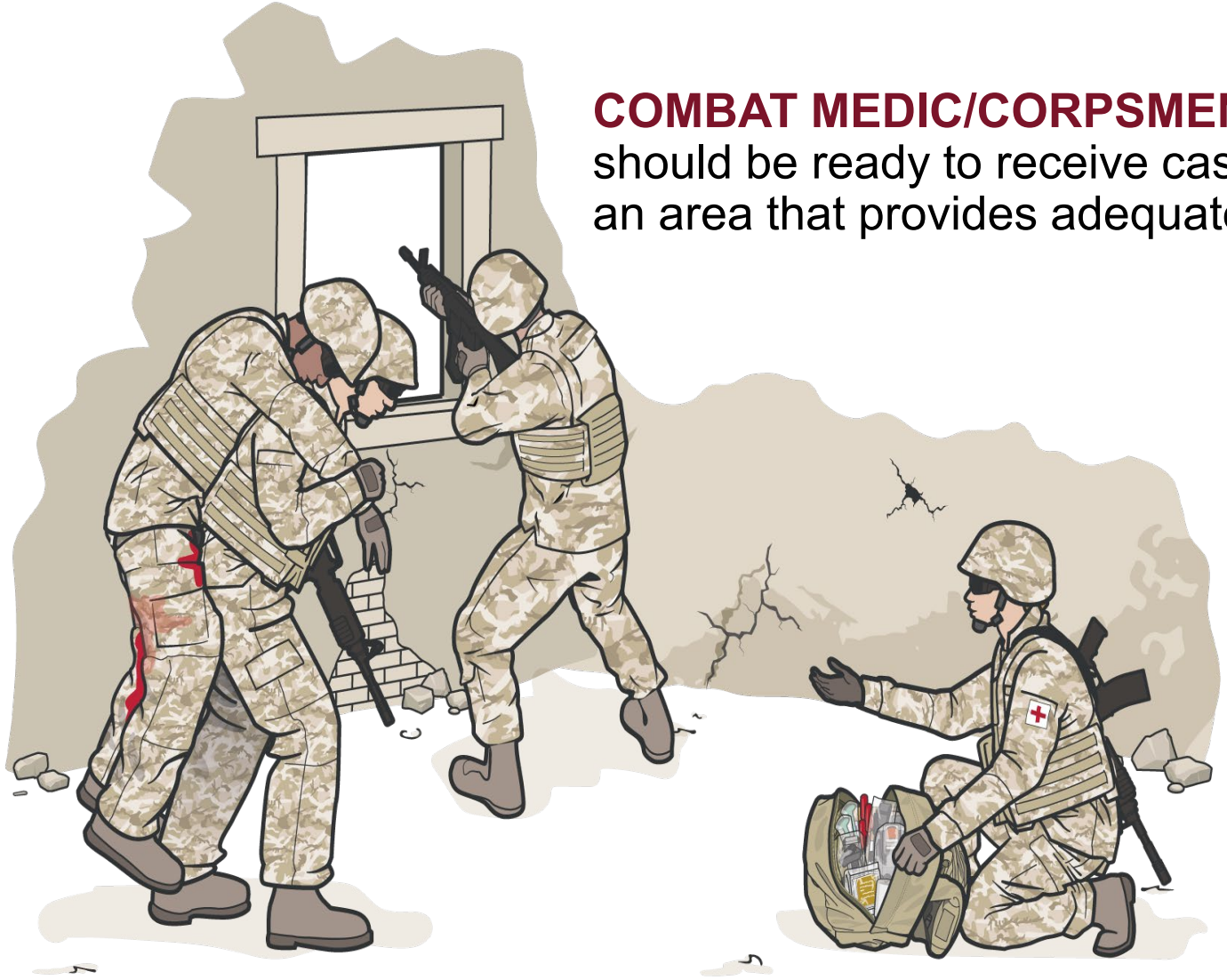
**ESTABLISH** a **security perimeter** in accordance with unit tactical standard operating procedures and/or battle drills

**MAINTAIN** tactical **situational awareness**

**CASUALTIES WITH ALTERED MENTAL STATUS SHOULD IMMEDIATELY HAVE:**

- Weapons **cleared** and **secured**
- **Communications** secured
- **Sensitive** items redistributed
- **Weapons** and **radios DO NOT** mix well with shock, head injuries, or narcotics

# SECURITY AND SAFETY IN TFC



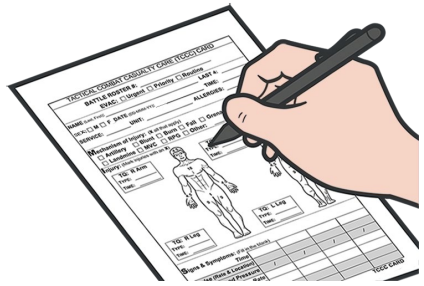
**COMBAT MEDIC/CORPSMEN (CMC)** should be ready to receive casualties in an area that provides adequate cover

**COMMUNICATE**

**REASSESS**

**DIRECT ACTIONS**

**DOCUMENT**



# OTHER CONSIDERATIONS IN TFC

## OUT OF DIRECT FIRE

TFC is when the casualty and the responder are **NOT UNDER EFFECTIVE ENEMY FIRE OR DIRECT THREAT**

## LIMITED SUPPLIES

Medical equipment and supplies are **LIMITED** to what the **Combat Medic/Corpsman (CMC),** other unit members, and the casualty carry on the mission or have reasonable access to within close proximity

## REMEMBER

- Always use the **casualty's** JFAK **FIRST**
- TFC can turn into a CUF situation **unexpectedly**
- Personnel should **maintain** their situational awareness at all times
- Medical personnel and first responders should be prepared to **move casualties on short notice**

CMC
TCCC

# MARCH PAWS

## DURING LIFE-THREATENING

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

## AFTER LIFE-THREATENING

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

# COMMUNICATION

**COMMUNICATE** with the **casualty**

- **ENCOURAGE**
- **REASSURE**
- **EXPLAIN CARE** (each step of the way)

**COMMUNICATE** with **first responders,** other **medical personnel,** and **tactical leadership** about casualty injuries, condition, movement, and ongoing care

**COMMUNICATE** with **tactical leadership IMMEDIATELY** on evacuation requirements

**Continue** to communicate with leadership on casualty status as needed

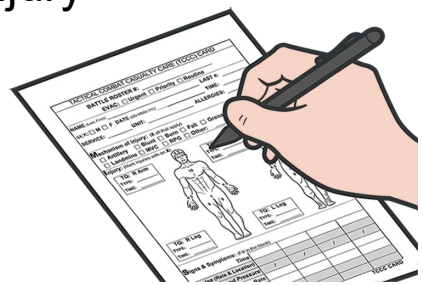
# COMMUNICATE RELEVANT CASUALTY INFORMATION

**COMMUNICATE** CASUALTY DATA IN HAND-OFF WITH **MEDIC** OR **MEDEVAC**

**DOCUMENT ALL** assessments and medical care *(including **interventions** and **medications**)* on the DD Form 1380

**Tactical Leadership** will **COMMUNICATE** with evacuation assets using:

- **MEDEVAC** request
- **MIST** Report:
  - **M**echanism of injury
  - **I**njuries
  - **S**ymptoms
  - **T**reatment



When handing off the casualty to **medic** or **MEDEVAC**, read off **DD Form 1380,** including any additional information as needed

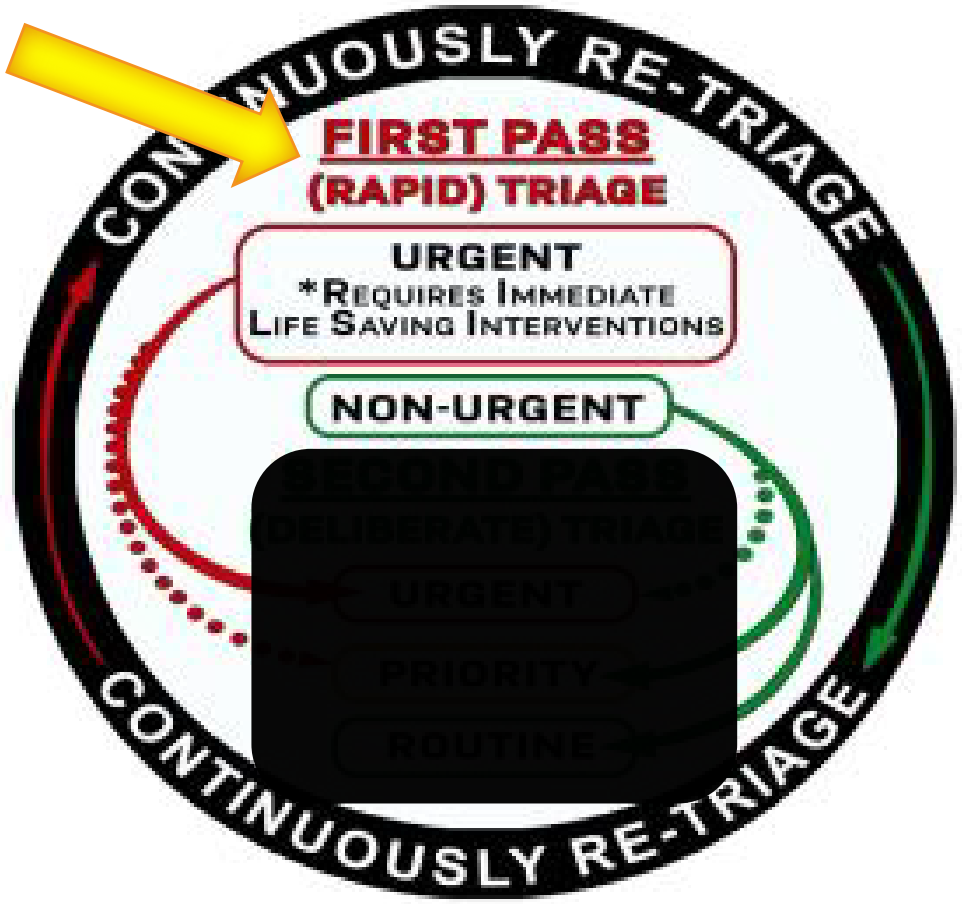
**MIST** report may **change** as the **casualty status** changes and in response to **interventions** performed

**Relay** casualty information following your unit standard operating procedures

# TRIAGE:
# PRINCIPLES-BASED TRIAGE IN TCCC


- Triage is part of Mass Casualty (MASCAL) management (**MCM**)
- **Move**, **Treat**, **Transport** (MTT) is the guiding framework
- **First Pass Triage: Urgent** vs **Non-urgent**
- **Second Pass Triage: Urgent**, **Priority**, **Routine** (UPR)
- **Re-triage:** Dynamic and continual throughout phases of care
- Standardized languages improves medical & nonmedical communication

# TRIAGE: FIRST PASS TRIAGE




**GOAL:** SPEED + IDENTIFICATION = rapidly find and treat immediate life threats

**FIRST PASS TRIAGE** is Rapid Triage

- **URGENT:** *Casualties require immediate lifesaving intervention(s) or clearly meets urgent criteria on initial assessment
  - Primarily extremity/junctional bleeding and airway compromise
- **NON-URGENT:** No immediate life-saving needs, delayed care acceptable

# TRIAGE: SECOND PASS TRIAGE

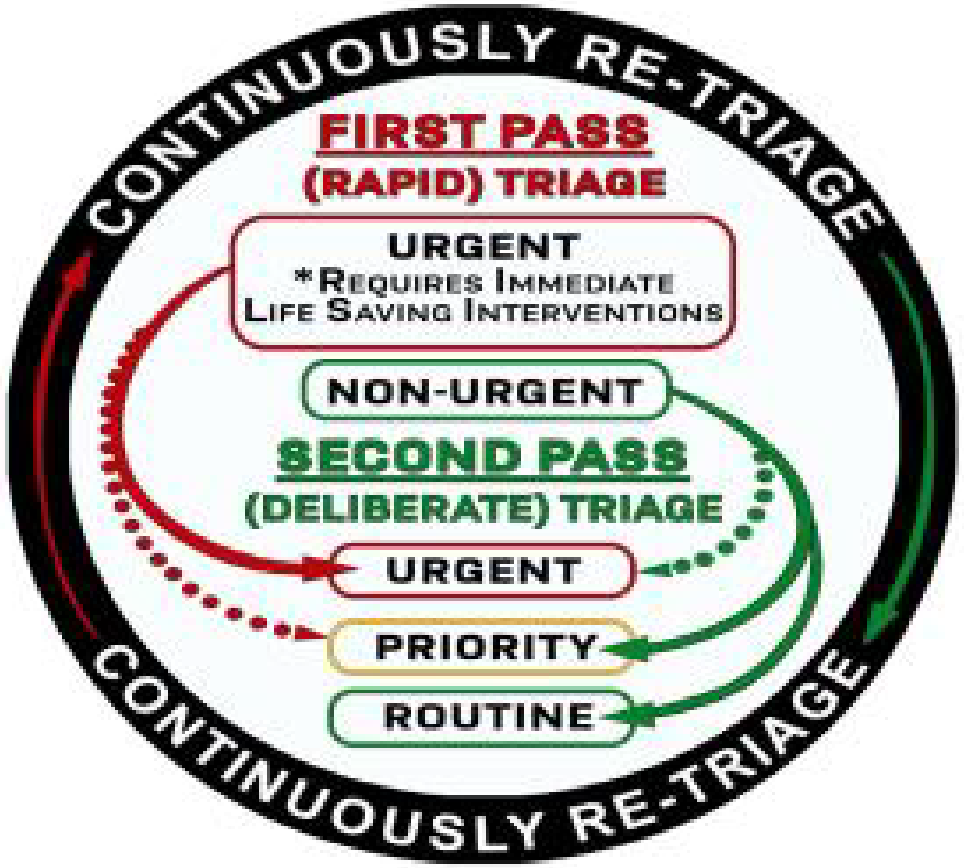

**URGENT** — **Casualty** will only survive with immediate surgery, rapid resuscitation, or advanced care

**PRIORITY** — **Casualty** has serious injury needing delayed surgery or advanced medical treatment at a delayed time

**ROUTINE** — **Casualty** has minimal injuries or expectant casualties (resources limited)

- **SECOND PASS TRIAGE** is Deliberate triage
- Aligns medical triage with evacuation categories
- Enables clear communication for leaders & CASEVAC/TACEVAC planning

