



ALL SERVICE MEMBERS
TACTICAL COMBAT CASUALTY CARE

COURSE PLAN:
A TEACHING GUIDE FOR TRAINERS

1 AUG 2019



**Committee on
Tactical Combat
Casualty Care
(CoTCCC)**

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I. COURSE OVERVIEW

This teaching guide provides information to help trainers successfully manage and teach the Tactical Combat Casualty Care (TCCC) All Service Member (ASM) Course.

The proponent for the course is the Joint Trauma System (JTS), is a part of the Defense Health Agency (DHA), located in Falls Church, Virginia. The security classification for this course is unclassified; the product is releasable to foreign countries and civilians. Therefore, the curriculum is being offered in the public domain to ensure maximum availability to military personnel, international partners, and the public.

This standardized curriculum is available in a digital format for both trainers and students. Training materials and resources are available through a DHA-sponsored, training platform called Deployed Medicine (DM). DM is accessible via your personal computer or mobile device. Trainers may access the official materials at www.deployedmedicine.com, and through the free DM mobile app for iOS and Android. Learning assets can be downloaded from the website in a single, bundled training package or viewed and downloaded separately.

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For questions regarding TCCC training standards or the TCCC ASM course curriculum and its use, contact the Joint Trauma Education and Training Branch (JTET-B) at TCCCASM@deployedmedicine.com.

PREREQUISITES

- **Trainers:** At a minimum, a trainer must successfully complete the classroom-based TCCC ASM Course along with five online train-the-trainer video tutorials in order to be qualified to teach this course. In addition, trainers should be proctored by experienced TCCC trainers on a periodic basis for quality assurance purposes. Trainer tutorials are available on the Deployed Medicine website.
- **Students:** There are no prerequisites for this course. The course can be taught to all Service members, but is primarily intended for nonmedical personnel.

COURSE DESCRIPTION

The TCCC All Service Members (TCCC ASM) Course is intended to familiarize military personnel with TCCC concepts and basic lifesaving skills to ensure they are adequately prepared to render medical aid to a trauma casualty.

The course begins with a classroom presentation followed by a series of interactive, hands-on skills training sessions that encompasses rapid casualty assessment, bleeding control interventions, airway management techniques and critical communication and medical documentation practices.

The medical skills that are trained have been proven safe and effective; they can be performed by an individual with no prior medical training. At the completion of this course, students have TCCC basic proficiency qualifications.

The academic instruction training is designed to be delivered within 6-8 hours timeframe depending on class size, number of trainers, etc.

Adequate training space must be provided to accommodate hands-on TCCC skills training. Optimal conditions would allow enough space for students to break out into multiple small groups to practice skills with access to training aids.

Safety is of the utmost importance in any training environment. This course is low risk for hazards, but safety conditions should be assessed locally, and appropriate controls established. Every precaution should be taken during training to ensure student safety. Safety is everyone's responsibility; recognize, mitigate, and report hazardous conditions.

After a supervised skill rehearsal, students should be formally evaluated using the Skills Checklist. The course concludes with the administration of the Course Evaluation, and an interactive discussion to gather feedback from the students.

TRAINER RESPONSIBILITIES

As a trainer, it is your responsibility to meet these requirements:

- complete the prerequisites to teach this course
- consistently demonstrate TCCC subject matter knowledge, and be confident and competent in performing and assessing TCCC skills
- ensure you and your fellow trainers are familiar with the course plan, training materials, medical supplies and equipment in advance of the course
- teach using the standardized curriculum
- properly assess the student's abilities to achieve basic competency in five lifesaving skills

II. COURSE FOUNDATION AND DESIGN

The TCCC ASM curriculum features a student-centered approach tailored to a novice TCCC learner. The training methods and materials are uniquely designed to accommodate a variety of learning styles and preferences, while also ensuring learning objectives are met in an efficient and effective manner. In particular, the use of multi-media training content and technology are a key part of the learning strategy.

The overall training goals are to ensure students:

- understand and value the importance of lifesaving skills and their role in helping eliminate preventable deaths due to trauma, ensuring military readiness
- understand and value the importance of how lifesaving skills are used in everyday life
- can perform lifesaving skills at a basic proficiency level

It is important that trainers take time to learn about each training audience. Inexperienced TCCC learners may be concerned that they could do something to further harm a casualty, and may be reluctant at first to engage in skills training. Trainers should provide a supportive and collaborative setting to enrich the hands-on learning experience, and provide reassurance and coaching to improve learner confidence. Positive reinforcement is key to ensuring student success.

The course is primarily focused on skills training, so a majority of the training time is allotted to interactive hands-on learning. The curriculum is based on a foundation of learning objectives. A Terminal Learning Objective (TLO) or end goal is supported by a set of Enabling Learning Objectives (ELOs). Services/units can add additional TLOs/ELOs based on local training requirements.

#	MODULE	MODULE TITLE
01	TCCC-ASM-1-A	Introduction to TCCC
02	TCCC-ASM-2-A	First Aid Kit Familiarization
03	TCCC-ASM-3-A	Rapid Casualty Assessment
04	TCCC-ASM-4-A	Massive Bleeding
05	TCCC-ASM-5-A	Airway & Breathing
06	TCCC-ASM-6-A	Burns
07	TCCC-ASM-7-A	Fractures
08	TCCC-ASM-8-A	Eye Trauma
09	TCCC-ASM-9-A	Head Injury Recognition
10	TCCC-ASM-10-A	Medical Documentation and Communication

LEARNING OBJECTIVES

The course is built on a foundation of learning objectives. There are 10 Terminal Learning Objective (TLO), supported by a set of 37 Enabling Learning Objectives (ELOs).

MODULE PLAN 1: INTRODUCTION TO TCCC	
TLO	ELO (5)
01 Describe the practice of TCCC in accordance with the Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines.	01 Identify the leading causes of preventable death due to traumatic injuries, and the corresponding interventions to help increase chances of survival.
	02 Define TCCC in accordance with CoTCCC Guidelines.
	03 Identify 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 non-combat settings.
	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).
MODULE PLAN 2: FIRST AID KIT FAMILIARIZATION	
TLO	ELO (2)
02 Describe the use of a first aid kit in accordance with Service policy.	06 Identify the contents of an individual Joint First Aid Kit (JFAK), and/or other Service-specific first aid kits.
	07 Describe the general maintenance and resupply procedures for trauma materials in a first aid kit in accordance with Service guidelines.
MODULE PLAN 3: CASUALTY ASSESSMENT	
TLO	ELO (5)
03 Given a trauma casualty in a combat or noncombat scenario, perform the steps required to assess a casualty in accordance with the CoTCCC Guidelines.	08 Define the actions required before engaging with a casualty, to prevent harm or additional casualties in accordance with CoTCCC Guidelines.
	09 Describe the techniques used to assess a casualty for responsiveness.
	10 Describe the techniques used to move the casualty to prevent further injury or death in accordance with the appropriate Service-specific policy.

	<p>11 Perform a rapid casualty assessment in the proper order using the MARCH sequence in accordance with CoTCCC Guidelines.</p> <p>12 Perform the appropriate actions and interventions based on a rapid casualty assessment that are used to render assistance to the casualty, in accordance with CoTCCC Guidelines.</p>
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MODULE PLAN 4: MASSIVE BLEEDING

TLO	ELO (7)
<p>04 Given a combat or non-combat scenario, demonstrate basic care for a casualty with massive bleeding in accordance with CoTCCC Guidelines.</p>	<p>13 Define types of bleeding, to include life-threatening bleeding.</p>
	<p>14 Given a trauma casualty with life-threatening bleeding and a tourniquet, apply a two-handed tourniquet to the casualty to stop the bleeding within 1 minute and secured within 3 minutes, in accordance with CoTCCC Guidelines.</p>
	<p>15 Given a trauma casualty with severe bleeding, and no tourniquet available, identify the risks associated with the use of an improvised tourniquet.</p>
	<p>16 Given a trauma casualty with a wound in a place where a tourniquet cannot be effectively applied, and a hemostatic dressing, apply the hemostatic dressing directly on the site of active bleeding and hold direct pressure for 3 minutes in accordance with CoTCCC Guidelines.</p>
	<p>17 Given a trauma casualty with a wound, apply a pressure bandage in accordance with the CoTCCC Guidelines.</p>
	<p>18 Identify the signs, symptoms and management of shock in a trauma casualty with life-threatening bleeding.</p>
	<p>19 Identify methods to prevent hypothermia in a trauma casualty, in accordance with CoTCCC Guidelines.</p>

MODULE PLAN 5: AIRWAY & BREATHING

TLO	ELO (4)
<p>05 Given a combat or non-combat trauma scenario, demonstrate basic care for a casualty with a compromised airway or respiratory distress in accordance with CoTCCC Guidelines.</p>	<p>20 Identify signs/symptoms of an airway obstruction.</p>
	<p>21 Given a trauma casualty with an airway obstruction, or decreased level of responsiveness, place the casualty in a recovery position in accordance with CoTCCC Guidelines.</p>
	<p>22 Given a trauma casualty who is unresponsive or has an airway obstruction, perform a head-tilt/chin-lift or jaw-thrust maneuver to open the airway in accordance with CoTCCC Guidelines.</p>
	<p>23 Identify the signs and symptoms of respiratory distress.</p>

