

## SPEAKER NOTES

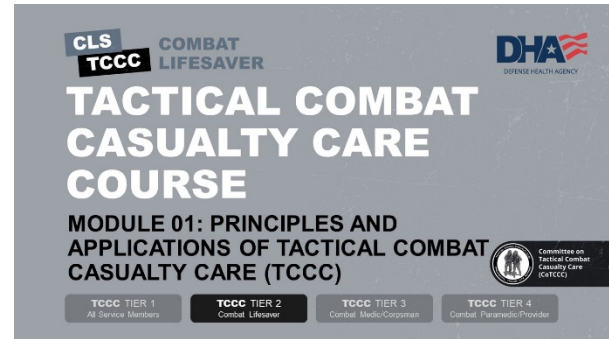
# MODULE 01 – PRINCIPLES AND APPLICATION OF TACTICAL COMBAT CASUALTY CARE

These comprehensive speaker notes provide a script for the trainer to use in delivering this TCCC-CLS didactic presentation. The notes include key points that should be emphasized throughout the presentation.

### SLIDE 1 – TITLE SLIDE

Good morning. Welcome to the Tactical Combat Casualty Care (TCCC) Combat Lifesaver (CLS) Course.

My name is **(insert name)**, and I am the lead trainer for this course. I am joined by other trainers who will assist with the hands-on portion of the training. **(Introduce other trainers as appropriate.)**



### SLIDE 2 – TCCC ROLES

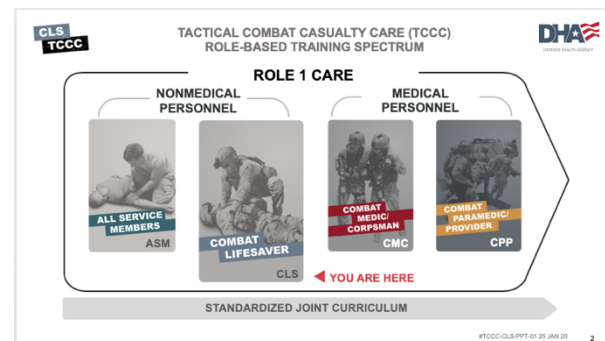
Tactical Combat Casualty Care is broken up into four roles of care. The most basic is taught to All Service Members (ASM), which is designed to instruct in the absolute basics of hemorrhage control and to recognize more serious injuries.

You are in the Combat Lifesaver (CLS) role. This teaches you more advanced care to treat the most common causes of death on the battlefield, and to recognize, prevent, and communicate with medical personnel the life-threatening complications of these injuries.

The Combat Medic/Corpsman (CMC) role includes much more advanced and invasive care requiring significantly more medical knowledge and skills.

Finally, the last role, Combat Paramedic/Provider (CPP) is for Combat paramedics and advanced providers, to provide the most sophisticated care to keep our wounded warriors alive and get them to definitive care.

Your role as a CLS is to treat the most common causes of death on the battlefield, which are massive hemorrhage and airway/respiratory problems. Also, you are given the skills to prevent complications and treat other associated but not immediately life-threatening injuries.



**SPEAKER NOTES**

**SLIDE 3 – TLOs/ELOs**

**(Students need to understand the basis for the course, and the expected learning outcomes.)**

The TCCC-CLS course is built on a foundation of learning objectives. These objectives lay out the basic structure of the course and describe the knowledge and skills you are expected to acquire by the end of the course.

This module has two Terminal Learning Objectives, or TLOs. Each TLO is supported by a series of Enabling Learning Objectives, or ELOs. This graphic shows how the ELOs are mapped to the TLOs. The blue dots are cognitive or knowledge learning objectives, and the green dots are performance objectives focused on skills.