# TRIAGE: MASS CASUALTY MANAGEMENT ACTIONS



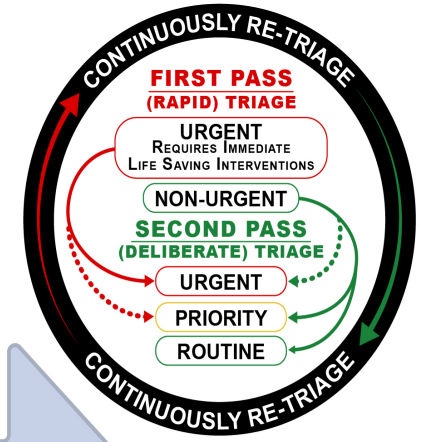

- Establish casualty count by category
- Maintain accountability of responders and casualties
- Coordinate CCP security, communications, and evacuation
- Expectant/deceased care **MUST** be deliberately planned
- Re-Triage = Dynamic and Continuous
- **NOTE:** Re-evaluate casualties frequently and update evacuation categories throughout all phases of TCCC

# TRIAGE: MASCAL MANAGEMENT LOGIC MAP

Manage the Incident
- Security, comms, CCP
- Maintain accountability
- Manage resources (tactical, medical, and logistical)
- Coordinate transportation
- Manage Expectant Casualty Care
- Oversee end of life and deceased care

## MASCAL

***MOVE, TREAT, TRANSPORT***





- Move directy to higher level of care if situation/resources allow
- Find/move URGENT casualties first or move all live casualties at same time if time & tactics do not permit field triage

- Direct or perform TCCC focused on immediate LSIs
- Reserve other treatments in the CCP if evacuation is delayed

- Secure medical interventions, document where possible, and package the patient
- Evacuate URGENT patients first!
- Optimize load plans
- Maximize CASEVAC when MEDEVAC is limited

**Move**: Get casualties to safety before treatment

**Treat**: Provide only life-saving care when tactically feasible

**Transport:** Assess resources, set evacuation priorities, and move to higher care

**NOTE**: Leaders must ensure accountability of responders and casualties during MCM

# TRIAGE CONSIDERATIONS

Principle-based triage in TCCC expedites **Communication** and **Evacuation**

## PRIORITIES AND INTERVENTIONS

### First Pass Triage

**URGENT:** Lifesaving Intervention(s)

**#1** **PRIORITIES:** Primarily extremity/Junctional bleeding and Airway compromise

**NON-URGENT:** Delay Care without Immediate Risk

### Second Pass Triage

**URGENT** Needs immediate surgery/advanced care

**PRIORITY** Serious but can delay (limb/vision threatened)

**ROUTINE** Minor injuries or expectant when resources limited

# TRIAGE COMMUNICATION

## HOW TRIAGE REPORTS ARE INTERPRETED

### Non-Medical Leaders

**URGENT** Litter casualty who must be evacuated as soon as possible, before mission completion if feasible

**PRIORITY** No immediate life threats. Evacuation should not risk assets, mission, or force

**ROUTINE** Minor injury(s); member can still shoot, move, and communicate effectively

### Medical Responders

**URGENT** Medical interventions may extend survivability

> Needs immediate surgical intervention and advanced resuscitation/stabilization

**PRIORITY** Needs surgery but damage control surgery is not required

**ROUTINE** Minor injuries or “walking wounded” and the Expectant when resources limited

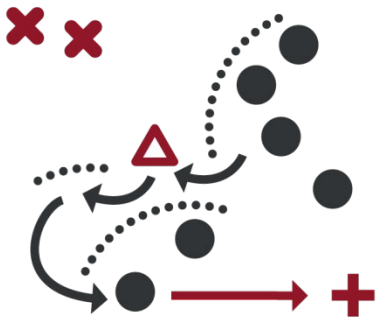
# CASUALTY COLLECTION POINT CONSIDERATIONS

SECURITY

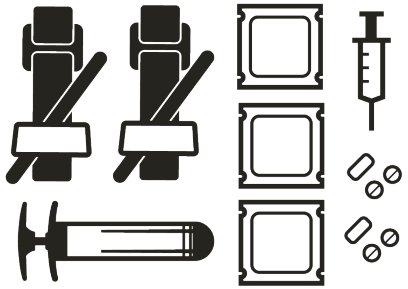
COMMAND AND CONTROL

APPROPRIATE TRIAGE AND MEDICAL TREATMENT

SITUATIONAL AWARENESS



ORGANIZATION

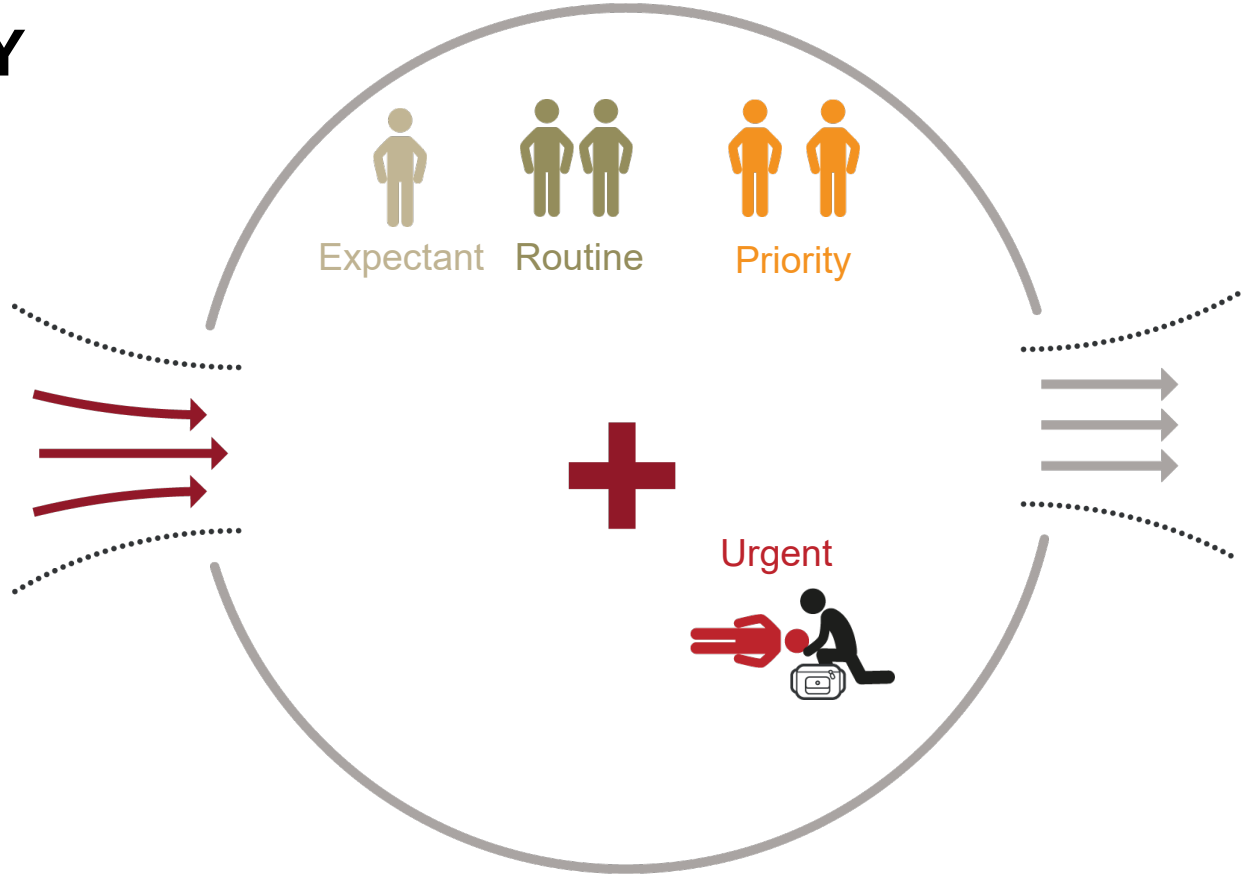


CONTROL OF EQUIPMENT AND SUPPLIES

ACCOUNTABILITY

# CASUALTY COLLECTION POINT PRINCIPLES

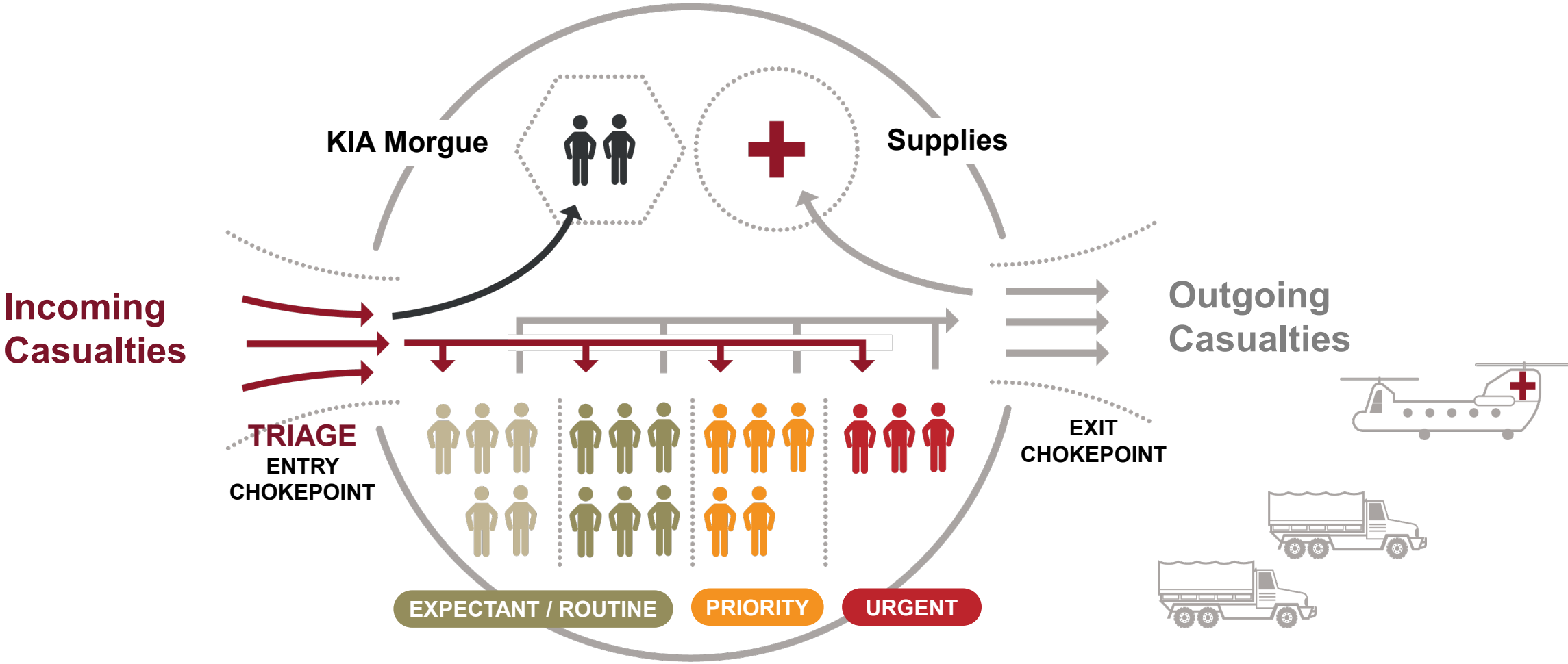
- LOCATE CCP REASONABLY CLOSE TO THE FIGHT
- LOCATE NEAR NATURAL "LINES OF DRIFT"
- OFFER COVER AND CONCEALMENT FROM THE ENEMY
- HAVE ACCESS TO EVACUATION ROUTES