	<p>24 Identify the signs and symptoms of a life-threatening chest injury.</p>
<p>MODULE PLAN 6: BURNS</p>	
TLO	ELO (4)
<p>06 Describe the basic care of burns in accordance with CoTCCC Guidelines.</p>	<p>25 Identify the severity of burn in accordance with the conventional burn classification system.</p>
	<p>26 Describe how to apply a dry dressing to a burn casualty in accordance with CoTCCC Guidelines.</p>
	<p>27 Describe techniques used to prevent heat loss in a severe burn casualty in accordance with CoTCCC Guidelines.</p>
	<p>28 Identify the specific scene safety issues and actions required of a trauma casualty with electrical burns, before evaluation and care of the casualty.</p>
<p>MODULE PLAN 7: FRACTURES</p>	
TLO	ELO (2)
<p>07 Describe the basic care of fractures in accordance with CoTCCC Guidelines.</p>	<p>29 Identify signs of a suspected fracture.</p>
	<p>30 Describe the proper application of a splint using a SAM Splint or other splinting materials.</p>
<p>MODULE PLAN 8: EYE TRAUMA</p>	
TLO	ELO (2)
<p>08 Describe the basic care of an eye injury in accordance with CoTCCC Guidelines.</p>	<p>31 Identify the appropriate care for a trauma casualty with an eye injury in accordance with CoTCCC Guidelines.</p>
	<p>32 Describe the application of an eye shield or suitable rigid concave materials, in accordance with CoTCCC Guidelines.</p>
<p>MODULE PLAN 9: HEAD INJURY RECOGNITION</p>	
TLO	ELO (3)
<p>09 Identify a head injury in accordance with DODI 6490.11, Change 1.1, June 2018.</p>	<p>33 Identify external forces that can cause a head injury in accordance with DODI 6490.11 enclosure 3 Section 1.</p>
	<p>34 Identify signs and symptoms of a head injury in accordance with 6490.11, Enclosure 3, Figure., IED checklist.</p>
	<p>35 Identify the critical observations that should be reported to medical personnel for trauma casualties with a suspected head injury, in accordance with the Military Acute Concussive Evaluation 2 (MACE 2).</p>

MODULE PLAN 10: MEDICAL DOCUMENTATION AND COMMUNICATION	
TLO	ELO (2)
10 Describe point of injury communication strategies and casualty care documentation in accordance Defense Health Agency- Procedural Instruction (DHA-PI) 6040.01	36 Identify requirements for communicating care to the casualty, leadership, and medical personnel in accordance with CoTCCC Guidelines.
	37 Describe how to document casualty information on the DD Form 1380 TCCC card and the proper placement of that card on the casualty, in accordance with DHA-PI 6040.01.

III. GETTING STARTED - COURSE MANAGEMENT

The lead trainer should engage in a co-planning process with other assistant trainers at least three weeks in advance of the training event. To maintain the training standard established by the Joint Trauma System, it is critical that every trainer review the learning objectives, course materials, (to include instructional videos) and begin acquiring and organizing medical supplies and equipment. Additionally, each trainer must review the curriculum and rehearse the skills and assessment techniques independently and as a team, to ensure a consistent approach to training.

Here is a recommended four-step process to plan and organize the course:

- STEP 1: Formulate a course plan.** The course has been designed in a modular fashion which allows flexibility in course design. Some training environments will dictate an established approach. For example, if you are in a basic training environment, there may not be significant opportunities to be creative with the course design and flow. But, here in Figure 1, are a few options to consider.

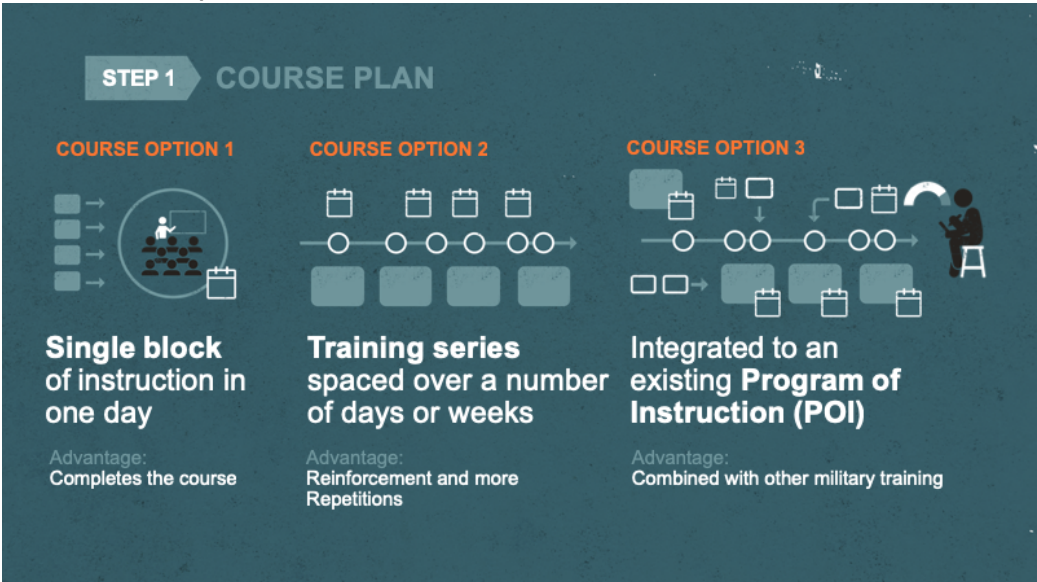


Figure 1: Course Design Options

- **Option 1: Offer the course in a traditional format as a single block of instruction** over a 6-8-hour period, depending on class size and number of trainers. This approach is common, and is more typical of a standard course lay out. In Appendix B, a recommended course schedule is offered as a “best practice” for trainers to follow when training the entire course in a single day.
- **Option 2: Deliver the training in a series of activities spaced over multiple days or weeks.** This approach is called spaced learning—and, makes sense only if you can sustain the *same* group of students over a certain period of time, and can track and manage numerous training events. This format can have several advantages; such as offering the ability to reinforce learning and perform additional repetition of skills.
- **Option 3: Integrate this training into an existing curriculum or course.** Module plans and assessment can be folded into a program of instruction. This makes the most sense where this medical training is combined with other military training, for example, a basic training environment.

Each of these approaches require varying levels of time and resources. So, choose whatever best suits your unit’s needs and training process.

- **STEP 2: Determine your course configuration and appropriate trainer/student ratios.** Trainers should organize and plan each phase of the training. The number of trainers, overall class size and training environment, play a major role in how you will arrange the course, and utilize trainer resources. **Trainer/student ratios: The recommended ratios for teaching and assessing TCCC skills is 1 trainer per 6-8 students.**

Larger class sizes are commonplace in a schoolhouse setting or basic training environment. In these settings, trainer to student ratios may be higher, as there are a fixed number of resources available. However, there are ways to adjust the use of trainers throughout the training. In Figure 2, an example of how to modify or flex ratios is provided, should you choose to teach the course in a single day (with a class size of 50).



Figure 2: Trainer/student ratios for different phases of training

The trainer can start by training the entire student audience together in one classroom or auditorium for the introductory portion of the course. This can be done with a single, lead trainer, with at least one another trainer to assist.

As the trainer students move into smaller groups for skills training, more trainers may be necessary. Feedback from both trainers and students have highlighted improved learning effectiveness when the trainer to student ratios are 1:6-8. This allows for direct engagement, and trainers can actively lead skills training with individual coaching and supervision. When a limited number of trainers are available, consider relying heavily on instructional videos, and implementing peer-to-peer coaching during the skills training sessions. In this case, trainer resources are focused on overall management of course flow rather than individualized skills training.

For the assessment phase, trainers are necessary to guide the scenario-driven rapid casualty assessment exercise, and the final evaluation process. This is the time when trainers are most important, so maximize your resources at this stage. Even when class sizes are large, every effort should be made to keep the assessment proportion to 1:6-8 students.

At the end, all of the students can be brought back into a single large group for debriefing and course evaluation. If this is the case, one to two trainers are adequate.

There are risks with having trainer-student ratios shift throughout the course, but if resources are limited, supplementing with additional trainers for specific segments of the course, versus having them attend for the entire day, is an option worth exploring.

■ **STEP 3: Select an optimal delivery approach tailored to resources and mission set.**

The course is designed to be flexible and modular, so it can be delivered in either a **no-tech, low-tech or high-tech** fashion depending on the mission, resources available and local training guidance and processes. It can be delivered in a classroom or in a field setting. The materials are offered in both paper and digital formats. Figure 3 depicts the various options.

