

**Table 4. Point of Injury (Hot Zone) Response– (M A R)<sup>2</sup>.**

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<b>TCCC</b>	<b>CBRN</b>
<b>Massive Hemorrhage</b>	<b>Mask</b>
<p>Stop life-threatening external hemorrhage if tactically feasible:</p> <ul style="list-style-type: none"> <li>• Direct casualty to control hemorrhage by self-aid if able.</li> <li>• Use a CoTCCC-recommended limb tourniquet for hemorrhage that is anatomically amenable to tourniquet use.</li> <li>• Apply the limb tourniquet over the uniform clearly proximal to the bleeding site(s). If the site of the life-threatening bleeding is not readily apparent, place the tourniquet “high and tight” (as proximal as possible) on the injured limb and move the casualty to cover.</li> </ul>	<ul style="list-style-type: none"> <li>• Don mask</li> <li>• Help casualty don mask or ensure proper seal if mask already in place.</li> <li>• Ensure Powered Air Purifying Respirator (PAPR) or Self Contained Breathing Apparatus (SCBA) is functional.</li> </ul>
<b>Airway</b>	<b>Antidotes</b>
<ul style="list-style-type: none"> <li>• Assess (excessive secretions may indicate nerve agent exposure)</li> <li>• Airway management is generally best deferred</li> </ul>	<ul style="list-style-type: none"> <li>• Antidotes are given in the Hot Zone if the casualty has symptoms of poisoning.</li> <li>• These agents are rapid killers:               <ul style="list-style-type: none"> <li>- Nerve agent (give ATNAA, CANA).</li> <li>- Cyanide (give hydroxocobalamin).</li> <li>- Pharmaceutical based sedating agent (give naloxone)</li> </ul> </li> </ul>
<b>Respiration</b>	<b>Rapid Spot Decon</b>
<ul style="list-style-type: none"> <li>• Assess: normal, shallow, labored, absent? (increased respirations may indicate nerve agent exposure)</li> <li>• Complete the CRESS assessment and determine if caused by the agent or trauma</li> <li>• Respiratory intervention is generally best deferred</li> </ul>	<ul style="list-style-type: none"> <li>• At the point of injury, physical removal of the agent/rapid spot decontamination is indicated if agent can be seen on the skin, if there is suspicion of wound contamination by agent, or if there is a breach in the suit.</li> <li>• Apply RSDL, M100, M295, Sorbent, tech wipe, etc.</li> </ul>
<b>Extraction</b>	
Egress away from the threat	