CLS
TCCC
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	**TCCC** TIER 2	**TCCC** TIER 3	**TCCC** TIER 4
All Service Members	Combat Lifesaver	Combat Medic/Corpsman	Combat Paramedic/Provider

CHANGE LOG - Curriculum Update History

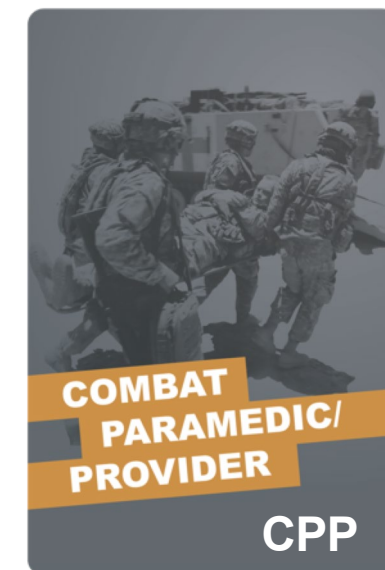| CHANGE DATE	PRODUCT UPDATE	DESCRIPTION OF CHANGE
29 April 2025	Module 1 - Didactic PPT Slide 20	Updated TCCC 1380 Card image to reflect changing "gender" to "sex"

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

ROLE 1 CARE

NONMEDICAL PERSONNEL

MEDICAL PERSONNEL

ALL SERVICE MEMBERS

ASM

COMBAT LIFESAVER

CLS

◀ YOU ARE HERE

COMBAT MEDIC/CORPSMAN

CMC

COMBAT PARAMEDIC/PROVIDER

CPP
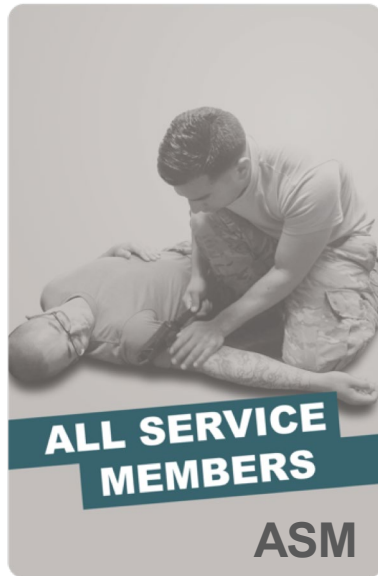
STANDARDIZED JOINT CURRICULUM

LEARNING OBJECTIVES

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

- **01** Demonstrate the application of TCCC skills in a combat or noncombat scenario.
(Comprehensive Module Practical Exercise)