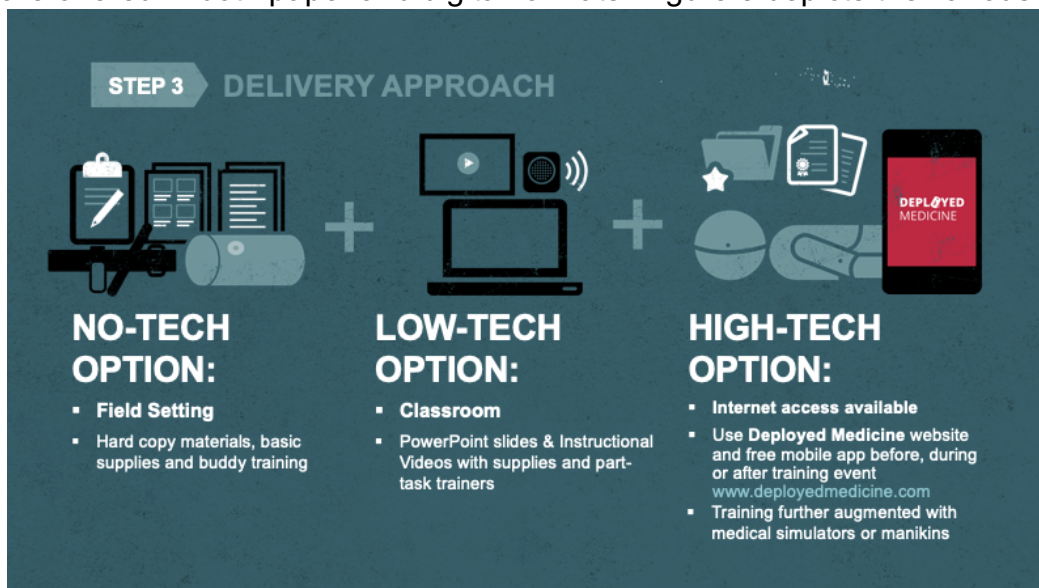


Figure 3: Potential delivery approaches for course delivery

- For the **no-tech environment**, students are provided training materials in a hard-copy format. A training buddy can be used to practice and perform the skills. Trainers are used to provide live demonstrations of skills. This type of training can be done in a deployed setting easily. For example, the trainer can provide a spontaneous hip-pocket training at the unit level.
 - For the **low-tech environment**, the trainer uses a computer, projector, and has a screen and audio equipment (preferably external speakers, for showing PowerPoint slides and playing instructional training videos), supplemented by hard-copy materials that are given to the students. Part-task trainers would be used for the hands-on training experience. In this setting, instructional videos should be downloaded in advance. File sizes are large, so it's best to allot ample time to acquire videos from the Deployed Medicine platform for local use ahead of time.
 - For a **high-tech environment**, the trainer uses everything in the low-tech scenario, but now may also have internet access, good telecommunications and cellular networks, and can have students download and use the Deployed Medicine mobile app to access to a digital training support package ahead of training for course preparation or in real-time during the course. The hands-on training can be done using more advanced medical simulators or manikins and make use of more realistic field training environments to run trauma lanes and add special effects.
- **STEP 4: Gather course materials, medical supplies and equipment:** Trainers must acquire the necessary resources. They must understand and become familiar with the materials and equipment in advance. Figure 4 provides a comprehensive overview of the learning assets that are part of the training curriculum. Again, all of these materials can be accessed on the Deployed Medicine platform, which is the official repository for all TCCC training materials. Be aware that video files often exceed 100MB, and may take time to download depending on available bandwidth; prepare accordingly for the acquisition of these resources.

Course materials include products to support both students and trainers, and consist of a variety of documents, videos and training aids for use in performing the lifesaving skills taught during TCCC ASM training.

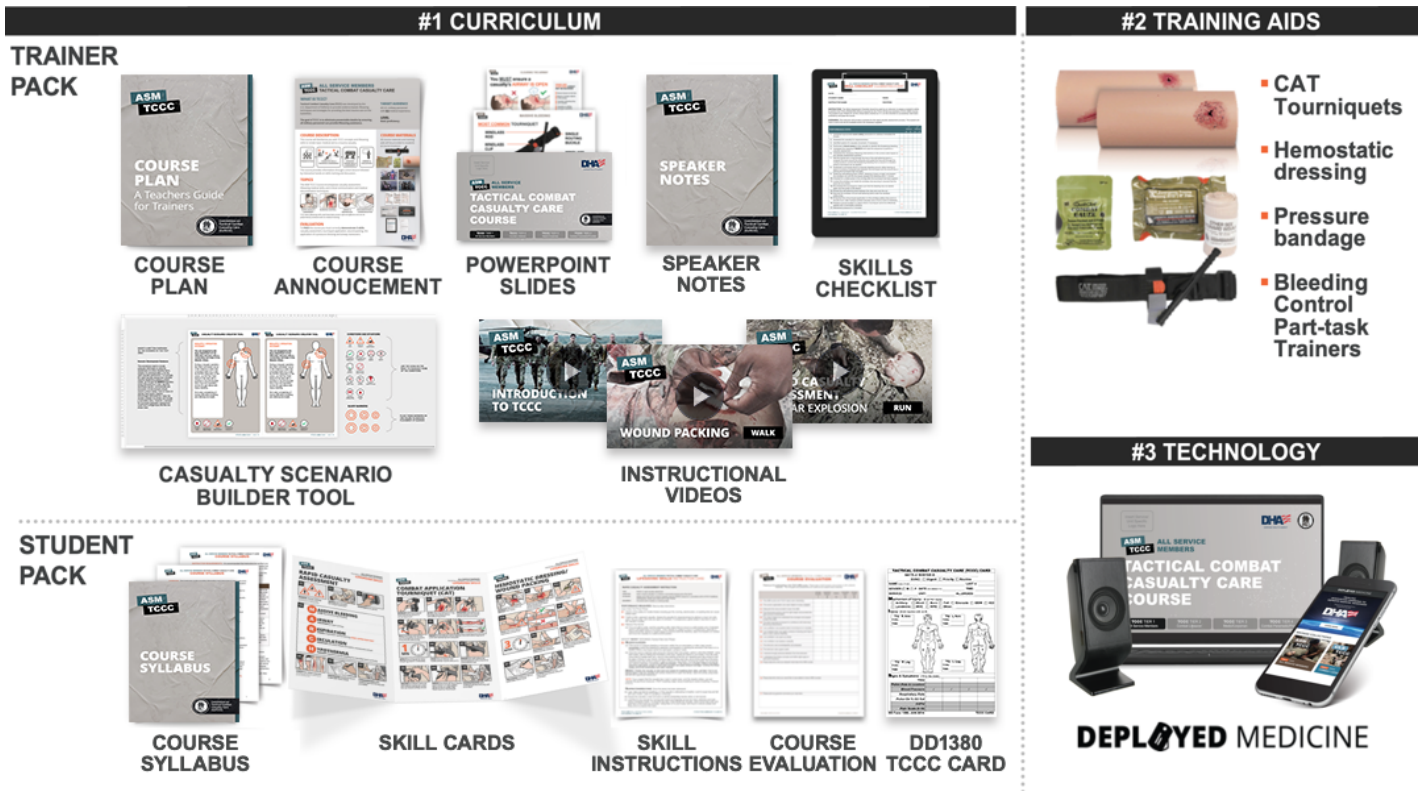


Figure 4: Pictorial overview of TCCC ASM training materials

TRAINING MATERIALS

A short description of each training asset is provided below.

- **Course Plan: A Teaching Guide for Trainers** – a comprehensive course plan for trainers to use as a reference to organize and deliver the TCCC ASM Course.
- **Course Announcement** – a one-page flyer designed to help trainers promote the course, which can also serve as an invitation for students to participate. It provides a description of the course and the topics covered along with images of the course materials and training aids.
- **Didactic PowerPoint Presentation** – a presentation which familiarizes students with TCCC concepts and provides foundational knowledge for the performance of lifesaving skills and covers cognitive-based learning objectives.
- **Didactic PowerPoint Speaker Notes** – a set of comprehensive speaker notes that provide a script for the trainer to use during the delivery of the PowerPoint presentation. The notes include key points that should be emphasized throughout the presentation.

- **Casualty Scenario Cards** – A few short, example scenario cards are provided in the training package which describe characteristic trauma situations and the resulting injuries that students can use to perform a rapid casualty assessment. Trainers can also build their own casualty scenarios using the Casualty Scenario Creator Tool.
- **Casualty Scenario Creator Tool** – The Casualty Scenario Creator Tool allows trainers to develop Service and/or mission-specific graphics of scenarios that are customized for their training audience. This tool is provided in an editable PowerPoint (PPT) slide format. These customized scenarios are meant to be utilized during the skills practice sessions and during formal assessment.
- **Skills Checklists** – Skills Checklists are utilized for the assessment of skill performance. Trainers can choose to use either the “Culminating Event Skills Checklist” or the “Individual Skills Checklist” depending on the course delivery model selected. Students must pass all the critical tasks to meet the basic proficiency standard and successfully complete the course.
- **Instructional Videos** – A video series featuring TCCC medical trainers teaching each skill using a Crawl, Walk, Run approach is a major component of the curriculum. The CWR technique provides students with a brief introduction to the skill (crawl), followed by a more detailed explanation and slow-paced demonstration (walk), finishing with a real-speed application of the skill (run) to simulate all the steps. Figure 5 provides a visual lay out of videos:
 1. Introduction to TCCC
 2. Introduction to Casualty Movement – Drags/carries
 3. Rapid Casualty Assessment – Crawl
 4. Rapid Casualty Assessment – Walk
 5. Rapid Casualty Assessment – Blood Sweep
 6. Rapid Casualty Assessment – Mortar Explosion – Run
 7. Rapid Casualty Assessment – Gunshot Wound – Run
 8. Rapid Casualty Assessment – Active Shooter – Run
 9. Introduction to Bleeding Control – Crawl
 10. Tourniquet Application – Walk
 11. Tourniquet Application – timed animation
 12. Hemostatic Dressing/Wound Packing – Walk
 13. Application of a Pressure Bandage – Walk
 14. Airway and Respiration – Crawl
 15. Airway Maneuvers/Recovery Position – Walk