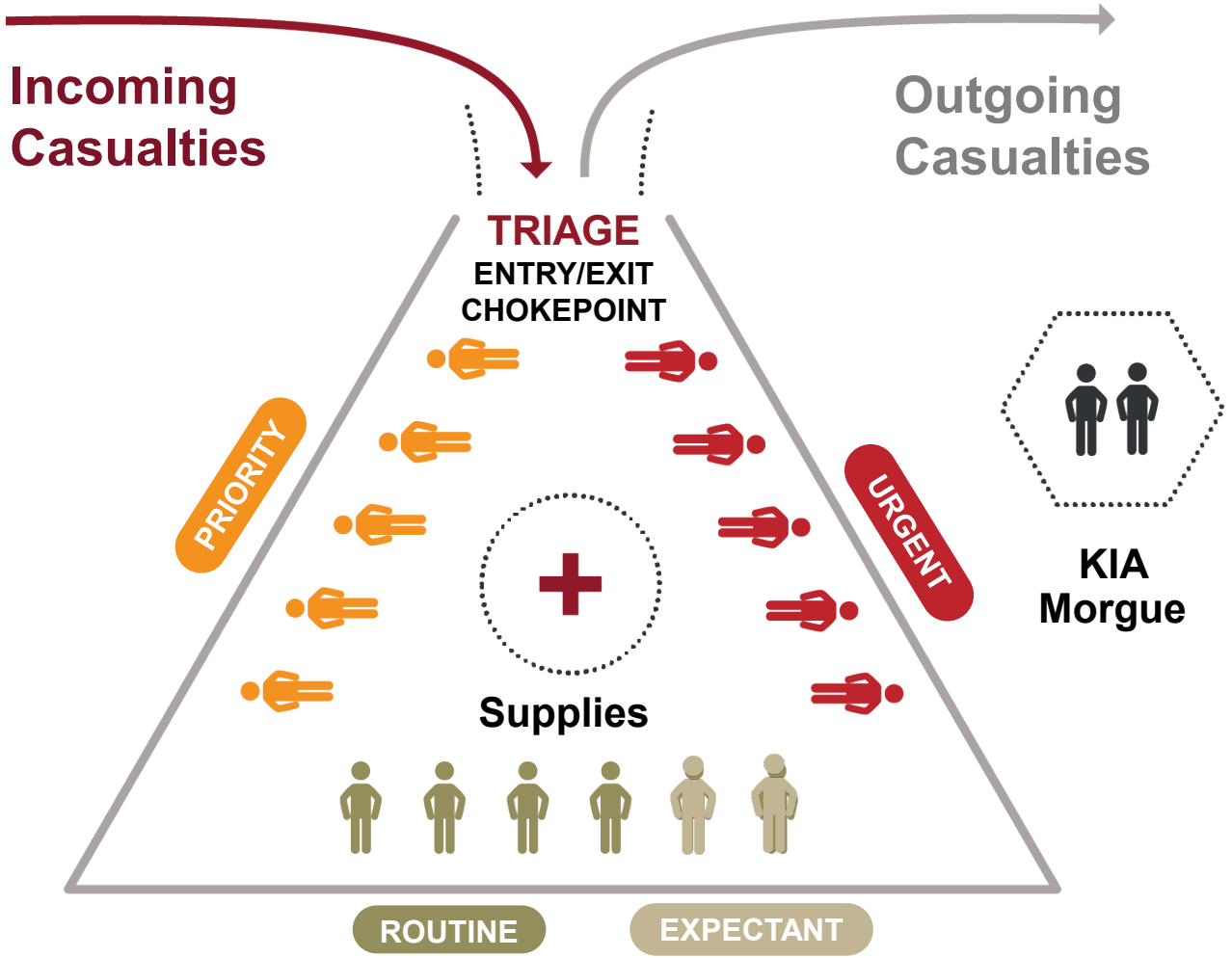
# CASUALTY COLLECTION POINT
# ROLES/RESPONSIBILITIES

| UNIT LEADERSHIP | MEDICAL PERSONNEL |
|---|---|
| • Security<br>• Command and Control<br>• Battlefield Situational Awareness<br>• Casualty Flow and Movement<br>• Everything outside of the CCP | • Battlefield Situational Awareness<br>• Triage<br>• Casualty treatment and monitoring<br>• Casualty packaging and staging for evac<br>• Assistance requests from other units<br>• Provide guidance to leadership on casualty management and evac<br>• Manage medical equipment and supplies |

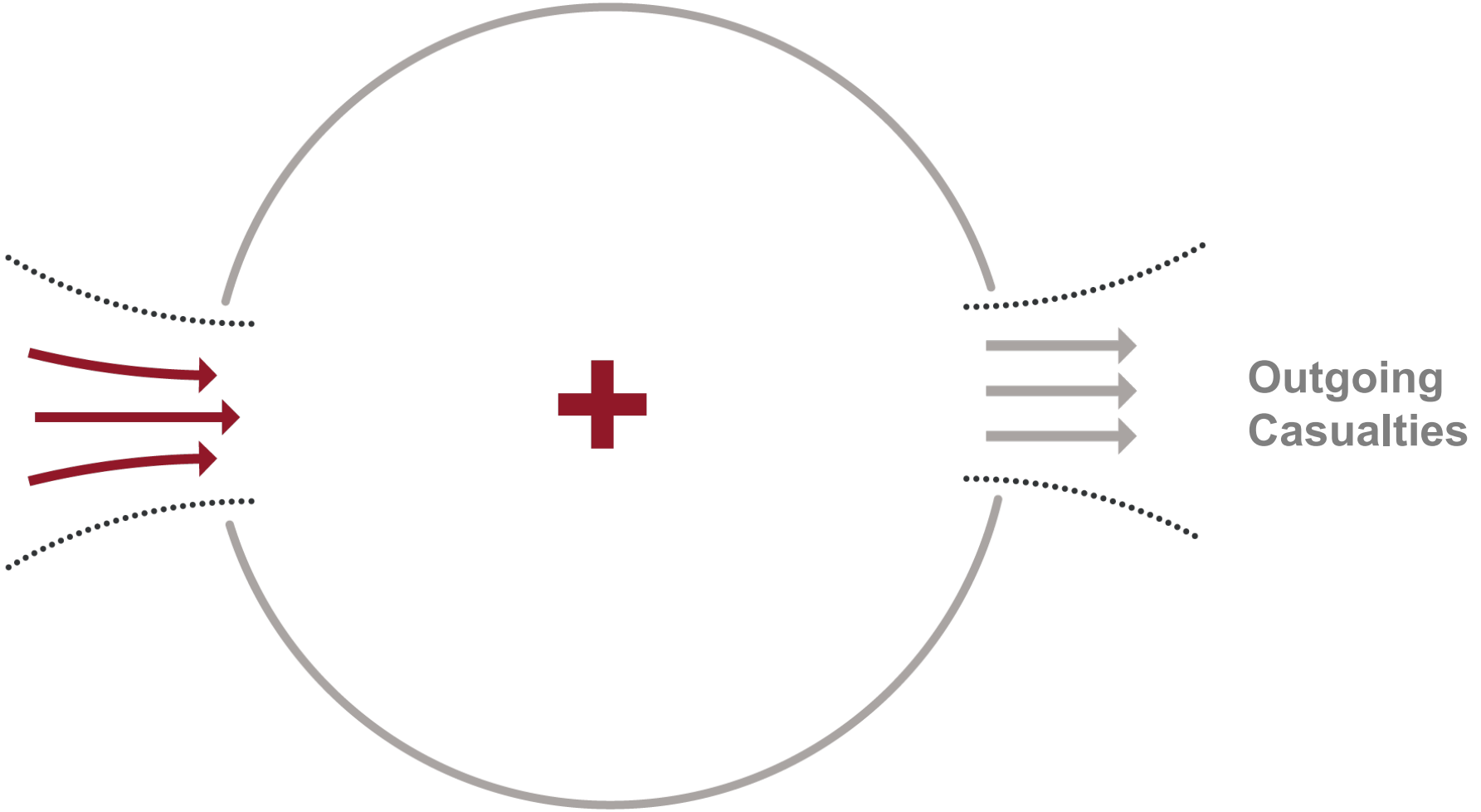
# CASUALTY COLLECTION POINT
# LAYOUT AND MANAGEMENT



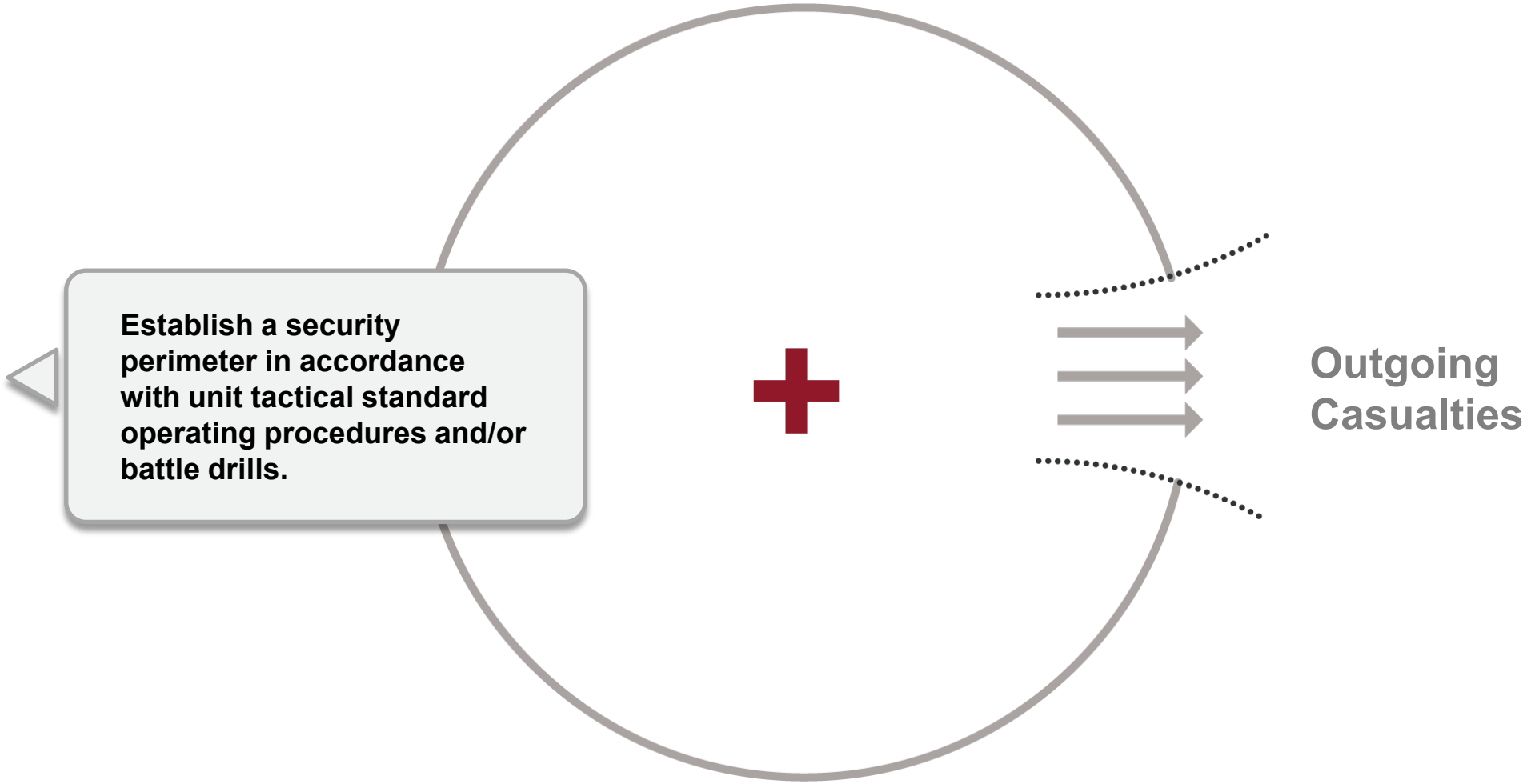
# CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(CONT.)*