02 **Describe the practice of TCCC in accordance with CoTCCC Guideline**

- **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

02 **TERMINAL LEARNING OBJECTIVES (TLOs)**

08 **ENABLING LEARNING OBJECTIVES (ELOs)**

● = Performance ELOs

● = Cognitive ELOs

CONGRESSIONAL MANDATE FOR STANDARDIZED TRAINING
DoDI 1322.24

Standardizes Combat Casualty Care for all Service members

Covers the use of standardized trauma training platforms

This is not just your typical first aid training

DEPL**O**YED MEDICINE

- Training and education resource
- ASM TCCC curriculum and resources
- Updated videos, podcasts, and resources
- Clinical Practice Guidelines (CPGs) downloadable
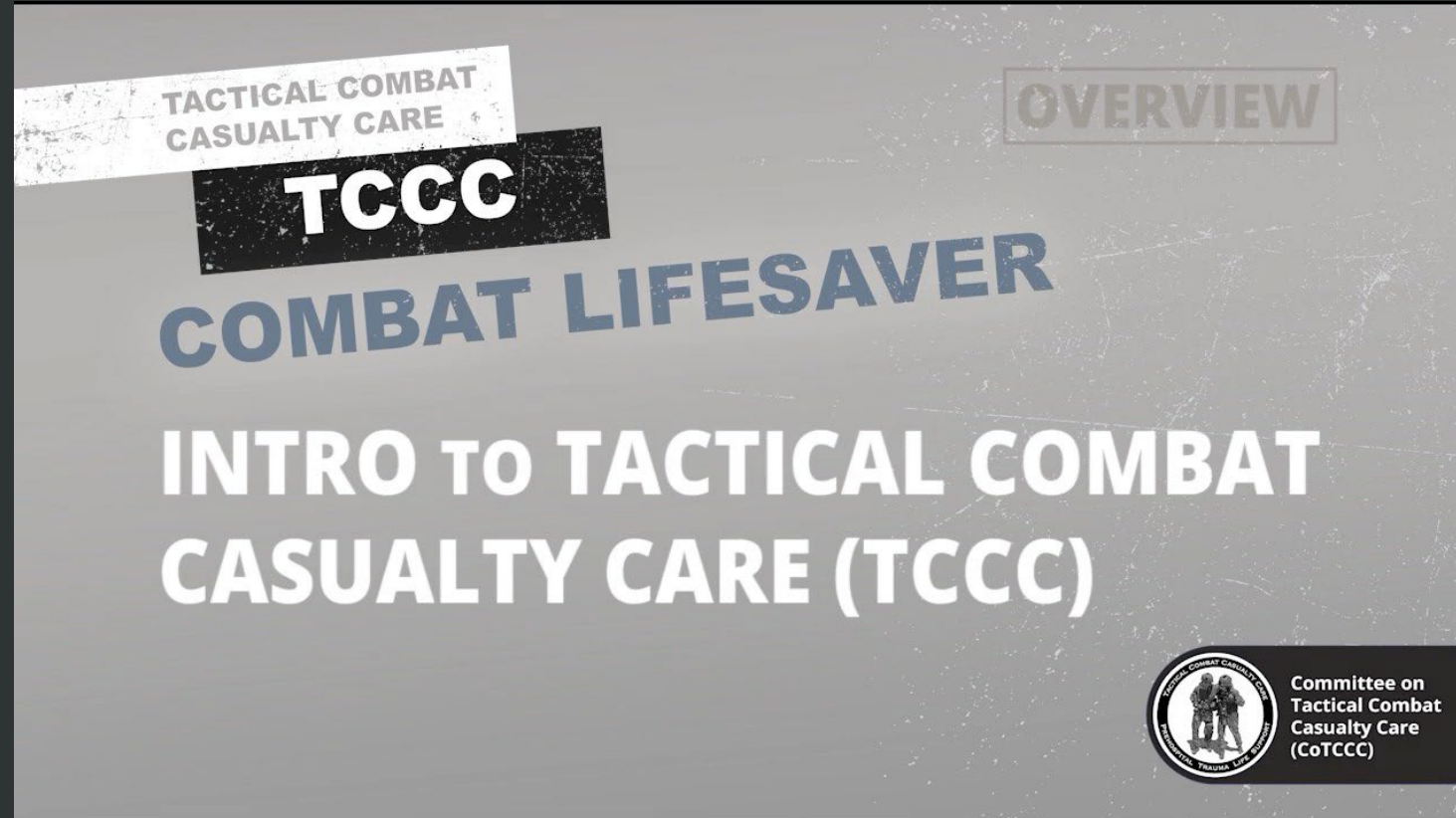
www.deployedmedicine.com
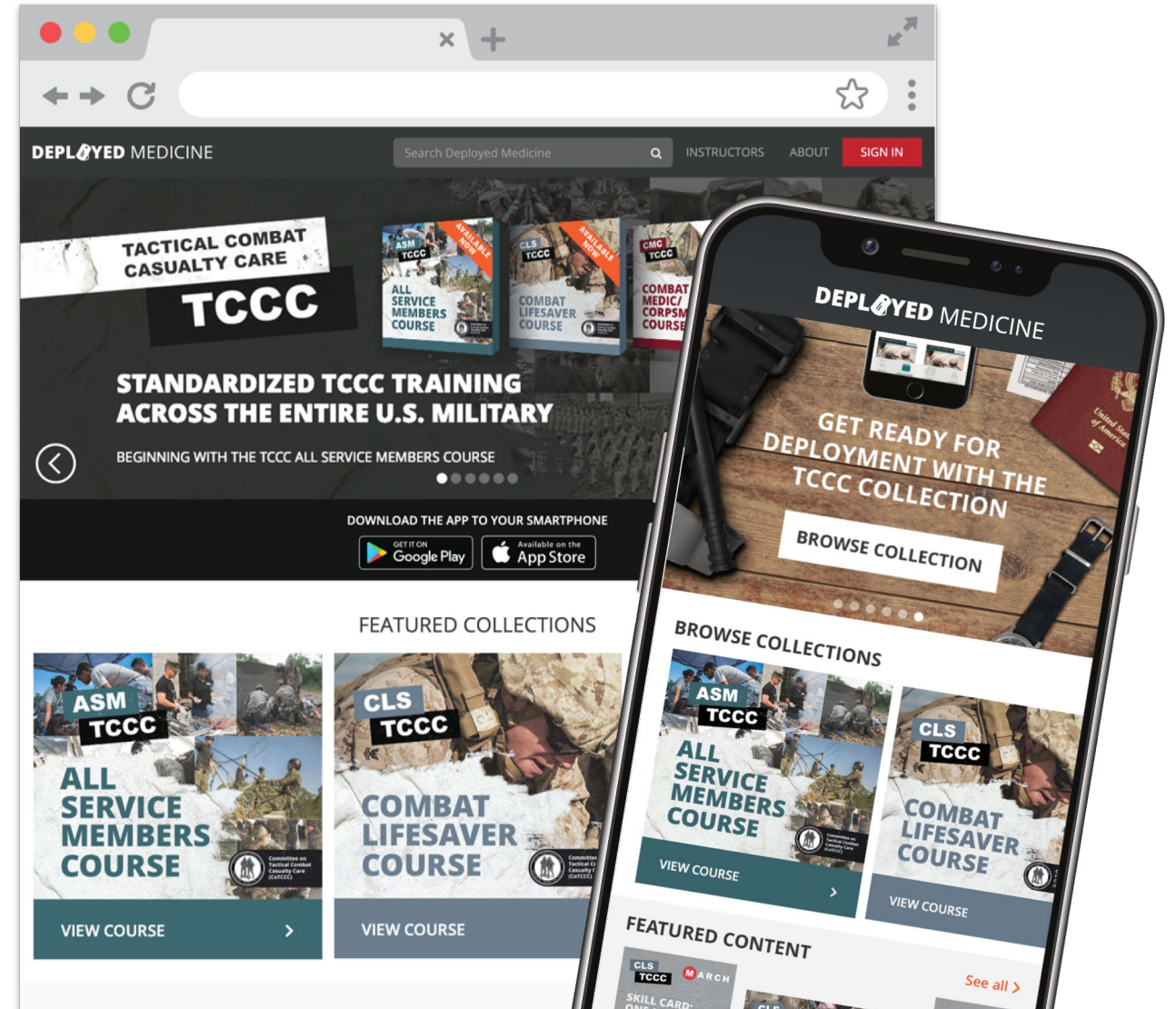
WHAT THIS COURSE CONTAINS