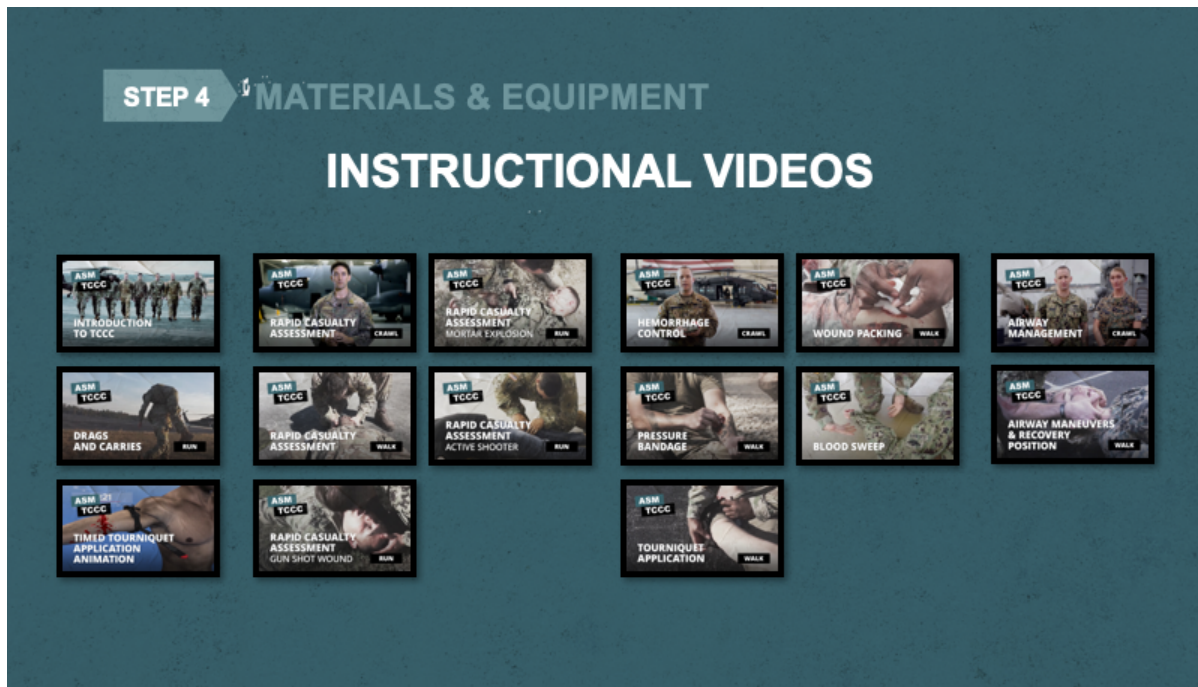


Figure 5: TCCC ASM Instructional videos

- **Course Syllabus** – a tool for the trainer to communicate the training plan, learning objectives and course schedule to the student.
- **Skill Cards (5)** – pictorial illustrations of the procedural steps for each of the five skills. Each can be printed individually, but are also available as a collection in a pocket-size trifold. See the Deployed Medicine website to download the trifold, print-ready file which can be sent to a professional printer for reproduction.
- **Skill Instructions** – step-by-step text instructions help guide the performance of the rapid casualty assessment and basic lifesaving skills.
- **DD 1380 Tactical Combat Casualty Care Card** – a military form used to document care rendered to a casualty.
- **Course Evaluation Form** – a short set of structured and open-ended questions used to gather feedback from students about various aspects of the course to inform curriculum and training improvements.

MEDICAL SUPPLIES AND EQUIPMENT

Adequate medical supplies and equipment must be provided to deliver the training in an efficient and effective manner. See Figure 6.



Figure 6: TCCC ASM skills station materials and equipment

At a minimum, it is recommended that there be one part-task bleeding control trainer for every four students. Each student should receive a tourniquet, hemostatic dressing and pressure bandage and a printed DD 1380. Additional supplies should be on hand to support trainer demonstrations, and for any unplanned students that may walk in.

Here is an example of the necessary training quantities for a class of 30 students:

- tourniquet, hemostatic dressing, pressure bandage and printed DD 1380 (40 each)
- part-task trainers (8-10)

Below is a complete listing of medical supplies and equipment with NSN numbers:

- manikin, bleeding control part-task trainer (Product Number 362, NSN: 6910-01-642-7321)
- Combat Application Tourniquet – NSN: 6515-01-521-7976
- hemostatic dressing – NSN: 6510-01-562-3325
- training hemostatic dressing – NSN: 6910-01-567-9738
- pressure bandage – NSN: 6510-01-460-0849
- DD Form 1380 – Tactical Combat Casualty Care (TCCC) Card - NSN 7540-01-647-6165 or NSN 7540-01-651-8602

COMMON CHALLENGES

After completing the four-step process, it is important to remember that you still need to take time to prepare for the course as a team. The importance of taking time to meet as a training cadre and review the materials and delivery plan cannot be underestimated. Once the course has been executed several times, this may be less time-consuming, but for the initial courses it may take time and several meetings.

The courses that have had the best feedback include trainer pools where the secondary trainers actively supported the primary trainer, either in the classroom setting or in demonstrating skills in the small group settings.

Some potential challenges you may encounter:

- **Technical challenges displaying presentations and videos:** Some environments (teaching on board a ship or other austere environment, for example) are not supportive of a standard classroom approach to delivering PowerPoint presentations and videos. In those cases, consideration should be given to adapting the training style appropriately – perhaps printing out slides in notes pages format and distributing to the students, for example.
- **Audio challenges when using the instructional videos:** The sound coming from internal computer speakers tend to be too low and extraneous noises from the training environment may be significant. As a result, having external speakers may be necessary for students to be able to adequately hear the videos. Another option may be to have them use their own personal mobile devices to watch the videos.
- **Printing challenges:** Currently, the materials are not available through a DOD printing office and require local resources to print. Perhaps there will be a better solution moving forward. At present, adequate time and forethought are necessary to provide printed materials for the students.
- **Access to training materials:** As the TCCC ASM program rolls out, training resources like tourniquets, dressings, and part-task trainers have been forwarded as recommendations for the Services to consider. But, the initial classes may begin prior to an established logistical pipeline and require local support/resources.

IV. COURSE DELIVERY

There are several aspects of course delivery that require advanced planning and preparations by the entire training team. Trainers should engage in co-planning the course to ensure consistency in their instructional approach and assessment methods.

If some of the trainers are medical personnel (e.g., experienced TCCC trainers or those who have already received some form of TCCC training), they may need to adjust their instructional style to deliver TCCC at a basic, proficiency level. This is a new TCCC course, so it's critical that the curriculum be reviewed by all medical trainers to ensure the appropriate level of training is provided.

Understanding how to train TCCC lifesavings skills to a nonmedical audience can be challenging. Depending on the audience and their backgrounds, it's unlikely that students will have ever seen a trauma casualty or potentially even had to administer basic first aid. In these situations, it's important that there is close supervision and control of the group using structured formations to ensure students receive the proper training and are able to perform the skills correctly and to the standard. Repetition of skills will help to reinforce learning and avoid common pitfalls. Each of these areas are worth a brief discussion to highlight best practices in course delivery.

ADAPTING YOUR INSTRUCTIONAL STYLE TO THE AUDIENCE

This course is primarily designed to be taught to nonmedical military personnel of varying ages, with different backgrounds, and jobs. Additionally, some may be new to the military and find the material hard to grasp quickly. If taught during basic training, the students may be facing information overload (as they learn a wide range of new military skills at once). Given the broad range of perspectives and differing learning needs, trainers should prepare to accommodate a variety of learning styles and preferences. Some students may prefer hands-on training while others may be visual learners (who are more comfortable with viewing videos and looking at skill cards, before attempting skills training).

Here are some **additional tips to help those trainers that are existing TCCC trainers** or have a medical background when training a nonmedical audience.

- **Avoid the use of medical jargon, terminology, or abbreviations when you teach.** For example, the trainer can say bleeding instead of hemorrhage, and avoid incorporating anatomical terms like cervical spine, axillary or inguinal area or radial pulse. Instead say, "neck, armpit, groin or pulse at the wrist."
- **Stick to the script and materials.** Teach the basic teaching points and skills consistent with the current standards per the speaker notes, instructional videos and skills cards that are provided. Avoid conveying the message that, "I know the video/skills card showed this, but in my experience, there is a better way to do it." It's okay to add in personal experiences or other contextual information to make the course interesting and relevant. Ensure that the information you introduce doesn't conflict with the standards being taught.

- **Stay within the intended scope of the course.** It can be challenging for experienced TCCC trainers and medical personnel to train at the basic level appropriate for the ASM audience. There is a natural tendency to want to train to a higher standard (consistent with the next higher level of training like Combat Lifesaver, etc.). This is especially true when students ask a lot of “what if” questions. Be vigilant not to wander outside the scope of TCCC ASM which may confuse and frustrate the students.

In summary, here are the strategies for adapting your overall delivery style for this course:

- Whether at a schoolhouse setting or at the installation or unit level, **consider the audience and their unit’s mission needs.**
- **Be cognizant of your tone, the actual words you use, and your delivery style** to ensure students understand the information, and can learn the skills to the standard required.
- **Offer reassurance** to the student that these skills can be safely performed by those with no medical experience.

Remember, the goal for the course is that students acquire the **fundamental knowledge**, can integrate that knowledge into **performance of skills**, and that ultimately, they achieve **basic proficiency in Tactical Combat Casualty Care.**

HOW TO ORGANIZE AND CONDUCT TCCC TRAINING IN SMALL GROUPS

After agreeing on an overall delivery approach, you will execute the training. Here is a layout you can follow to organize the students and conduct the training.

After presenting the introductory PowerPoint presentation in a large group, you should divide students into smaller groups to conduct skills training. As you begin creating groups, avoid having students randomly spread out across a large training area. This can create several challenges:

- Students may not be able to hear or see demonstrations due to distance and/or a noisy environment.
- Students could be practicing a skill incorrectly (e.g., getting “bad practice reps” when a trainer is not able to directly observe, which could create a need for remediation later).
- Students may be more prone to socializing or being distracted.

After the groups are evenly divided, it is best to organize these small groups into structured formations, such as a semi-circle around the trainer or a straight line in front of the trainer. This ensures the students can be directly observed and supported while practicing.

As described in the course management section, the preferred trainer:student ratio for skills training is 1 trainer for every 6-8 students. This ratio facilitates effective learning, and maximizes training time and efficiencies. If this is not possible, engage more advanced students to provide peer-to-peer support and coaching, or employ other strategies.