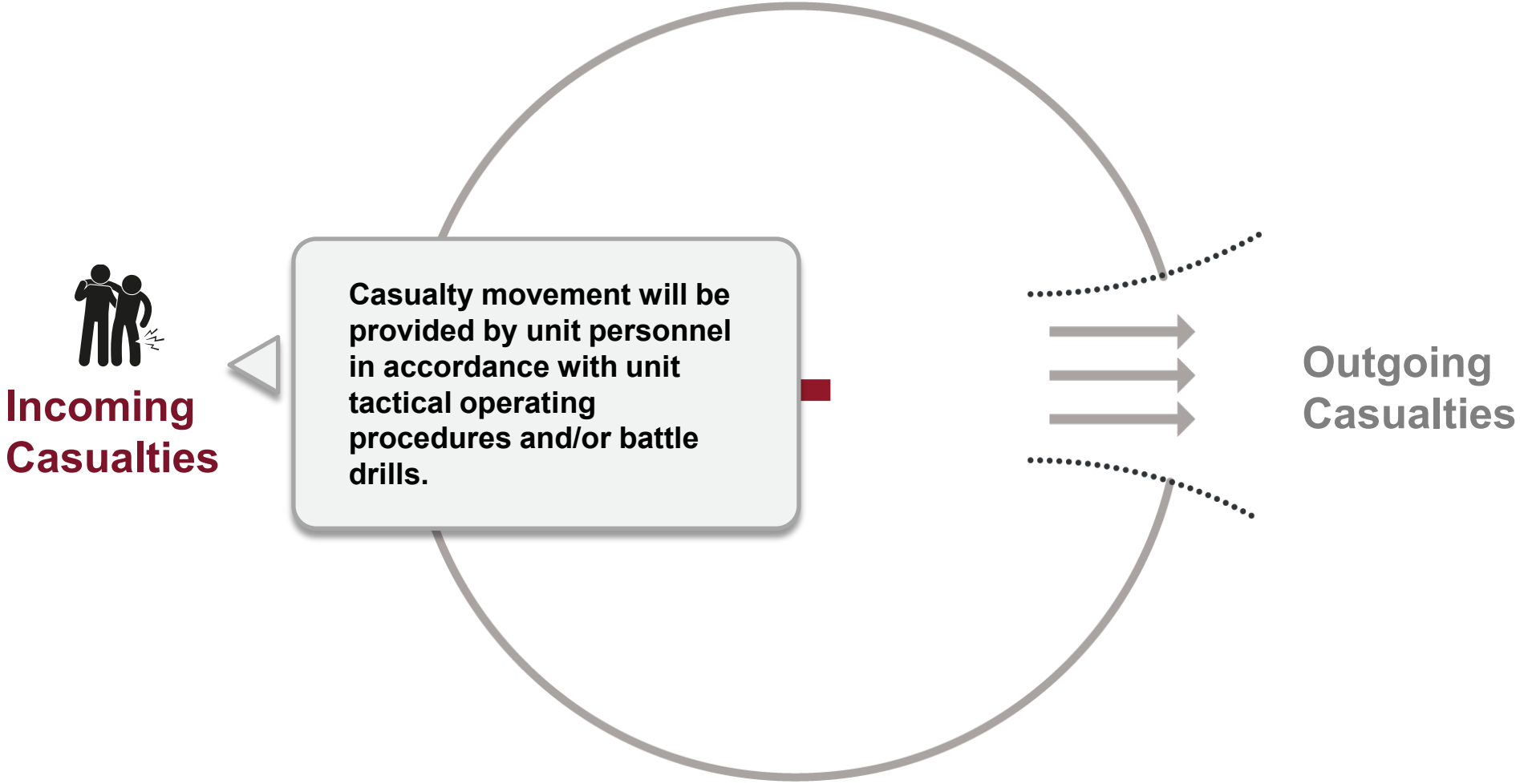
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



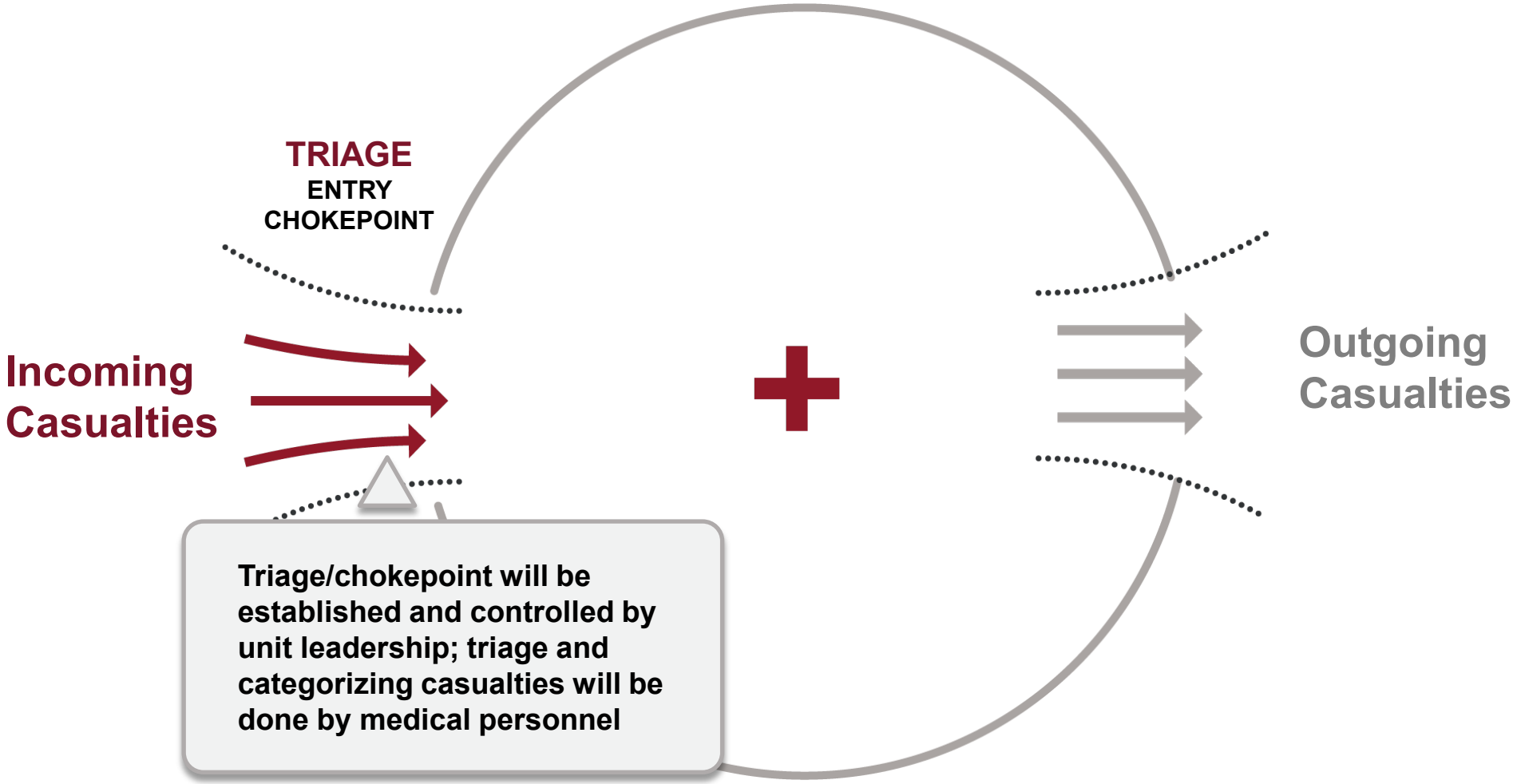
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



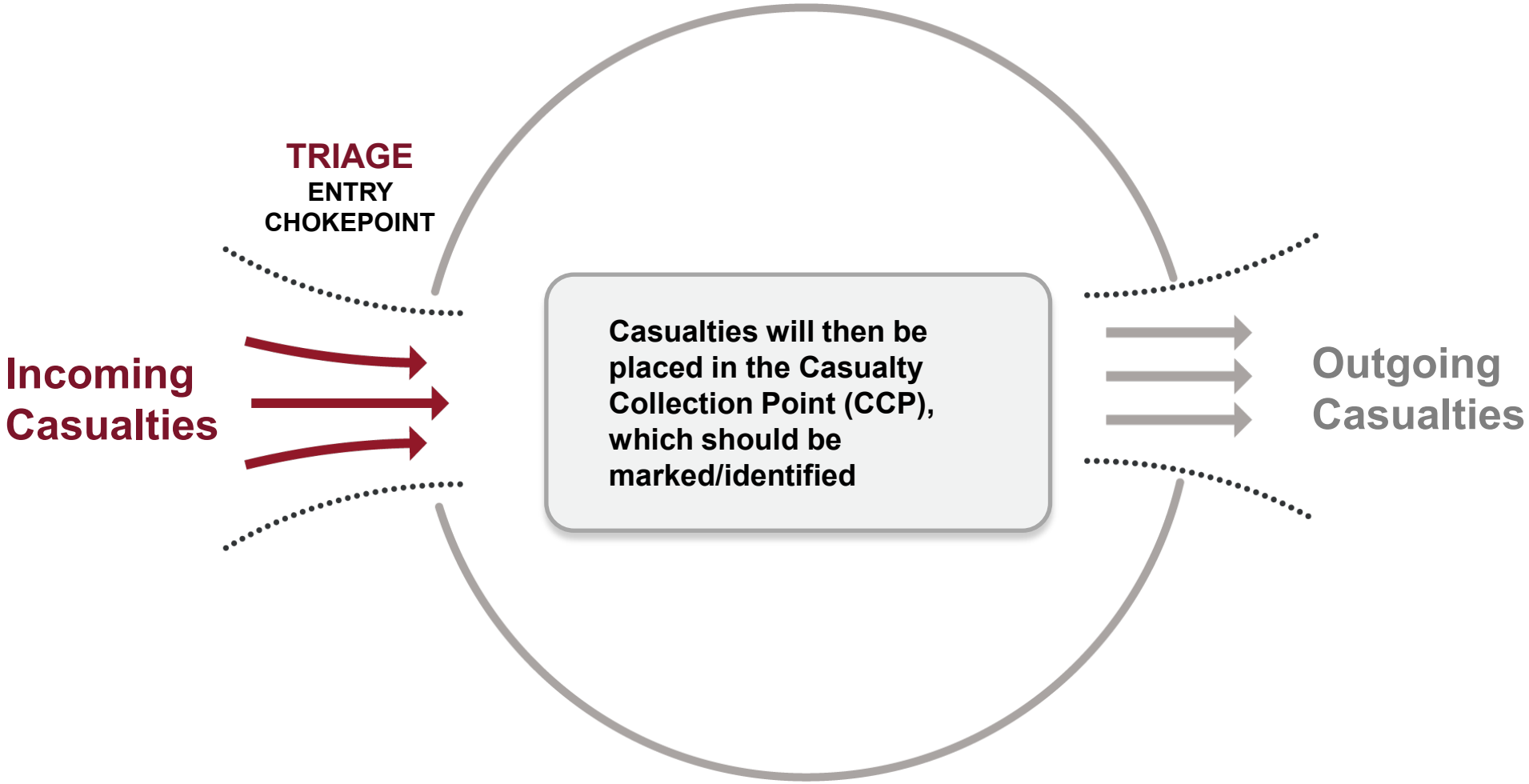
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



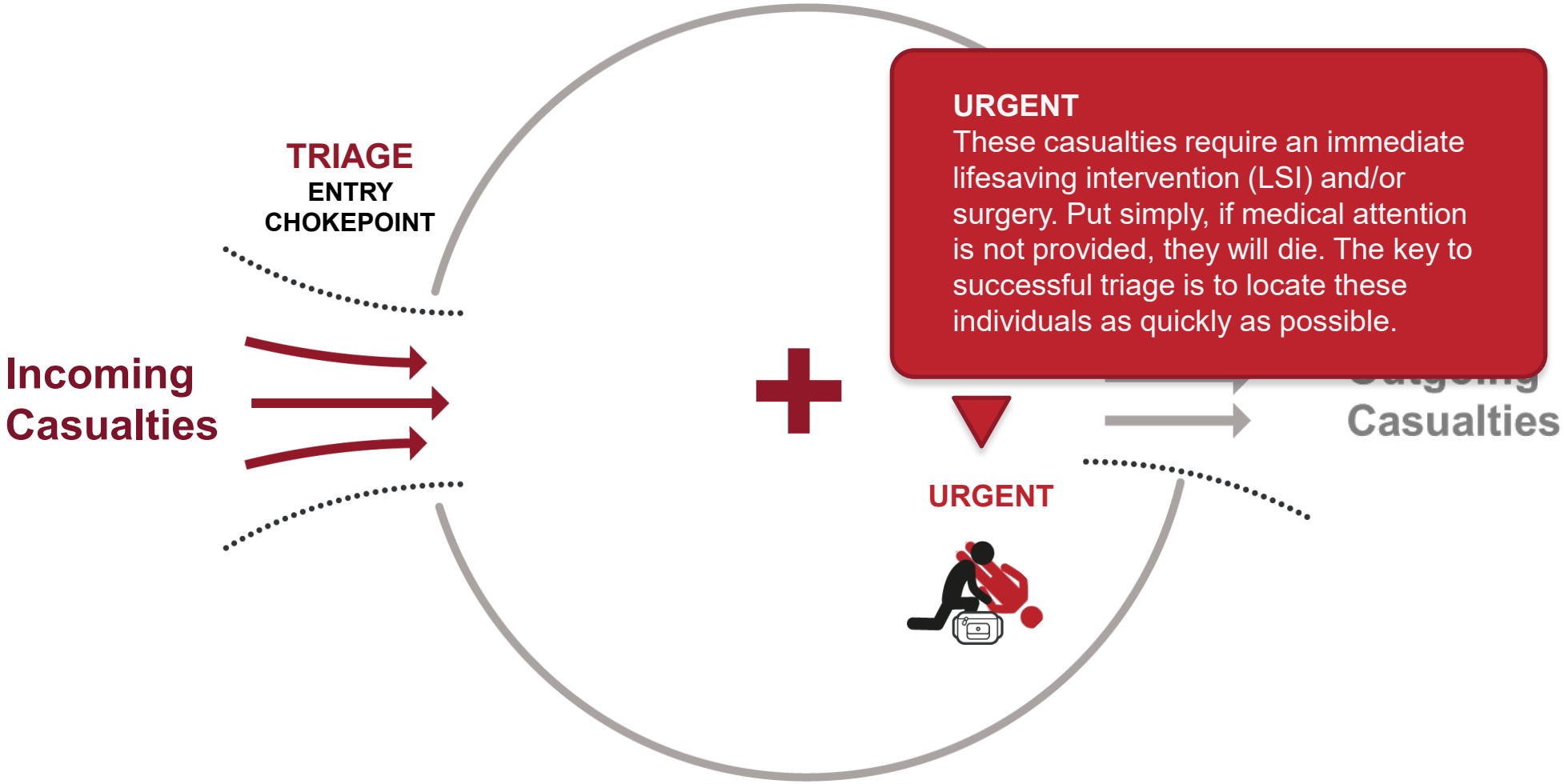
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