- Principles and Applications of TCCC
- Medical Equipment
- Care Under Fire
- Principles and Application of Tactical Field Care
- Tactical Trauma Assessment
- Massive Hemorrhage Control in TFC
- Airway Management in TFC
- Respiration Assessment and Management in TFC
- Circulation/Hemorrhage Control in TFC
- Shock Recognition

- Hypothermia Prevention
- Head Injuries
- Eye Injuries
- Pain Medication and Antibiotic Administration
- Wound Management
- Burns
- Fractures
- Casualty Monitoring
- Pre-evacuation Procedures, Communication, and Documentation
- Evacuation Procedures

PRINCIPLES AND APPLICATIONS OF TCCC

Video can be found on DeployedMedicine.com

ROLES AND RESPONSIBILITIES OF THE COMBAT LIFESAVER

In a **Care Under Fire** situation the CLS:

> Must respond to suppression of hostile fire to minimize the risk of injury to personnel and minimize additional injury to previously injured Service members

In **Tactical Field Care** the CLS Service members:

> Must maintain security and situational awareness while continuing to tend to casualties and prepare for evacuation

ROLES AND RESPONSIBILITIES OF CLS

First Responder Care (Role 1)

The first medical care that 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 and 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
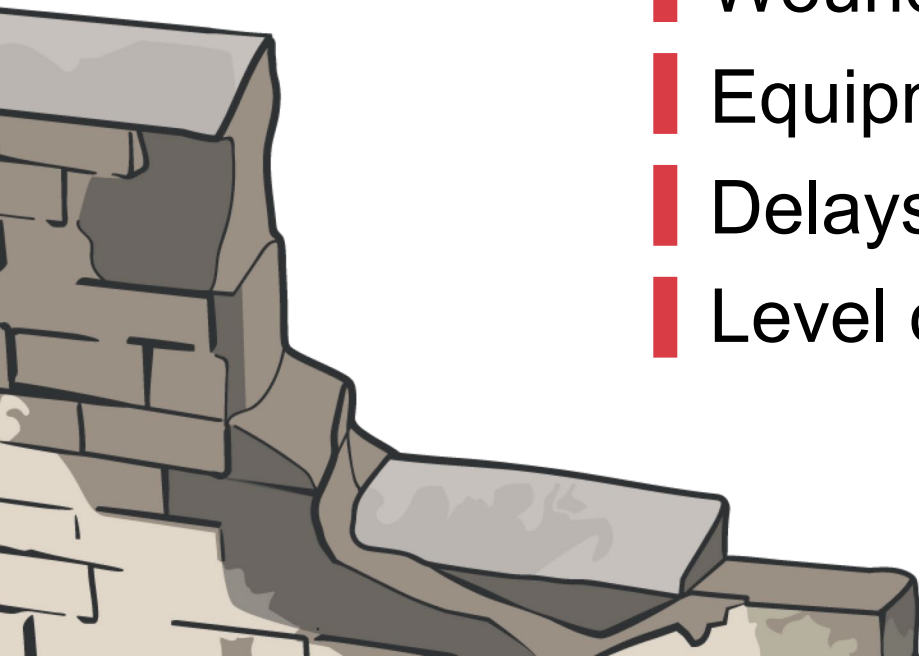
IMPORTANCE OF TCCC TRAINING

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 as the groin

- Noncompressible bleeding such as a gunshot wound to the abdomen

- Tension pneumothorax **(air trapped in the chest that prevents breathing and circulation)**, 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 (TACEVAC)

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**

MOVE 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

1 MIN

CONTINUE TO MAINTAIN FIRE SUPERIORITY

MOVE CASUALTY

IMPORTANT CONSIDERATIONS:

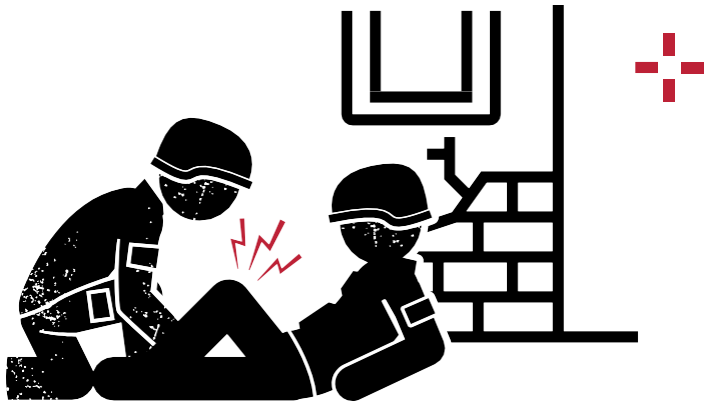Continuously assess risks and make a plan before moving a casualty

MARCH PAWS

CLS TCCC

DURING 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

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** Joint First Aid Kit (JFAK) first
- TFC can turn into a CUF situation 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 REPORT
- **M** Mechanism of injury
- **I** Injuries
- **S** Symptoms
- **T** Treatment

(litter transport)

PRE-EVAC PROCEDURES
- Complete **DD Form 1380**
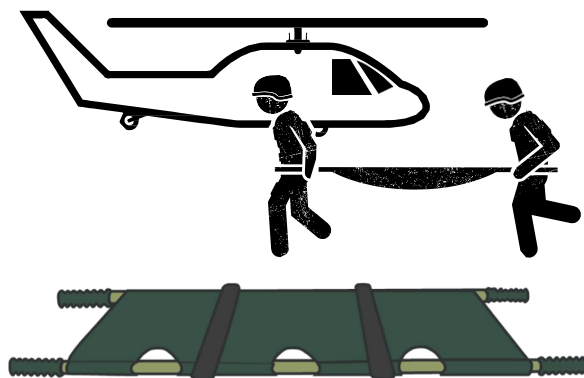
GOALS

| Treat the casualty | Prevent additional casualties | Complete the mission |

Three PHASES of TCCC

1 **CUF**

RETURN FIRE AND TAKE COVER

Quick decision-making:
- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

2 **TFC**

COVER AND CONCEALMENT

Basic management plan:
- Maintain tactical situational awareness
- Triage casualties as required
- Conduct MARCH PAWS assessment

3 **TACEVAC**

More deliberate assessment and treatment of unrecognized life-threatening injuries:
- Pre-evacuation procedures
- Continuation of documentation

CHECK ON LEARNING

? **What factors influence TCCC?**

? **What are the phases of care in TCCC?**

? **What is the most essential treatment task in CUF?**

? **What is every first responder's role in CUF?**

? **What does MARCH PAWS stand for?**

ANY QUESTIONS?