



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 03: CARE UNDER FIRE/THREAT



TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

TCCC TIER 3
Combat Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider





TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

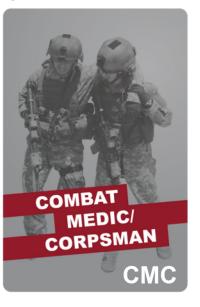
ROLE 1 CARE

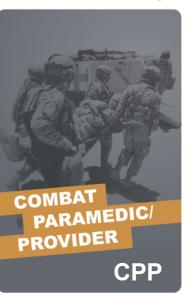
NONMEDICAL PERSONNEL





MEDICAL PERSONNEL





▼ YOU ARE HERE

STANDARDIZED JOINT CURRICULUM



STUDENT LEARNING OBJECTIVES



TERMINAL LEARNING OBJECTIVE

Otto Guidelines Otto Guidelines

- 14Describe the role of fire superiority and threat containment and the impact of the tactical environment on TCCC.
- 15 Describe the actions required before engaging with a casualty to prevent harm or additional casualties in accordance with CoTCCC guidelines.
- 16 Identify appropriate actions and priorities to treat and move casualties in CUF.
- Identify the importance of early application of limb tourniquets to control life-threatening bleeding in CUF.
- 18 Demonstrate one-handed tourniquet application to self in CUF.
- $lue{19}$ Demonstrate two-handed tourniquet application to a casualty in CUF.
- $lue{20}$ Describe the principles, advantages, and disadvantages of one-person drag/carry or two-person drag/carry in CUF.
- $\stackrel{ extstyle }{=} 21$ Demonstrate the one-person drags and carries of a casualty in CUF.
- 22Demonstrate two-person drags and carries of a casualty in CUF.











Three PHASES of TCCC

1 CARE UNDER FIRE

RETURN FIRE AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control lifethreatening 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!



YOU ARE HERE





PHASE 1: CARE UNDER FIRE / THREAT

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

to move to cover)

MOVE TO CASUALTY (if casualty is unable

IMPORTANT CONSIDERATIONS:

- Order of actions will be dictated by the situation
- A casualty **may** be able to perform **self-aid**
- Constantly ASSESS
 risks and make a plan
 before moving a
 casualty





ROLE OF FIRE SUPERIORITY THREAT CONTAINMENT







FIRE SUPERIORITY PRINCIPLES

Order of actions will be dictated by the situation

- Return fire **AND** take cover
- **Direct casualty** to remain engaged
- **Direct casualty** to apply self-aid and move to cover
- DO NOT approach casualty while casualty is inside of a KILL ZONE
- **Suppress** hostile fire to gain fire superiority



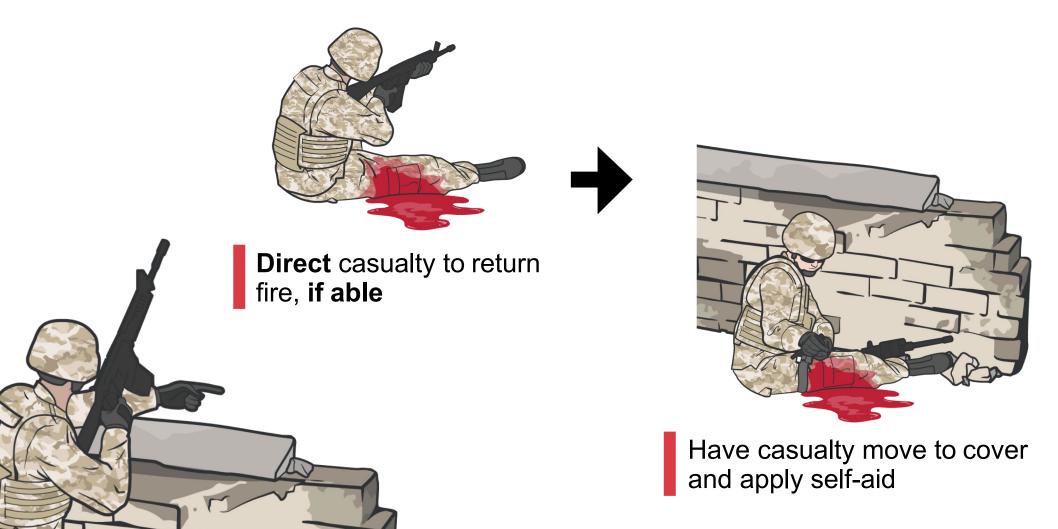


Place a tourniquet on life-threatening bleeding and get the casualty **OUT** of the **KILL ZONE** if they are unable to move





CASUALTY SELF-AID





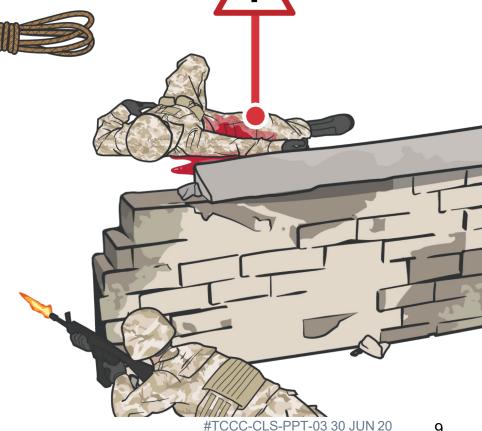


IF CASUALTY IS UNABLE TO MOVE

If casualty is unable to move to cover, when tactically feasible, go to them when fire has been SUPPRESSED and fire superiority has been **GAINED and AID THEM IN MOVEMENT**

Use rope, dragging straps, etc.