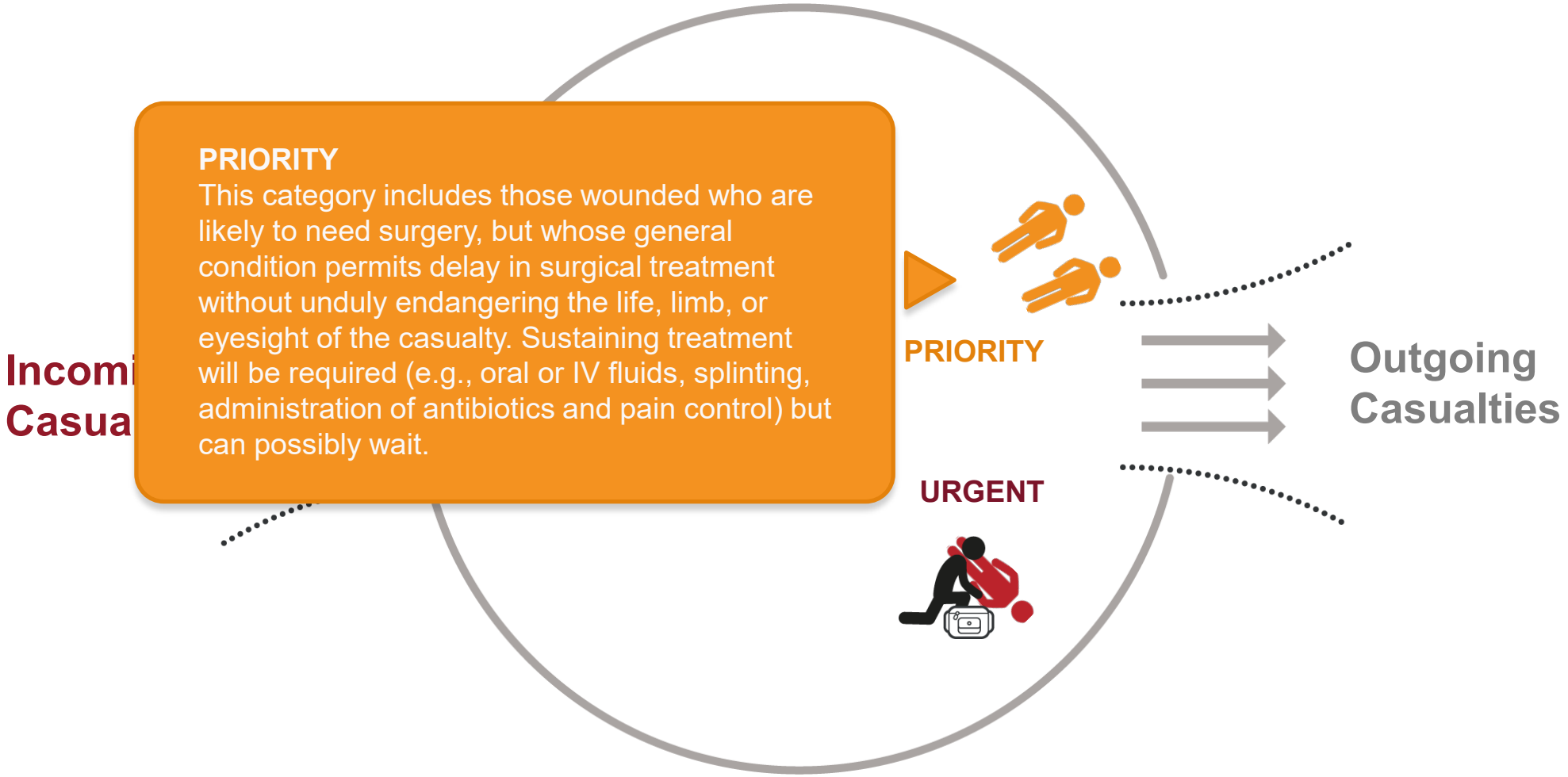
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



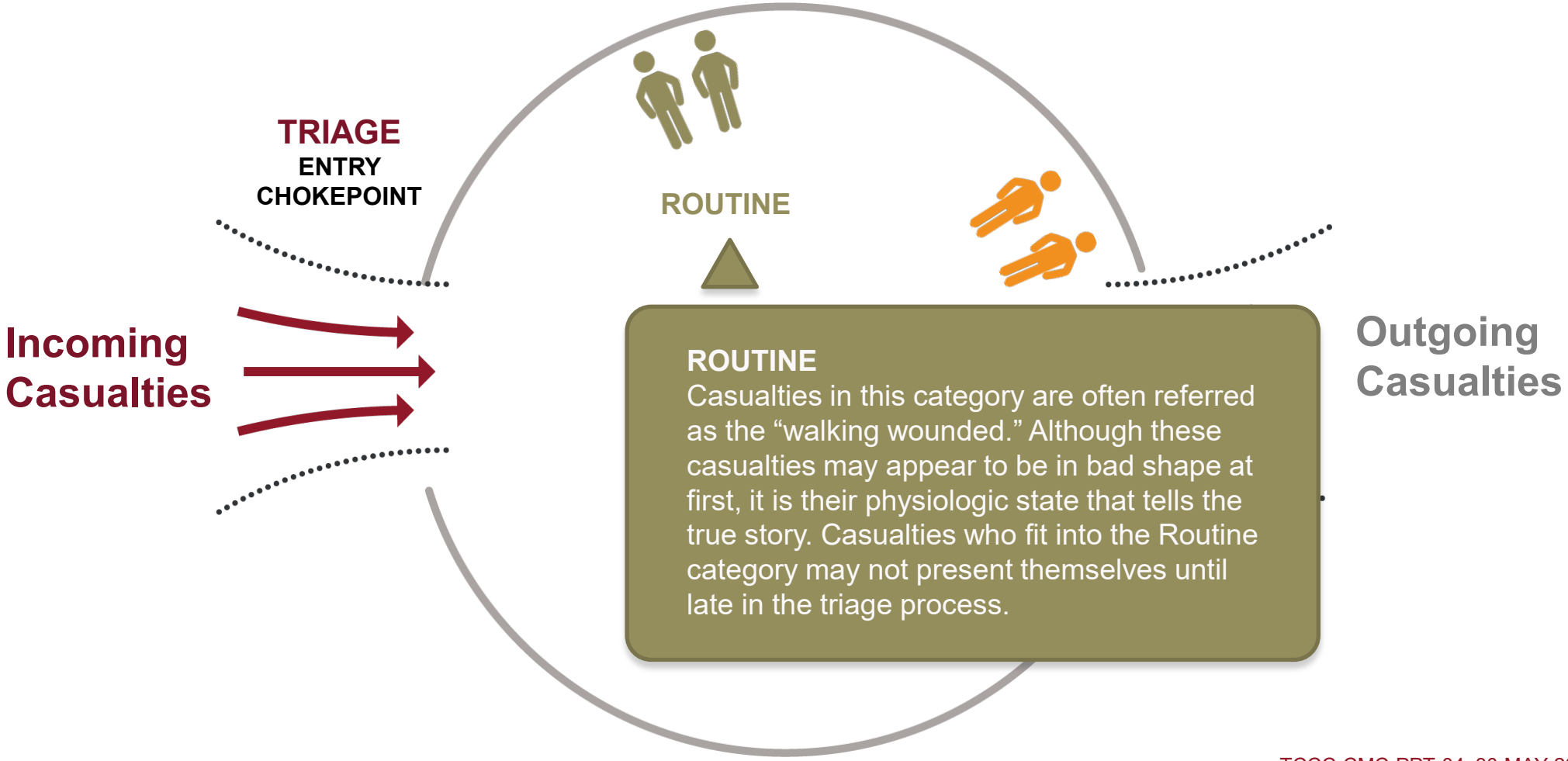
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



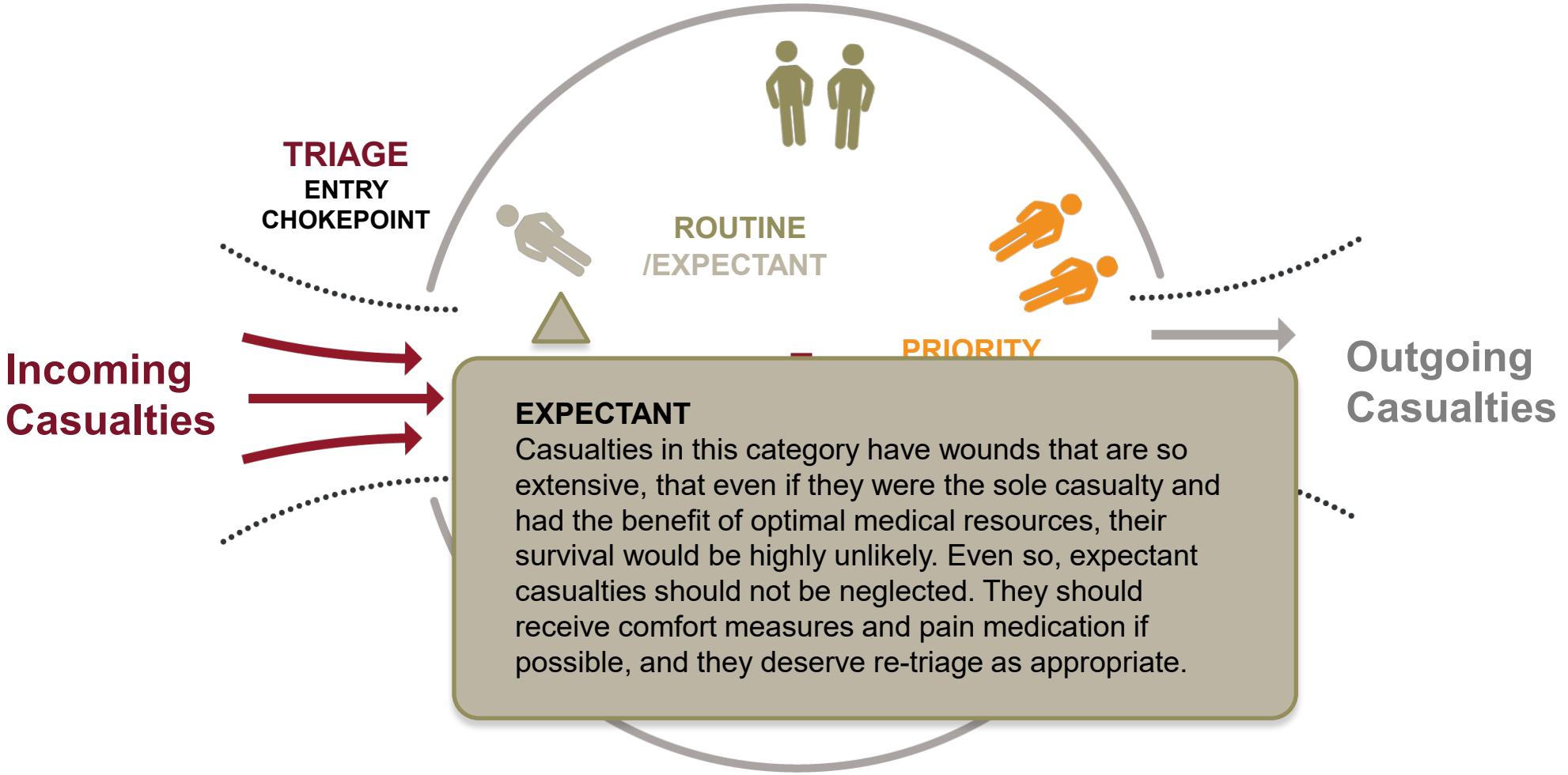
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