**8 ENABLING LEARNING OBJECTIVES (ELOs)**

● = Cognitive ELOs ● = Performance ELOs

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This module has seven cognitive learning objectives. They are to:

1. Identify the leading causes of preventable death due to traumatic injuries and the corresponding interventions to help increase chances of survival
2. Describe the TCCC Phases of Care and how intervention priorities differ in each phase in accordance with CoTCCC guidelines
3. Describe the application of TCCC in combat and noncombat settings across different environments
4. Describe the role and responsibilities of a nonmedical service member in rendering TCCC care
5. Identify the key factors influencing TCCC
6. Identify the importance of TCCC training
7. Identify the three objectives (or goals) of TCCC.

This module has one performance objective: to demonstrate the application of TCCC skills in a combat or noncombat scenario.

**SLIDE 4 – CONGRESSIONALLY MANDATED STANDARD**

Standardized Combat Casualty Care training for all service members is congressionally mandated in DoD Instruction 1322.24.

TCCC is the standard of care in prehospital battlefield medicine.

**Standardizes Combat Casualty Care for all Service members**  
**Covers the use of a standardized trauma training platforms**

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**SLIDE 5 – ONLINE RESOURCES**

The Deployed Medicine site (DeployedMedicine.com) and phone app from the Defense Health Agency (DHA) leverage technology to provide access to on-demand multimedia content. This content supports continuous lifelong learning and access to real-time updates in TCCC training and education.

**YOUR ONLINE RESOURCE**

This is not just your typical first aid training

**DEPLOYED MEDICINE**

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

[www.deployedmedicine.com](http://www.deployedmedicine.com)

Available on the App Store and Google Play

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**SLIDE 6 – COURSE CONTENT**

This course will reinforce the principles of TCCC and teach the knowledge and skills needed to save lives and improve outcomes for combat casualties.

**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

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**SLIDE 7 – WELCOME TO TCCC (VIDEO)**

**Trainer:** Play video. The course starts by playing a motivational video or scene setter to launch the course.

TCCC Training Overview Video. This video describes the genesis and evolution of TCCC and the critical role it plays in saving lives on the battlefield and improving outcomes for the combat wounded.

**PRINCIPLES AND APPLICATIONS OF TCCC**

TCCC  
COMBAT LIFESAVER  
INTRO TO TACTICAL COMBAT CASUALTY CARE (TCCC)

Video can be found on DeployedMedicine.com

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**SLIDE 8 – ROLES AND RESPONSIBILITIES OF CLS**

Your role as a CLS is to treat the most common causes of death on the battlefield, which are massive hemorrhage and airway/respiratory problems.

**PRINCIPLES AND APPLICATIONS OF TCCC**

**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

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# SPEAKER NOTES

## SLIDE 9 – ROLES AND RESPONSIBILITIES OF CLS (CONT.)

Also, you are given the skills to prevent complications and treat other associated but not immediately life-threatening injuries.

## SLIDE 10 – THE KEY FACTORS INFLUENCING TCCC

Several key factors influence how prehospital care is provided in the combat versus the civilian setting.

Factors influencing TCCC are: hostile fire, tactical and environmental considerations, wound patterns, equipment constraints, delays reaching higher levels of care, and level of first responder training and experience. These factors will be discussed more within this module and throughout the training.

## SLIDE 11 – IMPORTANCE OF TCCC TRAINING

Approximately **90 percent** of combat casualty deaths occur before the casualty reaches a higher level of care (surgeon, etc.).


Prehospital care, including the care provided by CLS, is critical to the survival of those wounded in combat.

Multiple research studies and casualty data from Iraq and Afghanistan highlight the causes of preventable death on the battlefield.

TCCC training focuses on identifying and treating these most common causes of preventable death on the battlefield: hemorrhage/bleeding, injuries resulting in tension pneumothorax, and airway issues.