PHASE 1: CARE UNDER FIRE / THREAT

APPLY TOURNIQUET TO CONTROL LIFE-THREATENING BLEEDING



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

MOVE CASUALTY

Drag or carry based on tactical situation







MMASSIVE BLEEDING IN CARE UNDER FIRE



CARE UNDER FIRE / THREAT



CARE UNDER FIRE OVERVIEW







IDENTIFY LIFE-THREATENING BLEEDING

Bright red blood is pooling on the ground

The overlying clothes are soaked with blood







There is **pulsatile** (pulsing) or **steady** bleeding from the wound



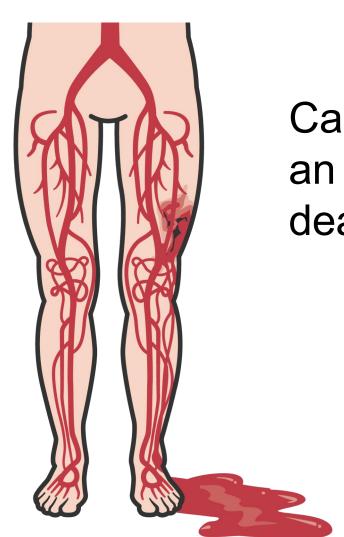
QUESTION



TIME TO BLEED OUT

How long does it take to bleed to death from a major artery injury?





Casualties with such an injury can bleed to death in as little as







KNOW YOUR ACCESS TO A TOURNIQUET

Have TQ available for **self-application** should you need one, **QUICK ACCESS IS KEY!**

DON'T leave your TQ at the bottom of your pack!

CASUALTY'S JFAK FIRST

- When helping a buddy, **NEVER USE YOUR OWN TQ** before the casualty's
- Look for the TQ in the casualty's JFAK
 - If the casualty does **NOT** have a TQ available, **then** use the TQ from the CLS kit or the next available one

PERSONAL Joint First Aid Kit (JFAK)







ONE-HANDED TOURNIQUET SELF-APPLICATION



One-Handed Application

The one-handed application is normally used to apply a CoTCCC-recommended windlass or ratchet TQ to the **upper extremities** (upper arm or forearm)



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ONE-HANDED WINDLESS TOURNIQUET APPLICATION







ONE-HANDED RATCHET TOURNIQUET APPLICATION







ONE-HANDED TOURNIQUET APPLICATION CRITICAL POINTS



- TQs are used to control massive or severe hemorrhage (bleeding) of an extremity (arms and legs)
- TQs are effective and can be applied quickly
- TQs are the most important lifesaving item in the JFAK and should be kept easily accessible
- When helping a buddy, **NEVER USE YOUR OWN** tourniquet before the casualty's

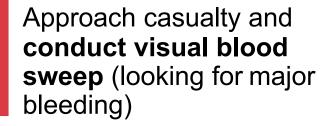




BUDDY AID

IF CASUALTY IS UNRESPONSIVE

OR UNABLE TO MOVE



If you see bleeding, apply a hasty (high and tight) TQ using a two-handed method

IMPORTANT CONSIDERATION:

Be sure to use equipment (TQ) in the casualty's JFAK and not your own







TWO-HANDED RATCHET TOURNIQUET APPLICATION







TWO-HANDED WINDLASS TOURNIQUET APPLICATION







SKILL STATION

CUF Tourniquet (Skills)

- One-Handed (Windlass) TQ Application in CUF
- One-Handed (Ratchet) TQ Application in CUF
- Two-Handed (Ratchet) TQ Application in CUF
- Two-Handed (Windlass) TQ Application in CUF



TACTICAL FIELD CARE



EXTRACTION OF CASUALTIES



Casualty to be extracted from vehicles and buildings per unit Standard Operating Procedure (SOP)

If casualties are on fire, put out the fire **IMMEDIATELY**

Move casualty to **relative safety** following the unit SOP







CRITICAL OBJECTIVES FOR THE ONE- OR TWO-PERSON DRAG/CARRY



- Once bleeding is controlled, move the casualty to cover using a one- or two-person drag/carry
- At the point of injury you must move your casualty to the closest position of cover
- If you must move a casualty under fire, then quickly develop a casualty movement rescue plan
- When moving casualties, spinal injuries are not to be a concern during Care Under Fire movements



DRAG/CARRY



ONE-PERSON DRAG/CARRY



SUPPORT CARRY should be used for a conscious casualty **only**

NECK DRAG also **limits** the casualty and rescuer from exposure to enemy fire



CRADLE-DROP DRAG is effective in moving a casualty **up or down the stairs**, **steps**, **or short distances**



CARE UNDER FIRE



ONE-PERSON CASUALTY DRAG/CARRY





DRAG/CARRY



TWO-PERSON DRAG/CARRY



The TWO-MAN SUPPORTING CARRY

can be used in transporting **both** conscious and unconscious casualties



KIT OR ARM DRAG can cause Injury to either the rescuer or casualty during training drills; keep safety in mind



FORE AND AFT CARRY

Exposes two rescuers to hostile fire instead of one



CARE UNDER FIRE



TWO-PERSON CASUALTY DRAG/CARRY





DRAG/CARRYS



SKILL STATION

Drag/Carry (Skills)

One-Person Drag/Carry

Two-Person Drag/Carry



CARE UNDER FIRE



SUMMARY



We defined Care Under Fire

We discussed the importance of fire superiority

We defined massive hemorrhage control methods

We discussed casualty movement in CUF

We discussed the advantages and disadvantages of one- and two-person drag/carry methods



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CHECK ON LEARNING

- What is Care Under Fire?
- What are the signs of life-threatening bleeding?
- How long does it take to bleed to death from a complete femoral artery and vein disruption?
- What are the advantages and disadvantages of one-person drags?
- What are the advantages and disadvantages of two-person carries?





ANY QUESTIONS?