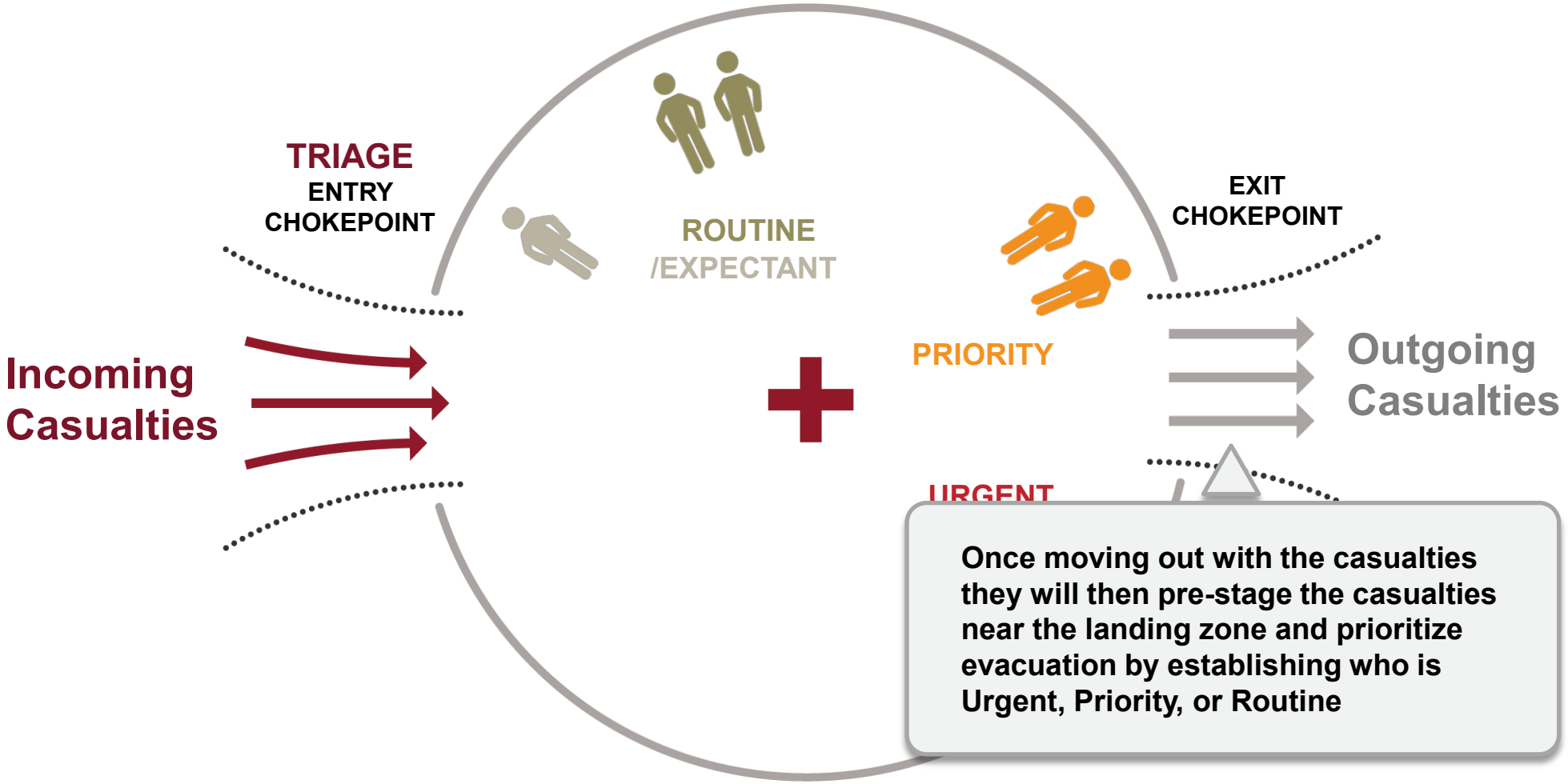
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



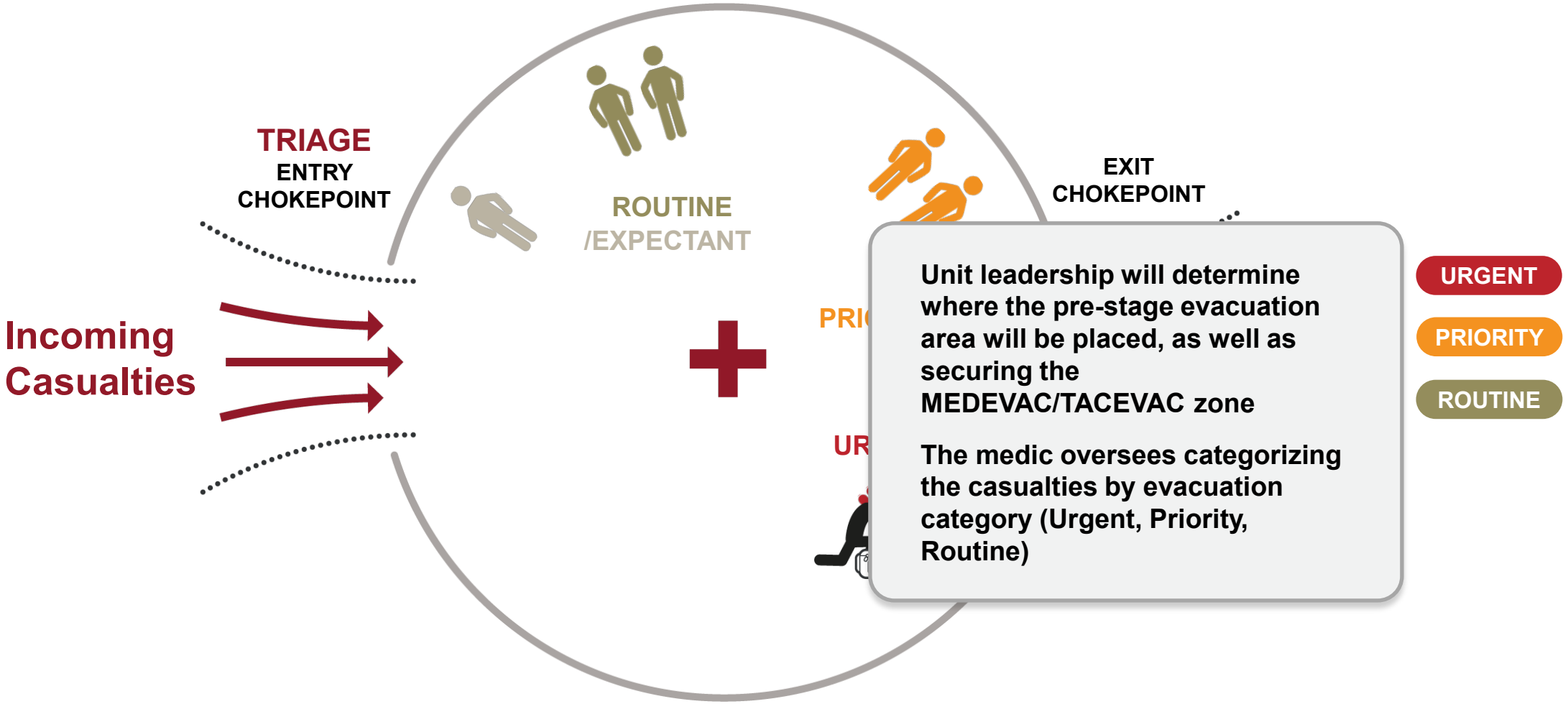
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



# CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(CONT.)*



# CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(CONT.)*

**Incoming Casualties**

**URGENT**

**Evacuation within 2 hours, denotes a critical, life-threatening injury**
**Suggestions for different injury patterns in this category are:**

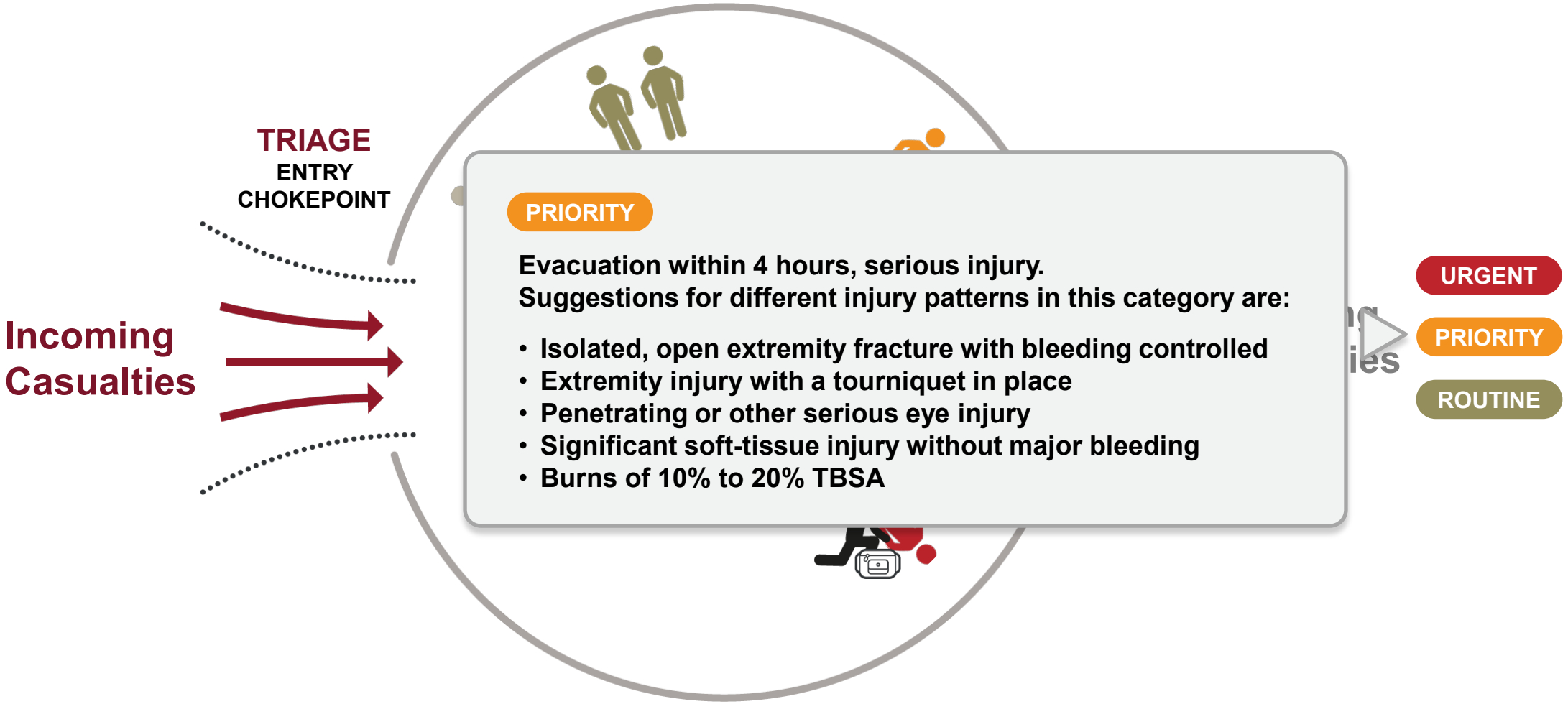
- **Significant injuries from a dismounted IED attack**
- **Gunshot wound or penetrating shrapnel to chest, abdomen, or pelvis**
- **Blunt chest, abdominal, or pelvic trauma with suspected noncompressible hemorrhage**
- **Ongoing airway difficulty**
- **Ongoing respiratory difficulty**
- **Unconscious casualty**
- **Known or suspected spinal injury**
- **Hemorrhagic shock**
- **External bleeding that is difficult to control**
- **Extremity injury with absent distal pulses**
- **Moderate/severe TBI**
- **Burns greater than 20% TBSA**