CLS TCCC PRINCIPLES AND APPLICATIONS OF TCCC **DHA**

### 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

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CLS TCCC PRINCIPLES AND APPLICATIONS OF TCCC **DHA**

### 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



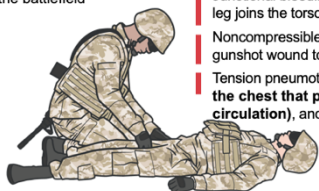
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CLS TCCC PRINCIPLES AND APPLICATIONS OF TCCC **DHA**

### 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



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## SLIDE 12 – THREE GOALS OF TCCC

The three goals of TCCC are to:

1. Treat the casualty
2. Prevent additional casualties
3. Complete the mission



## SLIDE 13 – ENTER THE BATTLEFIELD

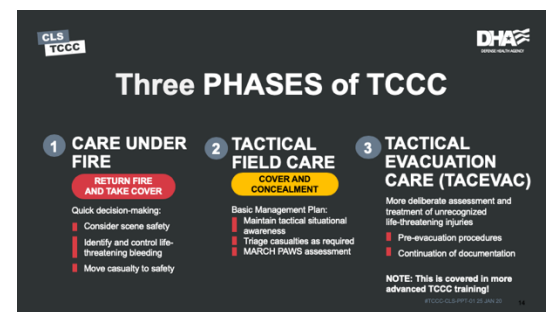


## SLIDE 14 – THREE PHASES OF TCCC

TCCC is organized into Phases of Care that start at the point of injury. These phases are relevant to combat and noncombat trauma scenarios:

1. **Care Under Fire, or Care Under Threat**, is the aid rendered at the trauma scene while the threat is still active. Available medical equipment is limited to that carried by an individual or found in a nearby first aid kit. Massive bleeding is the only medical priority that requires your attention during this phase, as you are actively dealing with an ongoing threat in a potentially chaotic and dangerous situation.
2. **Tactical Field Care (TFC)** is the care provided once the threat has been neutralized and/or the scene is safe or the casualty has moved/been moved out of the immediate threat situation. During this phase, a rapid casualty assessment should be performed. Bleeding control should be assessed/reassessed, and airway/breathing issues addressed. Other injuries such as burns, fractures, eye trauma, and head injuries should now be identified and treated. Medical equipment is still limited. Time to arrival of medical personnel or evacuation may vary considerably, depending on the tactical situation, etc.
3. **Tactical Evacuation Care (TACEVAC)** is the care rendered during and once the casualty has been moved by an aircraft, vehicle, or other mode of transportation for evacuation to a higher level of care. Additional medical personnel and equipment are typically available in this phase of casualty care.

**Remember: The goal of the CLS in TCCC is to rapidly assess casualties to identify and treat potentially life-threatening injuries to keep them alive long enough to reach a higher level of medical care.**



**SLIDE 15 – PHASE 1: CARE UNDER FIRE**

Care Under Fire is the care rendered by the first responder/CLS at the scene of the injury while still under effective hostile fire. Available medical equipment is limited to that carried by the individual responder or casualty (JFAK or a CLS bag). Remember: Always use the **casualty’s JFAK first**.

The critical feature of CUF is that the casualty and responder/CLS are still under effective hostile fire.

The mission does not stop just because there is a casualty. Most battlefield casualty scenarios involve making medical and tactical decisions rapidly. In the combat environment, there is no “time-out” when casualties occur. Good medicine can sometimes be bad tactics; doing the RIGHT thing at the WRONG time can get you and your teammates killed or cause the mission to fail.

Order of initial actions will be dictated by the tactical situation. Little time is available to provide casualty care while under effective enemy fire. Suppressing hostile fire and gaining fire superiority should be the priority to minimize the risk of injury to other personnel and minimize additional injury to the casualty while completing the mission. Personnel may need to assist in returning fire instead of stopping to care for casualties (this includes the casualty if still able to fight). Wounded Service members who are exposed to enemy fire should be directed to continue to return fire, move as quickly as possible to any nearby cover, and perform self-aid, if able.

