



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 01: PRINCIPLES AND APPLICATIONS OF TACTICAL COMBAT CASUALTY CARE (TCCC)



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



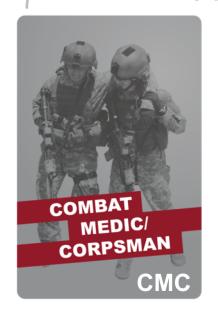
ROLE 1 CARE

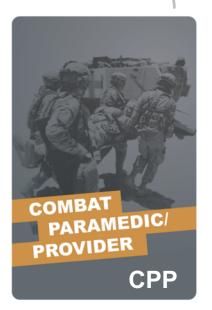
NONMEDICAL PERSONNEL





MEDICAL PERSONNEL





▼ YOU ARE HERE

STANDARDIZED JOINT CURRICULUM





TERMINAL LEARNING OBJECTIVES

- O1 Given a combat or noncombat scenario, perform Tactical Combat Casualty Care (TCCC) in accordance with the Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines
 - 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 Guidelines
 - O2 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
 - 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









CONGRESSIONAL MANDATE FOR STANDARDIZED TRAINING



DoDI 1322.24



DoD Instruction 1322.24

MEDICAL READINESS TRAINING (MRT)

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: March 16, 2018

Releasability: Cleared for public release. Available on the DoD Issuances Website at

http://www.esd.whs.mil/DD/.

Reissues and Cancels: DoD Instruction 1322.24, "Medical Readiness Training," October 6, 2011

Approved by: Robert L. Wilkie, Under Secretary of Defense for Personnel and

Readiness

Purpose: This issuance:

- In accordance with the authority in DoD Directive (DoDD) 5124.02, establishes policy, assigns
 responsibilities, and provides procedures for governing MRT for Service members and the DoD
 expeditionary civilians (DoD-EC).
- In accordance with Section 708 of Public Law 114-328, develops a standardized combat casualty
 care instruction for all Service members, including the use of standardized trauma training platforms.
- Establishes a requirement to record tactical combat casualty care (TCCC) certification in Servicedesignated training tracking systems.

Standardizes Combat Casualty Care for all Service members

Covers the use of standardized trauma training platforms



YOUR ONLINE RESOURCE



This is not just your typical first aid training

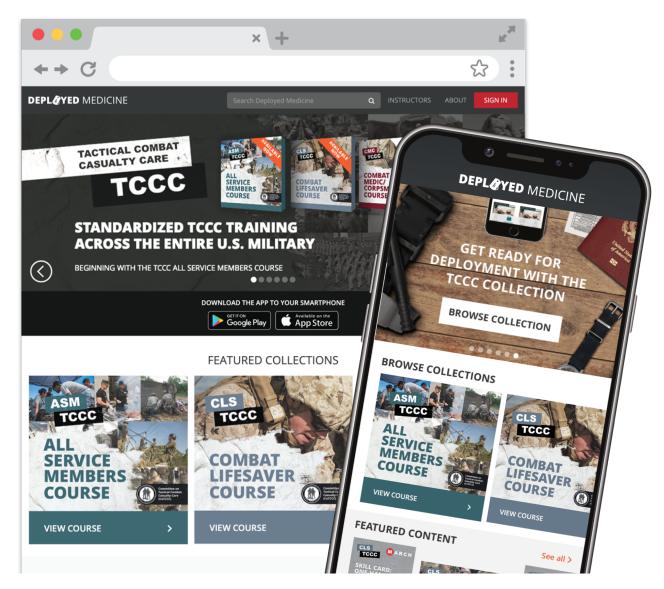
DEPLØYEDMEDICINE

- Training and education resource
- ASM TCCC curriculum and resources
- Updated videos, podcasts, and resources
- Clinical Practice Guidelines (CPGs) downloadable