**URGENT**

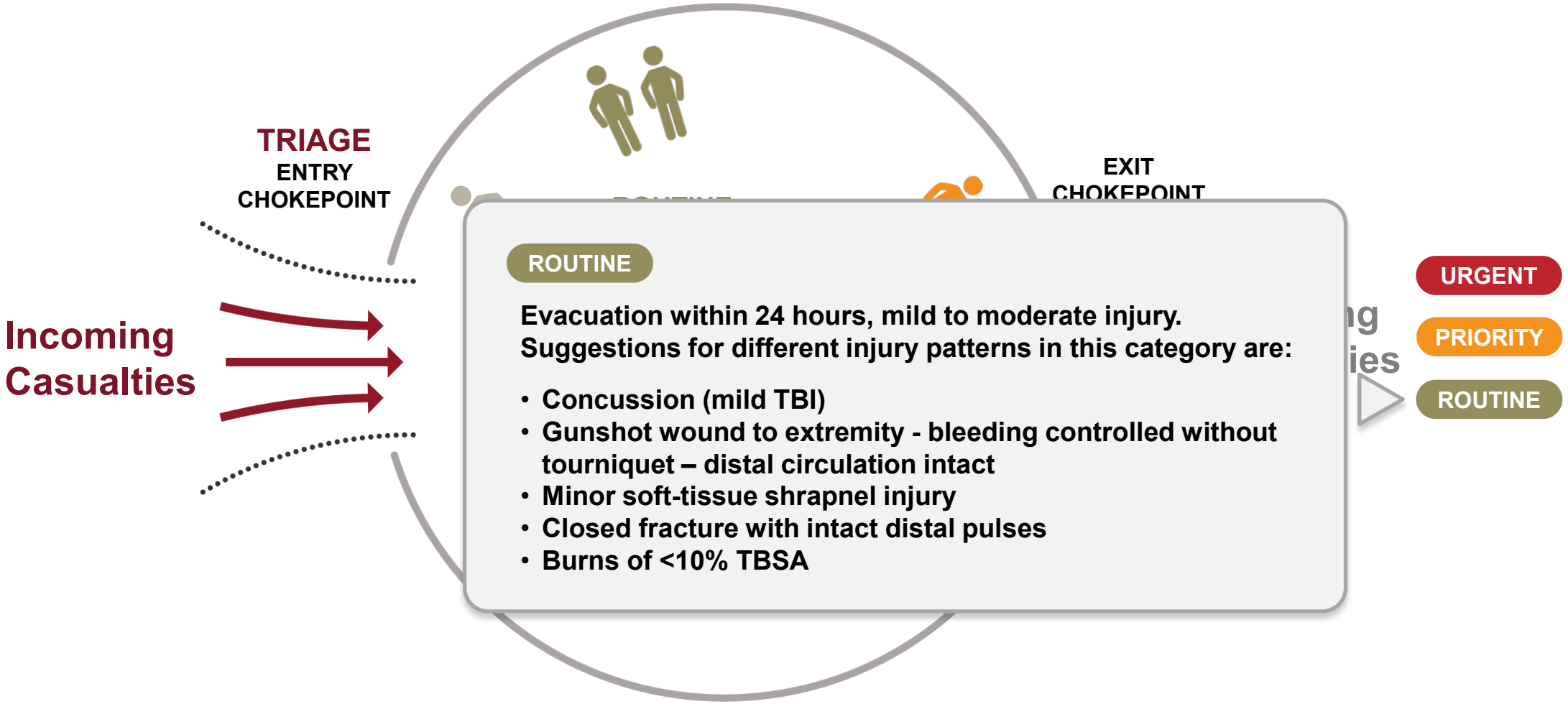
**PRIORITY**

**ROUTINE**

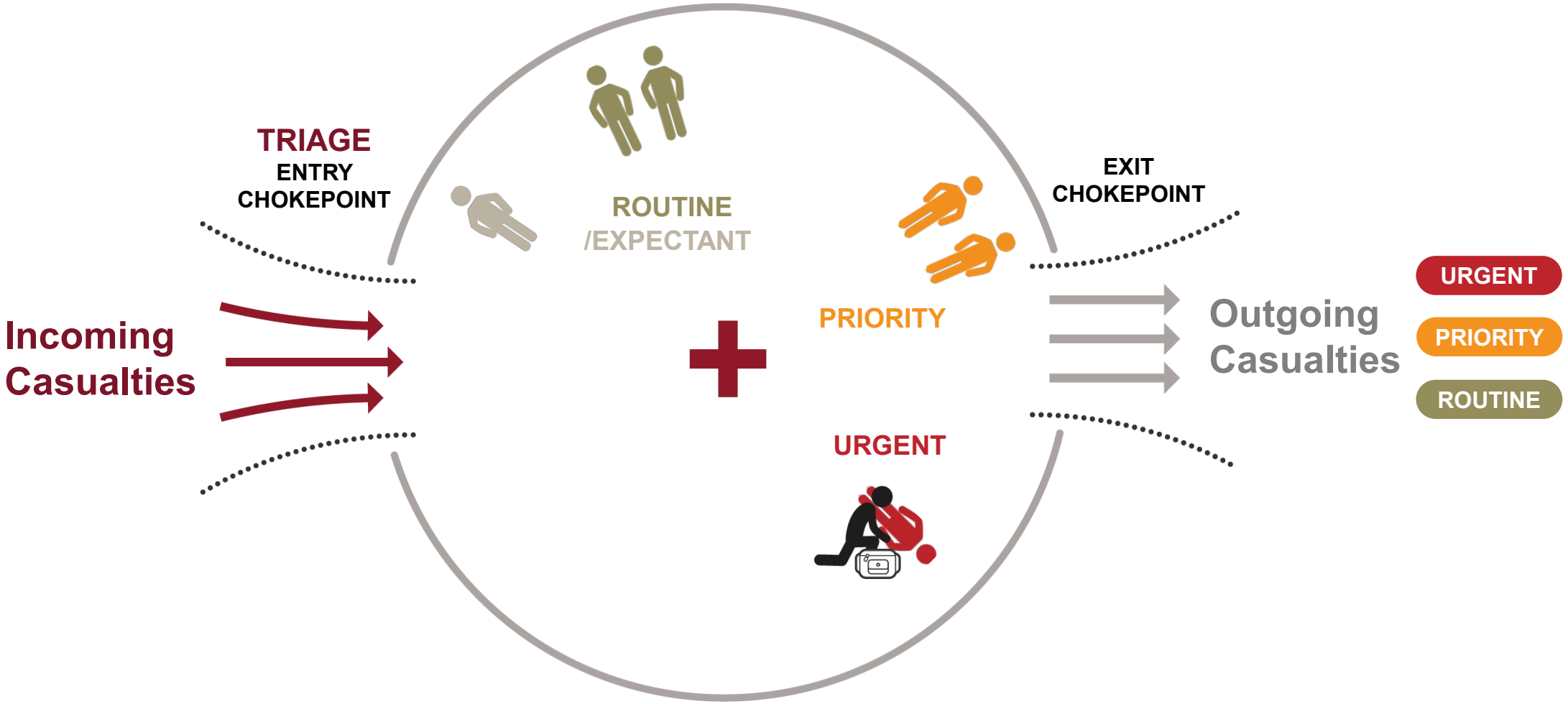
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



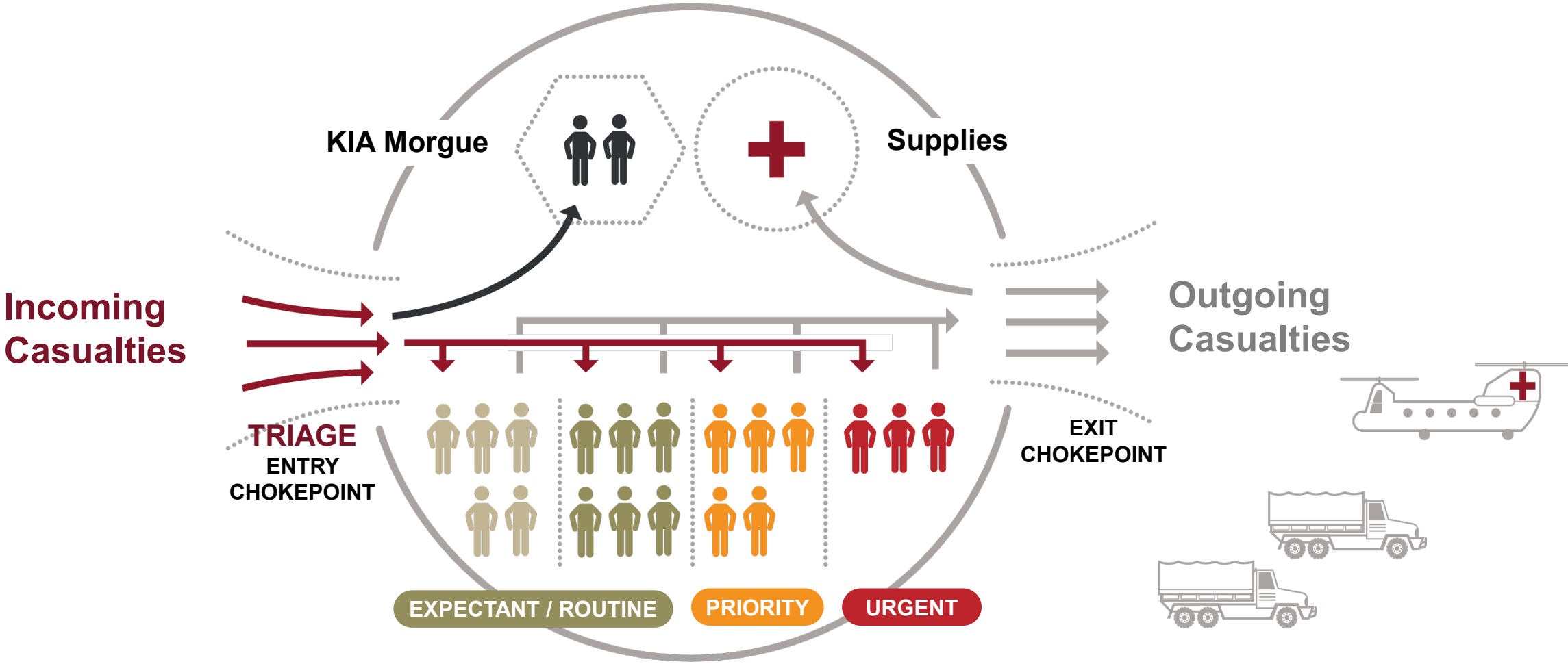
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