**Remember: Do not become a casualty! Assess the situation and the risk. Suppress enemy fire and gain fire superiority first. Communicate with the casualty (return fire, move to cover, self-aid), and develop a plan before moving to care for a casualty under fire.**

**SLIDE 16 – PHASE 1: CARE UNDER FIRE**

**CONT. (EARLY CONTROL OF SEVERE HEMORRHAGE IN CARE UNDER FIRE IS CRITICAL)**

In CUF, your **#1 priority** is to recognize and stop massive bleeding and get yourself and the casualty to cover and out of hostile fire. Massive bleeding can be identified by a pulsing or steady bleeding from a wound or traumatic amputation of an extremity.

Apply a tourniquet without delay if indicated. Injury to a major vein or artery can result in shock or death from blood loss in minutes. Extremity (arm or leg) hemorrhage is a leading cause of preventable combat death. Using tourniquet(s) to stop the bleeding is essential to the survival of casualties with these types of injuries.

Permanent skin, muscle, and blood vessel damage to the limb is rare (tourniquets are often left in place for several hours during routine surgical procedures). Applying a tourniquet promptly to stop life-threatening bleeding saves lives and may allow the injured Service members to continue to fight while awaiting further care and evacuation. It is imperative that all service members with access to JFAK, etc. be trained in tourniquet use.

**Remember: Both you and the casualty remain in grave danger under threat of enemy fire while applying a tourniquet in the CUF phase. Quickly place the tourniquet high and tight on the affected limb. Treatment of non-life-threatening bleeding should be deferred until the Tactical Field Care phase.**

## SLIDE 17 – PHASE 2: TACTICAL FIELD CARE MARCH PAWS

Tactical Field Care is the care rendered by a first responder/CLS once the responder and casualty are no longer under direct threat from effective enemy fire. This allows for the time and the relative safety for a more deliberate approach to casualty assessment and treatment.

Casualty assessment and management in TFC follow an approach known as **MARCH PAWS**.

- M** Massive bleeding
- A** Airway
- R** Respiration/breathing
- C** Circulation
- H** Hypothermia/Head Injuries
- P** Pain
- A** Antibiotics
- W** Wounds
- S** Splinting



This is a helpful mnemonic for remembering how to systematically approach casualty assessment and management to ensure that life-threatening injuries are identified and treated promptly, saving lives on the battlefield and reducing preventable combat death.

## SLIDE 18 – OTHER CONSIDERATIONS OF TACTICAL FIELD CARE

The critical feature of Tactical Field Care is that the casualty and responder/CLS are no longer under effective hostile fire.

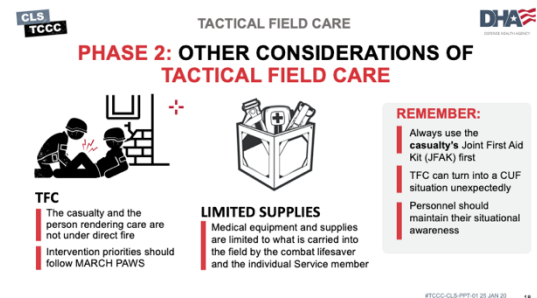
However, the CLS must maintain security and situational awareness at all times while continuing to treat casualties and preparing for handoff to medical personnel/evacuation assets.

The tactical situation is often fluid and can change rapidly and revert to a CUF scenario at any time.

Your available medical equipment is still limited to that carried into the field by the casualty (JFAK), the CLS, and other first responders (JFAKs, unit combat lifesaver bag), or the medic in their aid bag. Remember to use the supplies within the casualty's JFAK first before using your own supplies.

The TFC phase allows more time, and relatively more safety, for you to provide further medical care. You may need to continue treatment until medical personnel arrive and then assist medical personnel with continued treatment and preparation for evacuation. Anticipated time to evacuation to the next higher level of care may vary depending on the tactical situation. The CLS must be prepared to reengage the enemy and continue the mission.

Medical personnel will be focused on casualty treatment, so you and unit leaders must coordinate, and request evacuation assets based on the operational situation.



**SPEAKER NOTES**

**SLIDE 19 – PHASE 3: TACTICAL EVACUATION CARE**

Tactical Evacuation Care (TACEVAC) is the care rendered once the casualty has been **picked up** by an aircraft, ground vehicle, or other evacuation platform. It continues the care for the casualty started in the earlier phases of care.