Once students have been organized into a formation, they should be **paired** to facilitate skills training on each other. While part-task trainers are a key aspect of this training, training with a buddy offers several advantages:

- A more realistic/lifelike experience (feeling and sensation), especially with tourniquet application; it is helpful for students to experience placing a tourniquet on a buddy and having a tourniquet placed on themselves.
- Practicing skills with a partner is more engaging than practicing skills independently on a part-task trainer.
- While functioning as the casualty, the second student begins to anticipate what needs to be done and often helps their partner with reminders about what to do next.

Once set, initiate the skills training session with a brief introduction and instructions. Tell the students what skills you plan to teach, how you will teach, over what time period, and what is expected of them. Allow time for the students to view the instructional videos, review skills checklists, illustrated skills cards or trifolds, and become familiar with the equipment and medical supplies, before getting started. See Appendix B for additional discussion about skills station management recommendations.

After the introduction and skill demonstrations are completed, you must continuously guide learning, and manage activities and time carefully. This is the one area of TCCC training, where time can slip away, so provide frequent time prompts or reminders. For example, tell students that after demonstrations, they will have 10 minutes to review reference materials, and 15 minutes to practice, or whatever time periods you have dedicated to the particular skill, and keep them on track by communicating and facilitating activities.

In review, here are the recommendations to run skills training efficiently, stay on time, and make the learning engaging and productive for the trainers and students.

- The trainers should demonstrate what right looks like at the onset through videos and live demonstrations.
- Engage each student by walking around, offering mentorship and targeted feedback in real-time, and let them know you are available to answer any questions.
- Provide positive reinforcement and motivate students to learn.
- Observe each of the students during practice to evaluate learning and provide on-the-spot corrections and additional instruction, as needed.

INSTRUCTIONAL METHODS AND BEST PRACTICES FOR TEACHING TCCC SKILLS

There are five lifesaving TCCC skills you must teach. Four of the five are medical interventions (tourniquet application, wound packing with a hemostatic dressing, application of a pressure bandage, and airway maneuvers) and the fifth is a rapid casualty assessment. These skills are used differently depending on the phase of care. To review, in phase 1 or Care Under Fire/Threat, students are responsible for assessing scene safety, communicating with others, and applying a hasty tourniquet for massive bleeding. No other treatments will be performed while the casualty and responder are under an active threat. In phase 2 of TCCC, or Tactical Field Care, the responder would continue with the assessment and provide medical aid utilizing the MARCH sequence, again initially focused on bleeding control. The MARCH sequence is:

- M** - Massive Bleeding
- A** - Airway
- R** - Respiration
- C** - Circulation
- H** - Hypothermia

It's best to follow the MARCH sequence when conducting training, starting with the **three bleeding control skills** first. Two forms of airway maneuvers are trained in this course. The head-tilt/chin-lift is the most common technique used. The jaw-thrust is used for those casualties who have suffered an injury due to a fall or blast, where a neck injury is suspected. If necessary, you must train the student that this technique requires assistance from another responder. They will need to maintain the jaw-thrust in order to keep the airway open, so a second responder will be required to attend to any other injuries.

Based on research, the hardest skill for students to comprehend is the rapid casualty assessment (RCA). It requires students to integrate and apply their knowledge and skills under pressure. Students must consider scene safety and how to approach and potentially move a casualty, as well as, how to assess and deliver medical aid based on the use of the MARCH sequence. The RCA is a series of complex tasks which requires the students' complete focus and attention.

The key to a good RCA learning experience, is the use of interesting and relevant casualty scenarios. Consider using the sample casualty scenarios provided in the trainer support package or make use of the Casualty Scenario Creator Tool (to create a library of custom scenarios you can use over time). Feel free to present students with a variety of casualty scenarios throughout the course, rather than using one scenario over and over. This is where you can make the course relatable to students.

SKILLS REPETITION IN ACHIEVING SKILLS PROFICIENCY

Repetition of information and skills enables novice TCCC learners to gain skills proficiency in the limited time available to complete the training. This can be accomplished in several ways including: watching the skills videos, observing trainer demonstrations, and actual skills practice, etcetera.

Students should perform multiple hands-on repetitions of each critical skill. This is particularly critical for tourniquet application. More repetitions build muscle memory and that is what students will rely on when faced with performing these skills in the real-world under pressure.

Have students apply tourniquets on arms and legs as many times as possible, on themselves (self-application) and on other students of varying body types and sizes to get a true feel of the differences. Bad reps (which typically occur with unobserved practice by novice learners) must be avoided.

COMMON ERRORS WHILE PERFORMING TCCC SKILLS

There are some common student performance pitfalls to look out for when teaching TCCC skills. Here are examples of several of these, so that you are aware and can offer feedback, as necessary:

Common pitfalls when applying a tourniquet

- the self-adhering strap is not pulled tight enough at onset of application—too much slack remains prior to tightening the windlass
- improper placement on the limb
- the windlass rod is not twisted tight enough to either slow or stop bleeding
- the tourniquet is not applied fast enough (bleeding stopped at 1 min, fully secured at 3 min)
- forgetting to mark time on the time strap and/or body, along with documenting the information in a medical record of some kind (like a DD Form 1380)

Common pitfalls when applying a hemostatic dressing

- not locating the actual site of the bleeding and just blindly packing a hole
- not completely packing the entire wound cavity
- not applying or maintaining adequate pressure to the wound while/after applying the hemostatic dressing (lifting the finger off the site of the bleeding to add more packing)
- not holding pressure for three full minutes before reassessing

Common pitfalls when applying a pressure bandage

- not maintaining adequate tension on the dressing or pressure on the wound while wrapping the pressure bandage
- not applying the pressure bandage over a wide enough area over the wound and dressing (i.e., successive wraps over the same area)
- not securing the end of the wrap well

Common pitfalls when conducting a rapid casualty assessment

- not following the MARCH sequence correctly
- forgetting that MARCH done in Care Under Fire/Threat only involves massive bleeding control with a hasty tourniquet, and that the full MARCH sequence should be followed in the Tactical Field Care phase once the scene is safer and there is time to properly care for the casualty
- not conducting the assessment in a rapid manner (e.g., no sense of urgency)
- not immediately addressing massive hemorrhage
- stopping to do an intervention and not starting back at the beginning of the MARCH sequence again
- Not exposing the casualty to find additional wound

V. FEEDBACK, ASSESSMENT AND REMEDIATION

Student knowledge and skills will be assessed by a trainer using both informal and formal assessment techniques. Both forms of assessments involve communicating with students, so it is important to know some techniques that promote interaction and engagement with students. Although some issues can be easily resolved through simple feedback, others will require additional time be spent reviewing information or retraining on select skills.

Informal assessments are used to help identify opportunities for improvement throughout the training, and a formal assessment validates that a student has attained basic skills proficiency. The formal assessment process requires the use of a skills assessment checklist.

The informal assessment of a learner's abilities is gathered in many ways throughout the training process, and a trainer can use those observations and interactions to proactively help the learner progress throughout the training event.

Examples of this include asking students, individually or as a group, targeted questions to test their comprehension of key concepts or facts, or observing their performance during skills practice sessions. Understanding where students are struggling to master knowledge and skills, helps a trainer tailor their instruction and redirect training emphasis appropriately, during the flow of the course. Feedback can be provided in real-time, but it can also be given later in the training event, depending on the situation.

A formal assessment occurs when a trainer is validating, for their installation or unit, that a Service member can accurately perform all the critical tasks, and has met the standard for basic proficiency in Tactical Combat Casualty Care skills.

In order to do this successfully, trainers must be prepared and proficient in the material and skills that you are assessing, and, know how to properly use the skills assessment checklist.

The main focus of the formal assessment process should be on accuracy of skills, and the completion of the skills checklist, especially the critical steps.

The end goal is to ensure every student can successfully pass the course, so both informal and formal assessment techniques should be used to ensure a good outcome.

PROVIDING EFFECTIVE FEEDBACK

Good feedback begins with being able to **communicate with students**, so it is important to know your audience. In this case, these are novice TCCC learners, so feedback should be supportive and helpful.

Use active listening techniques when learners are asking you questions. For example, pay attention to the learner's input and use nonverbal communication cues to show your engagement. Also, encourage your students to actively participate and maintain their attention (for example, use a collaborative learning strategy in which students work together to solve a problem, answer a question or execute a skill). And, of course, show respect while establishing (and maintaining) a positive rapport with your students.

Enhance learning by interacting with small groups, and if possible, each learner, to provide real-time, formative feedback.

Formative feedback involves several important concepts:

- **Focus feedback on the task, not the learner** – when providing feedback, ensure that any comments address the task and don't refer to the learner.
- **Enhance learning by addressing the specific problem, how to improve, and why that's important** – in addition to highlighting the issue, provide constructive advice about how to improve (and put it in context) so the learner realized why it is important.
- **Less is more (keep feedback manageable)** – be succinct, so the learner doesn't get lost in a long explanation.
- **Be specific and clear** – target specific issues that can be improved.
- **Keep it simple and focused.**
- **Align student performance assessment with learning objectives** – make sure you relate your feedback to the learning objectives.
- **Be unbiased and objective.**
- **Help learners focus on their effort and motivation.**
- **Let learners try (and fail) first before providing feedback.**
- **Be positive** – give feedback focused on the positive aspects of the problem, and provide solutions that emphasize how the learner can be successful.

Two other techniques to consider are: provide feedback in the form of plusses and deltas, or to ask the students to self-reflect and provide their own feedback.

Plusses and deltas refer to a technique where the trainer points out the things that a learner has done well (plusses) and then points out areas for potential improvement (deltas). This process has been proven to be better received by students than focusing only on areas that should be improved. Similarly, ask your students to reflect on their performance and internally review what they did correctly and where they can improve. This technique is usually more powerful than any constructive feedback they receive from others.