www.deployedmedicine.com









COURSE CONTENTS



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

Airway Management

Respiration Assessment and Management

Circulation/Hemorrhage Control

Shock Recognition

Hypothermia Prevention

Head Injuries

Eye Injuries

Pain Medication and Antibiotic Administration

Wound Management

Burns

Fractures

Casualty Monitoring

Pre-evacuation Procedures

Evacuation Procedures







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

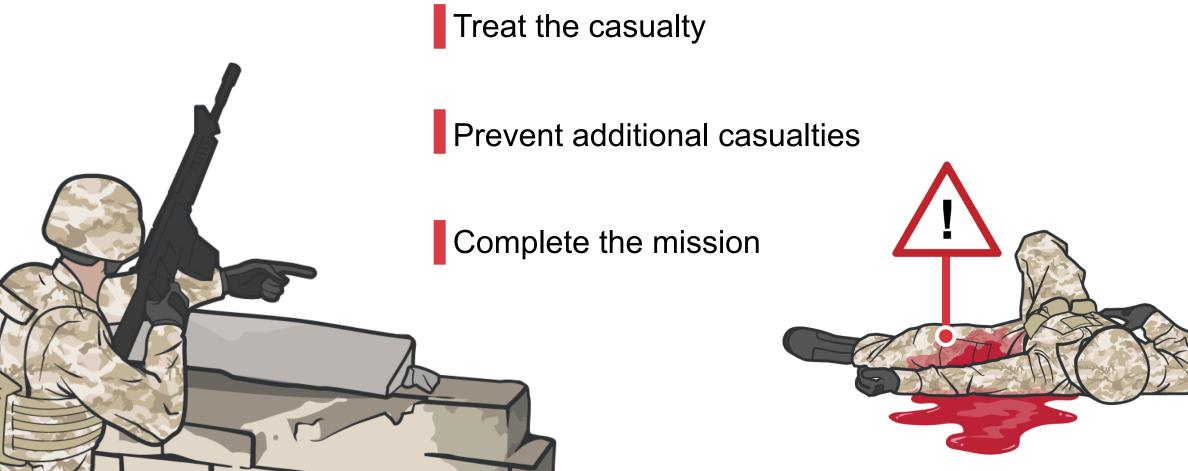
Noncompressible bleeding such as a gunshot wound to the abdomen

Tension pneumothorax (air trapped in the chest that prevents breathing and circulation), and airway problems





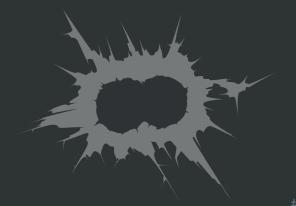
THREE GOALS OF TCCC















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

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!



CARE UNDER FIRE



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

CONTINUE TO MAINTAIN FIRE SUPERIORITY

MOVE **CASUALTY**



IMPORTANT CONSIDERATIONS:

Continuously assess risks and make a plan before moving a casualty



TACTICAL FIELD CARE



MARCH PAWS

DURING LIFE-THREATENING



MASSIVE BLEEDING #1 Priority



AIRWAY



RESPIRATION (Breathing)



CIRCULATION



HYPOTHERMIA / HEAD INJURIES

AFTER LIFE-THREATENING



PAIN



ANTIBIOTICS



WOUNDS



SPLINTING



TACTICAL FIELD CARE



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



TACTICAL EVACUATION



PHASE 3: TACTICAL EVACUATION CARE

CASUALTY MONITORING

Continue to reassess and monitor casualty

EVAC REQUEST

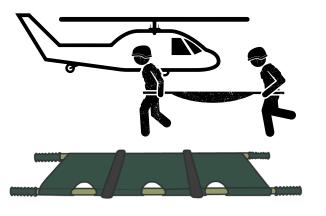
Use 9-Line Format

COMPLETE REPORT

- Mechanism of injury
- Injuries
- S Symptoms
- **Treatment**

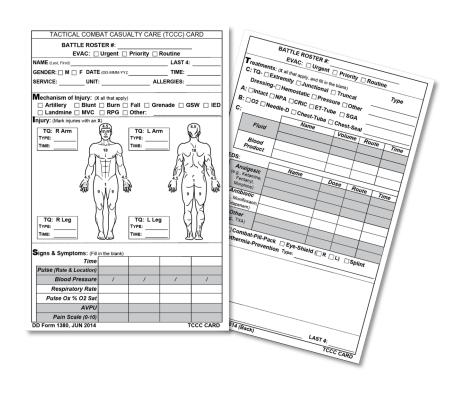
CASUALTY PREP

- Prep Litter
- Prep Evac Equipment
- Pack Casualty
- Secure Items



PRE-EVAC PROCEDURES

Complete **DD Form 1380**





IN SUMMARY



GOALS

Treat the casualty

Prevent additional casualties

Complete the mission

Three PHASES of TCCC

1 CUF

2 TFC

3 TACEVAC

RETURN FIRE AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control lifethreatening bleeding
- Move casualty to safety

COVER AND CONCEALMENT

Basic management plan:

- Maintain tactical situational awareness
- Triage casualties as required
- Conduct MARCH PAWS assessment

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?