TACEVAC is similar to TFC in many ways. However, the extra medical personnel and equipment on the evacuation asset may enable provision of additional care in this phase of casualty management.

The term “Tactical Evacuation” encompasses Casualty Evacuation (CASEVAC) and Medical Evacuation (MEDEVAC). Nonmedical first responders or CLSs are not expected to care for casualties during evacuation. However, if it does happen, the approach (MARCH PAWS) and skills learned for CUF and TFC apply.

The key principle in TACEVAC is that monitoring with appropriate assessment and treatment **MUST** be continued until the casualty is handed off to medical personnel or arrives at a higher level of care.

Pre-evacuation procedures include ensuring that all assessment and care rendered in CUF and TFC have been documented by the first responder or CLS on the DD Form 1380 TCCC card.

An evacuation request using the 9-line format is communicated per unit Standard Operating Procedures to initiate MEDEVAC. The 9-line MEDEVAC request includes a **MIST** (Mechanism of injury, Injuries, Symptoms, and Treatment) report.

Before evacuation, **the casualty must be packaged for evacuation**, items (weapons, equipment, etc..) secured, litter and evacuation equipment prepared, etc.

**SLIDE 20 – IN SUMMARY**

The GOALS of TCCC are to:

1. Treat the casualty (provide lifesaving care to the injured combatant)
2. Prevent additional casualties
3. Complete the mission

The three phases of TCCC are:

1. Care Under Fire
  - o Take cover, return fire, and gain fire superiority
  - o Address life-threatening hemorrhage with tourniquets/move to cover
2. Tactical Field Care
  - o Cover and conceal
  - o MARCH PAWS
  - o Prepare for evacuation (DD Form 1380, 9-line MEDEVAC Request, MIST)
3. Tactical Evacuation Care (TACEVAC)
  - o Continue monitoring and care (additional medical personnel/equipment) until handoff at a higher level of care

**Remember that bleeding is the number one cause of preventable prehospital combat death:**

- Remain tactically vigilant and maintain security at all times, or you could become a casualty.
- Document all assessment and care on the DD Form 1380.



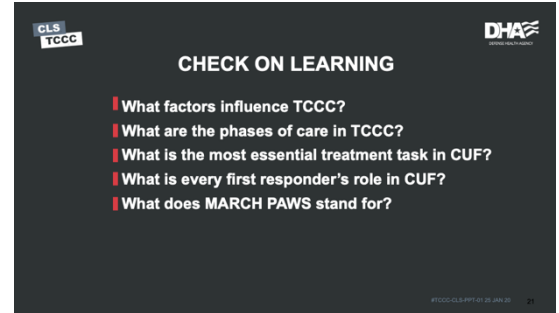
## SPEAKER NOTES

### SLIDE 21 – CHECK ON LEARNING

Ask questions of the learners referring to key concepts from the module.

Now for a check on learning.

1. What are factors that influence TCCC?
  - Hostile fire
  - Wounding patterns
  - Equipment constraints
  - Delays in reaching higher levels of care
  - Level of first responder training and experience
  
2. What are the phases of care in TCCC?
  - Care under Fire (CUF)
  - Tactical Field Care (TFC)
  - Tactical Evacuation Care (TACEVAC)
  
3. What is the most essential treatment task in Care Under Fire?
  - Tourniquet (TQ) application to stop massive bleeding
4. What is every first responder's role in Care Under Fire?
  - To treat the most immediate life-threatening injuries with TQ application on the battlefield
5. What does MARCH PAWS stand for?
  - M – Massive Bleeding (Hemorrhage)
  - A – Airway
  - R – Respiration
  - C – Circulation
  - H – Hypothermia/Head Injuries
  
  - P – Pain
  - A – Antibiotics
  - W – Wounds
  - S – Splints



### SLIDE 22 – QUESTIONS