FORMAL ASSESSMENT PROCESS USING A SKILLS CHECKLIST

There is no written exam for the ASM course. If a student successfully performs TCCC skills to standard, they will pass the course.

Ideally, each student would be assessed on an individual basis using a checklist. However, in mass training environments, assessments may need to be performed on a group depending on the type of training environment and availability of trainers; in which case, the trainer

would utilize the checklist as a tool to guide the visual inspection of a small groups performing the steps, potentially in a straight-line formation in front of the trainer(s).

Each student must meet the minimum passing criteria on the skill checklist to successfully complete the course. They must correctly demonstrate five skills; rapid casualty assessment, tourniquet application, wound packing, the application of a pressure dressing and airway maneuver.

The assessment will evaluate a student's ability to accurately perform all of the critical steps associated with each skill, within any specified timescale required to achieve the standard. For example, a tourniquet must be applied according to the specifications defined on the Skills Checklist within the appropriate timeframe.

Knowledge acquisition and skills performance may be assessed in two ways and there is a custom checklist of each approach described below:

- **Culminating Assessment:** First, the skills can be assessed altogether as part of a “culminating event” using a trauma lane type approach as the final phase of the training day. In this format, students should continuously apply and verbalize knowledge gains as they perform a rapid casualty assessment based on a casualty scenario presented by the trainer utilizing the MARCH sequence. For novice learners, it may be challenging for them to listen and process the information in real-time. This is further complicated if the training environment is outside or otherwise noisy, and they have difficulty hearing the casualty information. It is recommended that you allow them some time to prepare, even a few minutes to read the scenario in a written format (see casualty scenario form in your trainer pack) before testing. It can also be presented spontaneously. In either case, moulage is extremely helpful in providing visual cues to rapidly identify injury patterns.
- **Individual Skills Assessment:** Skills may be assessed individually one by one, at skill stations. In some cases, this training will be woven into other military training courses, so having individual skills checklists may make sense for those settings. For

example, a checklist for tourniquet application only, if that module will be taught in isolation, on a particular day in the larger course.

Trainers should visually observe learners as they move through the steps of any skill or scenario. If errors or deviations are observed, do not take this moment to take corrective action. Corrections should be offered afterwards in a one-on-one feedback session or a group session (depending whether there are common mistakes occurring). If that is the case, some re-training may be warranted. Either way, if a student demonstrates any critical skill in an unsatisfactory manner, they should receive additional targeted training and remediation by a trainer.

REMEDATION TECHNIQUES

Service members need to successfully demonstrate discipline, knowledge, integration of knowledge gains, and appropriate proficiency of skills.

Many of the methods used to provide formative feedback apply to the remediation process as well. However, feedback provided during training can provide helpful corrective guidance, whereas feedback after a formal assessment occurs requires a more rigorous remediation process due to a persistent deficiency in knowledge, skills, or abilities.

Here are the steps to perform remediation:

- **Provide feedback:** An approach that has been proven effective in remediation is to use written feedback, in addition to the verbal feedback during the initial discussions (about the assessment results). For the purposes of this training, the actual Skills Checklist, if properly filled out, will include notes about specific areas in question. That information can be enhanced by expanding on the findings verbally, as appropriate.
- **Student reflection:** Allow time for the learner to reflect on this feedback. Also, think about their perspectives about the assessment; respond back with their thoughts on how they performed, and what they would need to do to successfully perform the skills. Allow this time for reflection—this is an important step in the process.
- **Targeted training:** Once the trainer and student agree on the areas for improvement and potential ways to remedy the deficiencies, time needs to be dedicated to performing targeted, individualized training sessions with the learner. Trainers typically will conduct remediation, but sometimes, especially in larger groups, other students that have demonstrated mastery of the skills themselves may be used to assist trainers. The student may be asked to review instructional videos in an individual setting and/or with other students.
- **Re-evaluate:** The last step is to require the learner to re-perform the skill or skills until basic proficiency is demonstrated. On rare occasions, a learner will continue to struggle and require continued remediation that may need to be delayed until another training period can be arranged. If that occurs, it is usually more effective to engage

their local leadership to provide time and local training support, rather than just recycling them into another training event.

It's important that trainers understand assessment methods, and incorporate a variety of assessment strategies and techniques. Also, offer constructive feedback and communicate with learners throughout the training process, and if necessary, be prepared to remediate. The goal is to ensure that the students that depart the course have received the proper training and have been formally assessed (and are prepared to take action and use the skills to help save a life).

VI. DEBRIEFING STRATEGIES

At the end of the course, the trainer (s) should lead an informal group discussion and spend time reflecting on the experiences with the students during a debriefing session. This discussion is time dependent and the amount of time spent should be factored into the course schedule. The trainer should highlight specific items they observed throughout the training exercises, keeping in mind that TCCC basic skills proficiency is the goal of the course.

Effective debriefing sessions should reset the tone, provide direction on the high-yield, take-home messages, and transition Service members from the knowledge/skills-building exercises to the real-world environment. Therefore, the primary purposes of this debriefing session are to do the following:

- revisit the learning objectives
- address any misconceptions
- provide general performance feedback
- make the content relevant for in the day-to-day life of Service members
- prepare Service members for their next steps

To begin, the trainer should highlight what went well and what needs improvement. These are big picture items that the trainer should highlight for the entire group. Then, the trainer should lead a group discussion, while trying to engage as many students as possible to actively participate.

To gain student perspectives on the training, these questions could be asked:

- How do you feel about your performance during the training sessions?
- What do you feel most comfortable with?
- What could you use more practice with?

At the conclusion of the debriefing, it's important to highlight online TCCC educational resources that are available to support the students' sustainment of knowledge and skills, and continued, lifelong learning.

VII. COURSE EVALUATION

The course concludes with a course evaluation. It's important to collect verbal and written feedback from students at the end of the course. This provides trainers with valuable information on how the training was received, and whether or not students feel they achieved the learning goals and objectives. This is also a good time to identify if the training points, materials and training aids can be improved to provide a more effective learning experience. It will also help improve the overall course in the future.

The trainer should thank the Service members for their attention and participation while distributing the form. Students should be provided ample time to complete the form, but generally 10-15 minutes should be adequate. Remind the Service members that their feedback is important and will be used to improve upcoming iterations of this course. The trainer collects the completed forms and dismisses the participants.

A sample course evaluation form was provided in the training package, and can be customized to meet Service-specific needs. You may want to check with your local Command to see if there are specific metrics they would like to capture on TCCC training, or for other quality or process improvement initiatives.

From a programmatic standpoint, trainers and relevant stakeholders should consider evaluating the training by collecting information on:

- accomplishments of the curriculum/ course, and whether the training met original expectations
- outcomes that were aligned with original learning objectives, and any that were not
- shortcomings that led to unexpected outcomes
- suggestions for modifications to the program, as appropriate:
 - **keep** what's working
 - **fix** what can be fixed
 - **start** new action items when needed
 - **stop** what can't be fixed

It is recommended that data collected be used locally to improve the course and shared with the Joint Trauma Education and Training Branch (JTET-B) to inform future changes in curriculum or materials.

VIII. REFERENCES

1. Tactical Combat Casualty Care Guidelines as published by the Committee on Tactical Combat Casualty Care (CoTCCC), August 2018.
2. JTS Clinical Practice Guideline (CPG) – Prehospital Trauma Care in the Tactical Setting, November 2014.
3. TCCC Quick Reference Guide, first edition, January 2017.

APPENDIX A: ACRONYMS

ASM-TCCC – All Service Members, Tactical Combat Casualty Care
AV – audio visual
CLS – Combat Lifesaver
CoTCCC – Committee on Tactical Combat Casualty Care
CPG – Clinical Practice Guidelines
CUF/T – Care Under Fire/Threat
CWR – Crawl-Walk-Run
DD Form 1380 – the current DoD casualty card
DHA – Defense Health Agency
DHA-PI – Defense Health Agency Procedural Instruction
DOD – Department of Defense
ELO – Enabling Learning Objectives
JTS – Joint Trauma System
MARCH – Massive Bleeding, Airway, Respiration, Circulation, Hypothermia
SAM Splint - Structural Aluminum Malleable Splint
TCCC-ASM – Tactical Combat Casualty Care All Service Members
TCCC-AC – Tactical Combat Casualty Care All Combatants
TFC – Tactical Field Care
TLO – Terminal Learning Objectives
TQ – tourniquet
P/F – pass/fail
PPT - PowerPoint

APPENDIX B: SAMPLE COURSE SCHEDULE

This example utilizes a culminating assessment for final testing. Instructional videos can be embedded into the opening presentation and/or shown in the flow of executing skill stations. The timescales offered below include question and answer periods, and a 10-minute break for every hour of instruction.