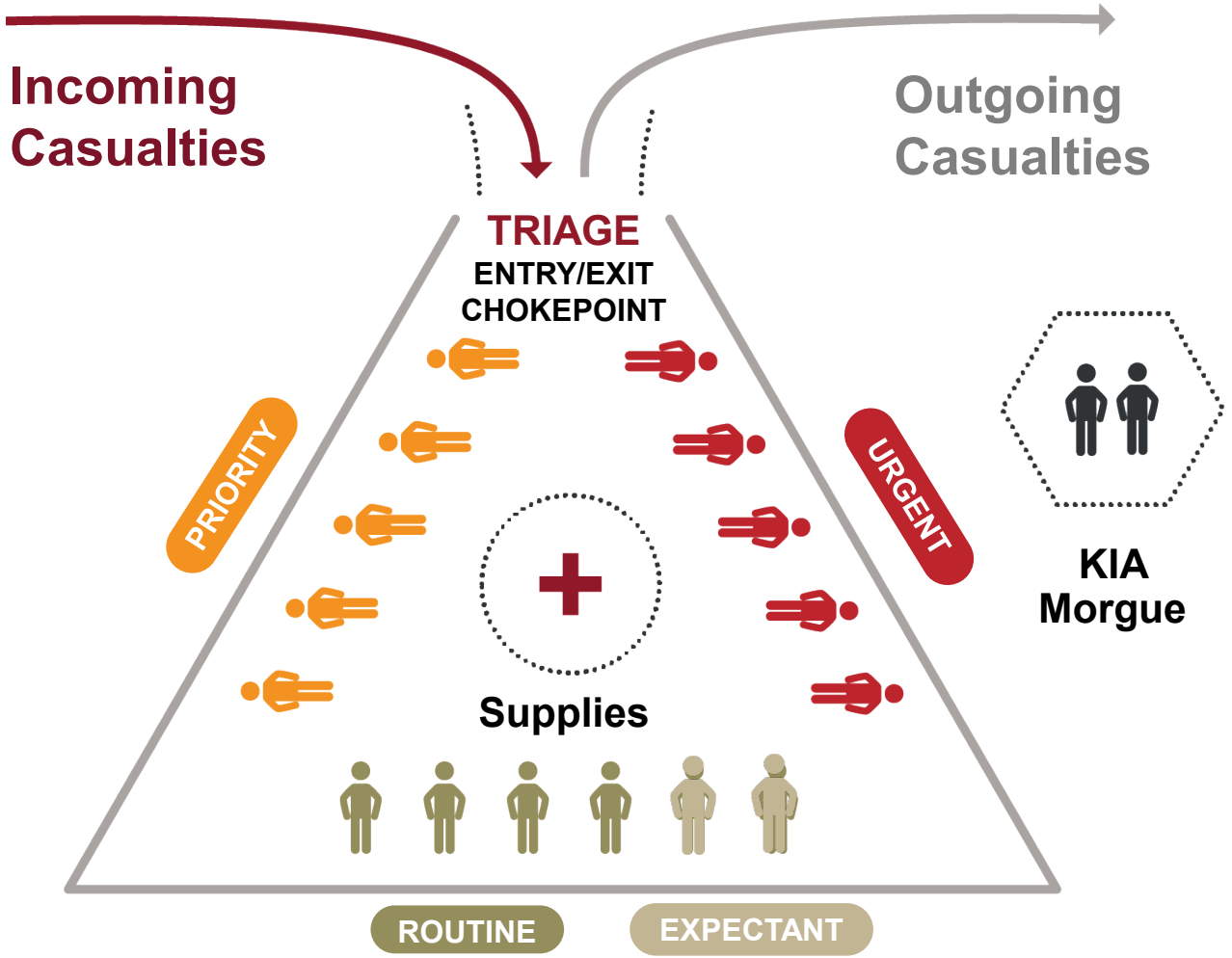
# CASUALTY COLLECTION POINT
# LAYOUT AND RESPONSIBILITY CONSIDERATIONS



# CASUALTY COLLECTION POINT
# LAYOUT AND MANAGEMENT



# CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(CONT.)*

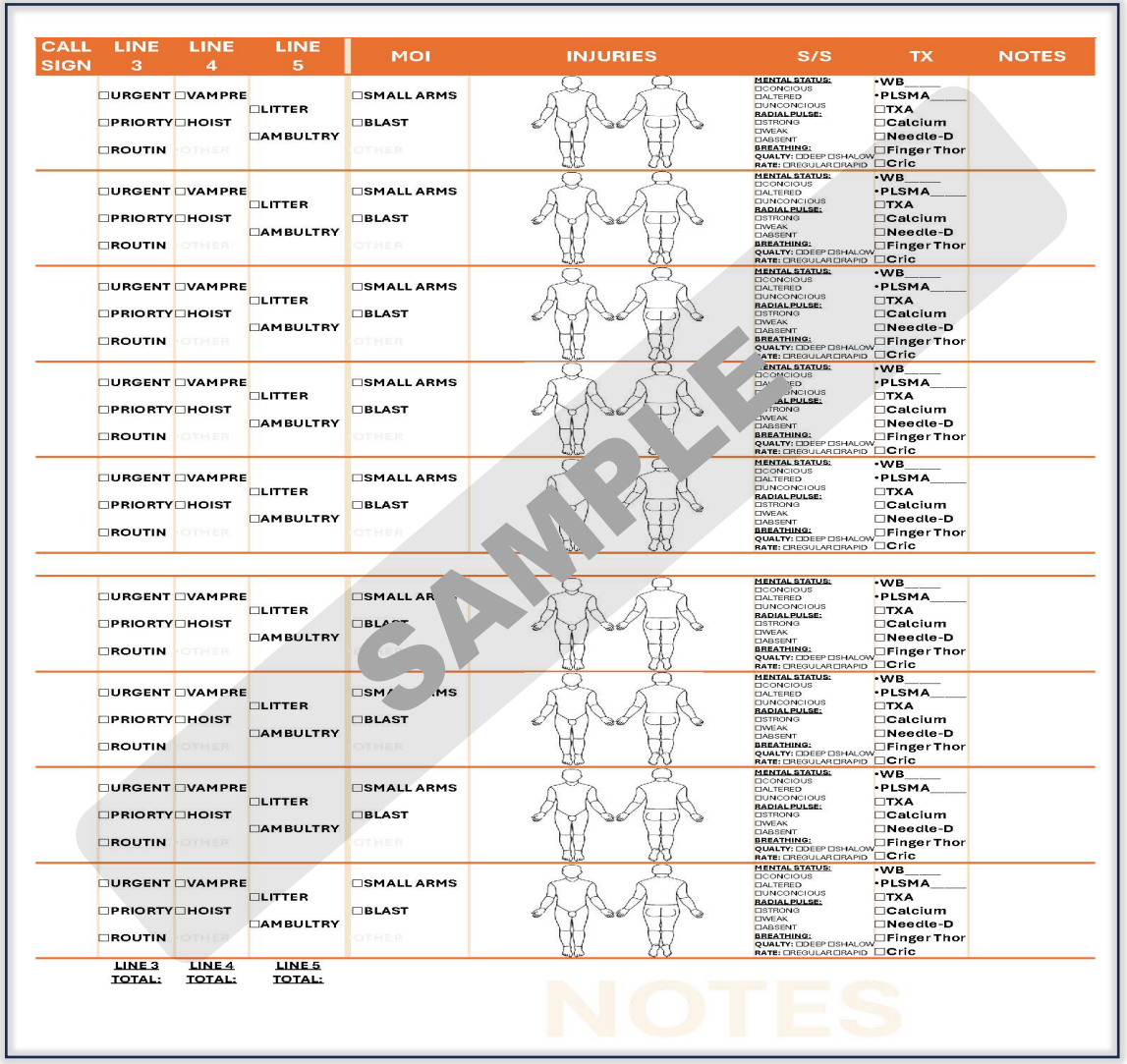


# MASCAL ACCOUNTABILITY SHEETS

## MASCAL TRACKER SHEETS:

- Mass Casualty accountability tracker
- Supports accountability, casualty flow, and evac during MASCAL and CCP ops
- Captures key evac data quickly
- Records triage and disposition
- Tracks MOI and injury location to support updates and handoff

**NOTE:** Format and use IAW unit and Service SOP

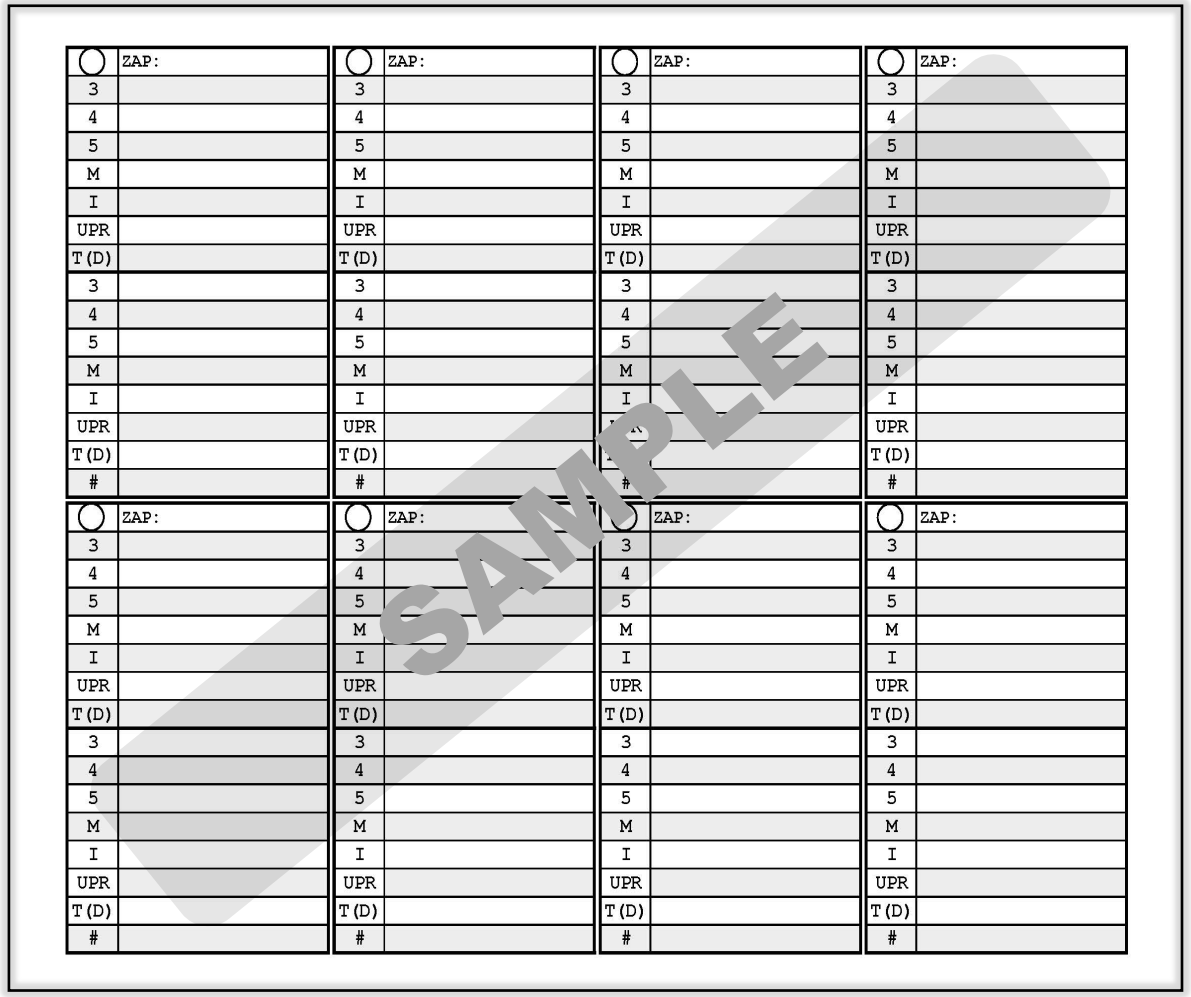


# MASCAL ACCOUNTABILITY SHEETS

## MASCAL TRACKER SHEETS:

- Documents quick reassessments: mental status, radial pulse, breathing quality, and rate
- Logs major interventions and resuscitation items to re-triage and coordination across responders

**NOTE:** Use during Second Pass Triage and CCP operations



CMC
TCCC

# SKILL STATIONS

- Communication of Casualty Information
- Tactical Field Care Casualty Collection Point (CCP)

# SUMMARY

## KNOWLEDGE TOPICS

- Importance of security and safety in TFC
- Basic principles of removal/extraction of casualties from a unit specific platform
- Identify the relevant tactical and casualty data involved in communicating casualty information
- Triage considerations and principles in TFC
- Roles, responsibilities, planning considerations, and management of a CCP

## SKILLS AND ABILITIES

- Communication of casualty information to tactical leadership and medical personnel
- Consolidation and triage of casualties in a CCP

CMC
TCCC

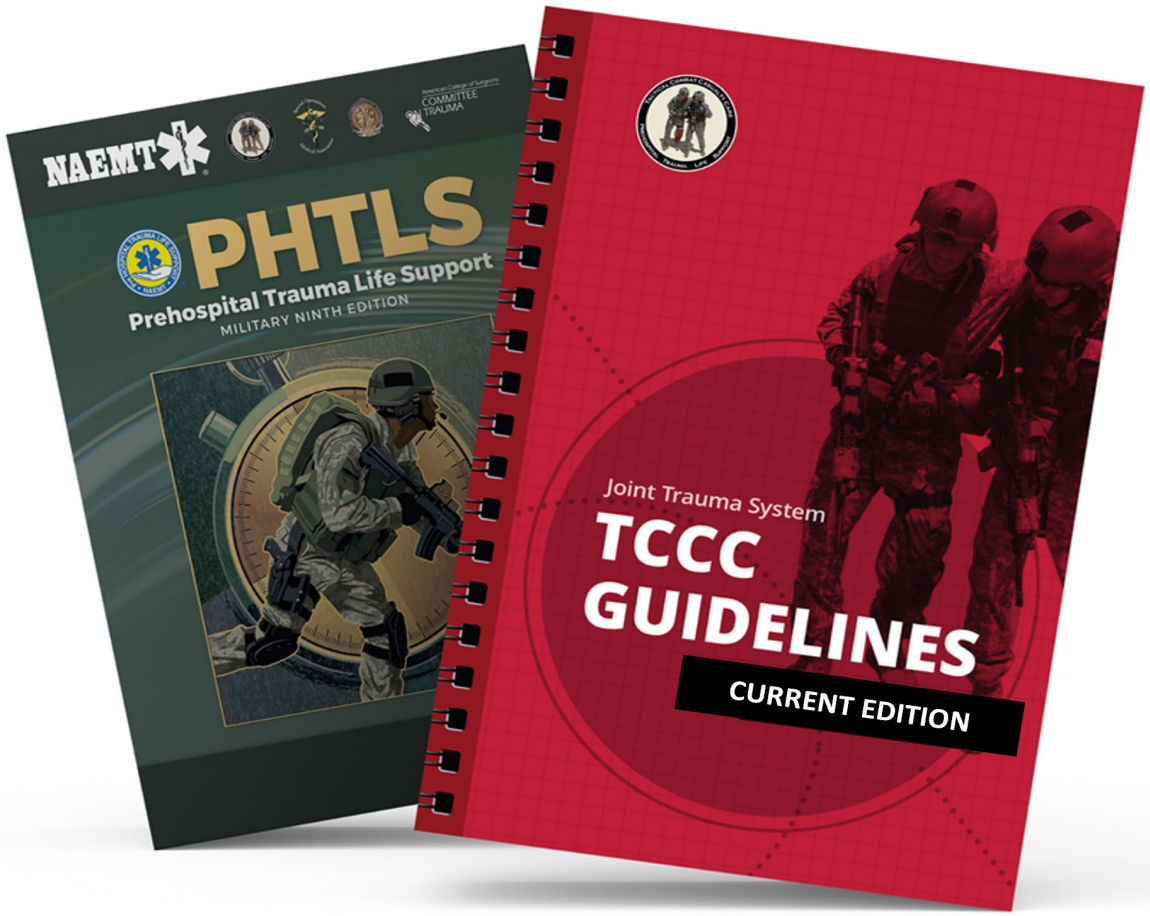
# CHECK ON LEARNING

- What is the difference between **TFC** and **CUF**?
- **True or False:** During TFC, the tactical situation could change back to CUF again at any time.
- What is triage?
- What are two life threatening conditions most likely to determine urgent designation during FIRST PASS Triage?
- What is a CCP?

CMC
TCCC

# ANY QUESTIONS?

# REFERENCES




**TCCC: Guidelines**
by JTS/CoTCCC

These guidelines, updated regularly, are the result of decisions made by CoTCCC in exploring evidence-based research on best practices.

**PHTLS: Military Edition Chapters 25**
by NAEMT

Prehospital Trauma Life Support (PHTLS), Military Edition, teaches and reinforces the principles of rapidly assessing a trauma patient using an orderly approach.