Single Block of Instruction - Course Flow	Timeline (minimums)
<p>PRESENTATION: INTRODUCTION TO TCCC-ASM COURSE: Includes the following videos:</p> <ul style="list-style-type: none"> ■ Introduction to TCCC ■ Drags and Carries <p>Optional: Rapid Casualty Assessment videos for scene-setter</p>	60 minutes (1 hour) (Note: This could be longer if additional instruction videos are incorporated into the PPT)
<p>SKILL STATION – LEARN AND PRACTICE: (Appendix C)</p> <p>Massive Bleeding Skills Station Includes five videos:</p> <ul style="list-style-type: none"> ■ Massive Bleeding – Crawl ■ Tourniquet application video – Walk ■ Hemostatic Dressing/Wound Packing-video – Walk ■ Pressure Dressing video – Walk ■ Timed Tourniquet Application video <p>Airway Maneuvers Skills Station Includes two videos:</p> <ul style="list-style-type: none"> ■ Airway and Respiration – Crawl ■ Airway Maneuvers/Recovery Position – Walk <p>Rapid Casualty Assessment Skills Station Includes 4-6 videos:</p> <ul style="list-style-type: none"> ■ Rapid Casualty Assessment – Crawl ■ Rapid Casualty Assessment – Blood Sweep ■ Rapid Casualty Assessment – Walk ■ Rapid Casualty Assessment – Run (3 videos available) 	180 minutes (3 hours)
Lunch	60 minutes
<p>FORMAL EVALUATION: (Appendix D) Casualty Scenario-Driven Assessment Culminating Event (PASS/FAIL)</p>	90 minutes (1 hour and 30 minutes)
Course Debrief and Wrap-up	20 minutes
Course Evaluation	10 minutes

APPENDIX C: MANAGING A SKILLS STATION – STEP- BY- STEP

Academic Hours (Total): 3 hours
Hands-on practice: 2 hours (minimum)

Instructor/Student Ratio: 1:6-8

GENERAL APPROACH:

1. Provide each student with package of hard-copy materials: Skill Cards (individual sheets or trifold format), Skill Instructions, Skills Checklist, and Casualty Scenario Card(s).
2. Provide adequate time (at least 10-15 minutes) for students to become familiar with these reference materials.
3. Utilize the crawl-walk-run (CWR) instructional videos if audio/visual (AV) capabilities exist and/or provide live skill demonstrations.
4. If AV is available, consider playing the Rapid Casualty Assessment Crawl video as a scene setter for the entire audience as a way to transition the students from the introductory didactic PowerPoint presentation into a skill station format.
5. After each CWR skill video series or demonstration of a skill, begin hands-on practice either individually, with a buddy or in small groups.
6. Emphasize critical actions and performance steps annotated on the Skills Checklist.
7. Trainer(s) should rotate to all of the groups and provide real-time corrections and feedback while the students practice.
8. Wrap up the skill station block of instruction by playing the Rapid Casualty Assessment Run video to conclude this portion of the training.
9. Provide feedback on individual or group performance.

EQUIPMENT/MATERIALS:

- manikin, part-task trainer, or simulated buddy casualty (determined by site)
- Combat Application Tourniquet (CAT) – NSN: 6515-01-521-7976
- Hemostatic dressing – NSN: 6510-01-562-3325
- Pressure bandage – NSN: 6510-01-460-0849
- DD Form 1380 (TCCC Card) – NSN 7540-01-647-6165 (laminated for reuse)
- pencils or markers
- Instructional videos (Total of 13) (Bleeding Control – crawl video, Tourniquet Application – walk video, Timed Tourniquet Animation video, Hemostatic Dressing/Wound Packing – walk video, Pressure Bandage – walk video, Airway Maneuvers – crawl and walk videos x 2, Rapid Casualty Assessment – crawl, walk, run videos x 6)
- Student Training Materials – tourniquet application, hemostatic dressing/wound packing and pressure dressing Skill Cards, Skill Instructions and Casualty Scenario Cards
- Skills Checklists (individual skills or culminating skills)

APPENDIX D: MANAGING A SKILLS STATION STEP- BY- STEP

SKILL STATION 1: MASSIVE BLEEDING (M)

DIRECTIONS: TOURNIQUET APPLICATION SKILLS TRAINING

1. Provide an overview of the purpose and goals of the skill station.
2. Play the Massive Bleeding Crawl video followed with brief, summary remarks.
3. Play the Tourniquet Application Walk video and/or provide trainer-led demonstration. Students should have tourniquets in hand and follow along learning the anatomy of the tourniquet.
4. Instruct students to pair up with a buddy for skills practice and/or use a part-task trainer. Students may also practice self-application.
5. Instruct students to practice tourniquet application. Each student should perform at least three repetitions on the arm.
6. Repetition 1: Crawl – Practice slowly following the instruction cards or skill cards.
7. Repetition 2: Walk – Practice with no instructions.
8. Repetition 3: Run – Apply the tourniquet within 1 minute. Practice at full speed (not assessed, but with trainer feedback provided). If desired, use the Timed Tourniquet Animation video to engage the group in a time test or use the stopwatch on your mobile device or a wrist watch to mark time.
(Note: There is no tourniquet application run video. A tourniquet application in real-time is featured as part of the Rapid Casualty Assessment Run video series, featuring dramatizations of casualty response.)
9. Conclude the tourniquet application skill station with a brief summary/recap and highlight common pitfalls to remember.

DIRECTIONS: APPLY A HEMOSTATIC DRESSING/WOUND PACKING SKILLS TRAINING

1. Play the Wound Packing walk video and/or provide a trainer-led demonstration. Students should have a hemostatic dressing in hand.
2. Instruct students to pair up with a buddy for skills practice or use a part-task trainer. Students should have skill instructions or Skill Cards on hand as a reference.
3. Practice packing a wound using a part-task trainer or your buddy's fist. Each student should perform at least 3 repetitions:
 - a. Repetition 1: Crawl – practice slowly following the instruction cards or skill cards
 - b. Repetition 2: Walk – practice with no instructions
 - c. Repetition 3: Run – full speed practice, not assessed (trainer may require the student to hold pressure for the full three minutes)
4. Conclude hemostatic dressing application/wound packing skill station with a brief summary/recap and highlight common pitfalls to remember.

DIRECTIONS: PRESSURE BANDAGE SKILLS TRAINING

1. Play the Pressure Bandage walk video and/or provide trainer-led demonstration. Students should have a pressure bandage on hand.
2. Students should pair up with a buddy for skills practice or use a part-task trainer. Students should have skill instructions or skill cards on hand as a reference.
3. Practice applying a pressure bandage using a part-task trainer or a buddy. Each student should perform at least three repetitions:
 - a. Repetition 1: Crawl – practice slowly following the instruction cards or skill cards
 - b. Repetition 2: Walk – practice with no instructions
 - c. Repetition 3: Run – full speed practice, not assessed – incorporate hemostatic dressing application with pressure bandage applied over top of dressing
4. Conclude pressure bandage application with a brief summary/recap and highlight common pitfalls to remember

OPTION: The trainer can combine hemostatic dressing and pressure bandage application into one consolidated skill.

Key Summary Points:

- If you can only do **ONE** thing for the casualty – **stop them from bleeding to death!**
- After moving a casualty to the point of safety, assess for unrecognized hemorrhage and control all sources of bleeding.
- Never loosen a tourniquet to allow circulation to the limb.
- Hemostatic dressings can be used to control bleeding in areas where tourniquets cannot be placed.
- All hemostatic dressings require external direct pressure for three minutes to be effective.
- Do not remove hemostatic dressings if bleeding continues; place additional hemostatic dressings on top.
- Pressure bandages can be used in conjunction with tourniquets and hemostatic dressings to control bleeding.
- Dressings and bandages should be reassessed and checked routinely; they should also be rechecked every time a casualty is moved to ensure effectiveness and that bleeding is controlled.

Check on Knowledge:

(Questions for student as they progress through the skill exercises)

- Which tool should be your first choice to stop massive bleeding in a limb?

ANSWER: tourniquet

- Why is it important to pull the strap as tight as possible before twisting the windlass rod?

ANSWER: It is important that all the slack in the band must be pulled through the buckle before the band is fastened back on itself and the windlass is twisted. If the slack is not removed, it may not be possible to get the tourniquet tight enough to stop bleeding.

- How do you determine the need for a tourniquet instead of a hemostatic dressing/pressure bandage?

ANSWER: Tourniquets should be applied to massively bleeding wounds or amputations of the arms and legs. Hemostatic dressings can be used in areas where you are not able to wrap a tourniquet (e.g., arm pit, groin, neck). Hemostatic dressings should not be packed into the chest or abdomen.

- What is the proper distance a tourniquet should be placed from the bleeding site once the threat has been neutralized during the Tactical Field Care phase?

ANSWER: 2 to 3 inches above the bleeding site

- How long should direct pressure be applied to packed hemostatic dressings?

ANSWER: 3 minutes

- Why is it important to check the pulse after applying a trauma or pressure dressing?

ANSWER: If the skin below the pressure dressing becomes cool to the touch, bluish, or numb, or if the pulse below the pressure dressing is no longer present, the pressure dressing may be too tight. If circulation is blocked or stopped, loosen and retie the dressing. If circulation is not restored, evacuate the casualty as soon as possible.

SKILL STATION 2: AIRWAY MANEUVERS (A)

1. Provide an overview of the purpose and goals of the skill station.
2. Play Airway Maneuvers Crawl video, then the Airway Maneuvers Walk video and/or provide a trainer-led demonstration.
3. Instruct students to pair up with a buddy.
4. Instruct students to practice airway maneuvers. Each student should perform at least three (3) repetitions:
 - a. Repetition 1: Crawl – Practice slowly following the instruction cards or skill cards.
 - b. Repetition 2: Walk – Practice with no instructions.
 - c. Repetition 3: Run – Full speed practice, not assessed, but with trainer feedback is provided.
 - d. Switch to allow the other buddy to perform the airway maneuvers.

5. Instruct students to practice placing the casualty in the recovery position.
6. Consider teaching 'respiration' in the airway station focused on look/listen/feel and rolling to check for chest injuries on the back for reporting to medical personnel.
7. Conclude airway maneuvers/respiration with a brief summary/recap.

Key Summary Points:

- If a casualty can breathe on their own, let them assume the best position that allows them to breathe (sitting up is an option).
- Two methods of opening the casualty's airway are: the head-tilt/chin-lift method and the jaw-thrust method. If you suspect that the casualty has suffered a neck or spinal injury, use the jaw-thrust method.
- If the casualty is still breathing, you may need to reposition the airway to allow for easier breathing. This positioning may be allowing the casualty to sit up on their own.

Check on Knowledge:

- What airway maneuver should be used to open the airway if you suspect a neck or spinal injury?

ANSWER: jaw-thrust maneuver

- How should you position an unconscious casualty after opening their airway?

ANSWER: recovery position

- Why is an unconscious casualty placed in the recovery position?

ANSWER: To protect the airway in the event they vomit

SKILL STATION 3: RAPID CASUALTY ASSESSMENT**DIRECTIONS: RAPID CASUALTY ASSESSMENT**

1. Provide an overview of the purpose and goals of the skill station.
2. Play the Rapid Casualty Assessment Walk video and/or provide trainer-led demonstration.
3. Instruct students to pair up with a buddy.
4. Instruct students to practice performing a scenario-based, rapid casualty assessment on their buddy, providing scenario prompts as needed to include secondary injuries, communication and documentation. Each student should perform 3 Crawl-Walk-Run (CWR) repetitions, time permitting:
 - (a) Repetition 1: Crawl – Practice slowly following the instruction cards or skill cards.
 - (b) Repetition 2: Walk – Practice with no instructions.
 - (c) Repetition 3: Run – Full speed practice, not assessed, but with trainer feedback provided.

5. Play the Rapid Casualty Assessment Run video and then conclude the assessment with a brief summary/recap and summary of common pitfalls to remember.

Key Summary Points:

- Care of casualties in TCCC is best followed using the **MARCH** mnemonic (sequence) for identifying and treating the injuries that will reduce preventable battlefield deaths.
 - **M** – Massive Bleeding (Hemorrhage)
 - **A** – Airway
 - **R** – Respiration
 - **C** – Circulation
 - **H** – Hypothermia Prevention
- By following the principles of **MARCH**, you can identify and treat most major life-threatening injuries trauma
- It is better to prevent shock with bleeding control rather than to treat it.
- Uncontrolled hypothermia can affect a casualty’s ability to form blood clots, making bleeding more difficult to control.
- Only use rigid eye shields for penetrating eye trauma; NEVER apply pressure dressings over the eyeball.
- A burn casualty is a trauma casualty. You must address all other life-threatening injuries, first.
- Medical documentation may be difficult to accomplish in emergency settings; it is important to the casualty’s subsequent care that every effort be made to document care.

Check on Knowledge:

(Questions for students as they progress through the skills exercises):

- What is the most important action to prevent hemorrhagic shock?
ANSWER: Stop the bleeding.
- Why is it important to keep a trauma casualty warm even if in a hot environment?
ANSWER: Even a small decrease in body temperature can interfere with blood clotting and increase the risk of bleeding to death.
- What kind of dressing should be used on a penetrating eye trauma?
ANSWER: rigid eye shield
 - What kind of dressing should be placed on burned areas?
ANSWER: A sterile, dry dressing should be used on burned areas.

APPENDIX D: SKILLS ASSESSMENT PROCESS

Academic Hours (Total): 1 – 1.5 hours
Hands-on Assessment: 1 – 1.5 hours

Assessor/Student Ratio:
 1:1-2

GENERAL APPROACH:

Assessments should be performed individually, to ensure critical steps in the checklist are not missed. Although unusual circumstances may lead to a situation where a trainer must perform assessments on several students at once, this is not recommended. Assessing in groups may validate that the result of the skill meets standards, however, the trainer cannot ensure the steps taken followed the proper sequence (without critical deviations).

1. Explain the casualty scenario-driven assessment process and the skills checklist to the students and answer any questions about expectations.
2. Allow time for students to read the assigned testing casualty scenario(s).
3. Students should not use any reference materials during the evaluation. However, when working in an artificial setting with a simulated casualty (buddy) without the benefit of moulage, injury patterns are not visually apparent and students must use their imagination to perform the skills. Consider using creative ways to make primary and secondary injuries more apparent to the student, to help improve recall of the details provided in the scenario. For example, mark injury sites by tying a strip of material around an extremity or using medical tape with different colored dots coded for a particular type of injury.
4. Assess individual students using the Skills Checklist (either the “Individual Skills” or “Culminating Event” Skills Checklist.)
5. Students should complete the steps in the sequence as they appear on the Skills Checklist within a reasonable timeframe. While providing more information or prompts may be necessary for the culminating assessment approach, the discussion should not be lengthy. Refrain from guiding them through the steps. An occasional question may be posed to test knowledge comprehension. For example, how high about the injury are you placing the tourniquet?
6. Mark the appropriate box “P/F” next to each step on the checklist. If a step is performed out of sequence, this would be designated as “F.”
7. Students must pass all of the critical criteria marked with a “C” on the checklist
8. Students will be allowed two attempts to meet the passing criteria on the checklist.
9. Appropriate remediation should be done individually or in small groups for underperforming students in between attempts or at the end with corrective guidance and direct feedback.

EQUIPMENT/MATERIALS:

- manikin or simulated buddy casualty
- Casualty Scenarios
- CAT tourniquet
- hemostatic dressing
- pressure bandage
- DD Form 1380 – TCCC Card (laminated cards that are reusable would be ideal)
- pencils or black Sharpies for assessors and students
- tape and markers or other materials to mark injury sites
- moulage kit (if available)
- Skills Checklist (Individual and/or Culminating Event)

ASSESSMENT DIRECTIONS – INDIVIDUAL SKILLS CHECKLIST

If assessing each of the lifesaving skills individually, use the Individual Skills Checklist. For efficiency, testing all bleeding control techniques at once is a recommended approach.

Tourniquet Application Assessment

1. Set up the manikin, part-task trainer or simulated casualty with appropriate injury(ies).
2. Read the scenario to the student being assessed.
3. Observe and evaluate the student as they proceed through the steps of tourniquet application.
4. Monitor the time from scenario onset to the time bleeding is controlled and tourniquet is completely secured.
5. If the student does not articulate or demonstrate a key knowledge item, provide input or ask questions to elicit the necessary information without directing their response.
6. Upon completion of the checklist, terminate the assessment.
7. Provide written and verbal feedback, and remediate as appropriate.

Hemostatic Dressing/Pressure Bandage Application Assessment

1. Set up the manikin, part-task trainer or simulated casualty with appropriate injury(ies).
2. Read the scenario to the student being assessed.
3. Observe and evaluate the student as they proceed through the steps of hemostatic dressing application, including articulation or demonstration of three minutes of pressure once applied.
4. Observe and evaluate the student as they proceed through the steps of pressure bandage application over the site of the hemostatic dressing.
5. If the student does not articulate or demonstrate a key knowledge item, provide input or ask questions to elicit the necessary information without directing their response.
6. Upon completion of the checklist, terminate the assessment.
7. Provide written and verbal feedback, and remediate as appropriate.

Airway Maneuvers Assessment

1. Set up the manikin, part-task trainer or simulated casualty with appropriate injury(ies).
2. Read the scenario to the student being assessed.
3. Observe and evaluate the student as they perform both the head-tilt/chin-lift and jaw-thrust maneuvers.
4. When appropriate, students should perform the skills on a simulated casualty (each other) or manikin with airway maneuver capabilities to ensure skill proficiency.
5. If the student does not articulate or demonstrate a key knowledge item, provide input or ask questions to elicit the necessary information without directing their response.
6. Upon completion of the checklist, terminate the assessment.
7. Provide written and verbal feedback; remediate as appropriate.

Rapid Casualty Assessment (RCA) Evaluation

1. Set up the manikin, part-task trainer or simulated casualty with appropriate injury(ies).
2. Read the scenario to the student being assessed.
3. Provide feedback on scene safety as student proceeds through their RCA.
4. Observe and evaluate the student as they assess the casualty and use the MARCH sequence.
5. Allow students to verbalize performance of other lifesaving skills, instead of doing them.
6. Observe and evaluate the student's communication and documentation skills.
7. Observe and evaluate their assessment of secondary injuries.
8. If the student does not articulate or demonstrate a key knowledge item, provide input or ask questions to elicit the necessary information without directing their response.
9. Upon completion of the checklist, terminate the assessment.
10. Provide written and verbal feedback; remediate as appropriate.

ASSESSMENT DIRECTIONS – CULMINATING EVENT

As indicated earlier in the training plan, conducting the formal assessment using a scenario-driven, rapid casualty assessment can be challenging for novice TCCC learners. To assist the student, the assessor may elect to provide reminders about certain aspects of the scenario, particularly secondary injuries and/or other queues to help them demonstrate proficiency. This form of assessment can be the most impactful, as it simulates an expected response to a trauma casualty in the context of a scenario that they may encounter, and helps them understand the real-world application of their training.

1. Set up the manikin, part-task trainer or simulated casualty with appropriate injury(ies).
2. Read the scenario to the student being assessed.
3. Provide feedback on scene safety as student proceeds through their RCA and moves from Care Under Fire/Threat to Tactical Field Care.
4. Observe and evaluate the student as they assess the casualty and use the MARCH sequence.

5. Follow the student as they proceed through the steps of tourniquet application.
6. Monitor time from the scenario onset to the time bleeding is controlled and tourniquet is completely secured.
7. Observe the student as they proceed through the steps of hemostatic dressing application, including articulation or demonstration of three minutes of pressure once applied.
8. Observe the student as they proceed through the steps of pressure bandage application over the site of the hemostatic dressing.
9. Observe the student as they perform the head-tilt/chin-lift and jaw-thrust maneuvers.
10. When appropriate, students should perform the skills on a simulate casualty (each other) or manikin with airway maneuver capabilities to ensure skill proficiency.
11. Evaluate the student's communication and documentation skills.
12. Observe and evaluate their assessment of secondary injuries.
13. If the student does not articulate or demonstrate a key knowledge item, provide input or ask questions to elicit the necessary information without directing their response.
14. Upon completion of the checklist terminate the assessment.
15. Provide written and verbal feedback, and remediate as appropriate.

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