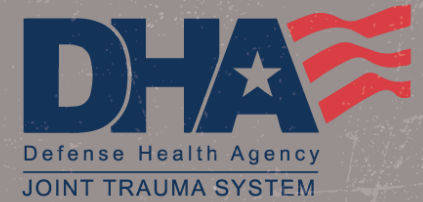




**COMBAT MEDIC/
CORPSMAN**



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 4:
PRINCIPLES AND APPLICATION OF
TACTICAL FIELD CARE (TFC)



Committee on
Tactical Combat
Casualty Care
(CoTCCC)

TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

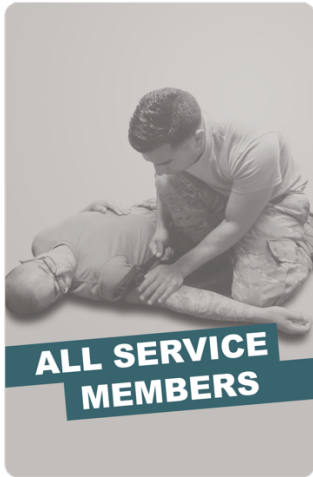
TCCC TIER 3
Combat Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider

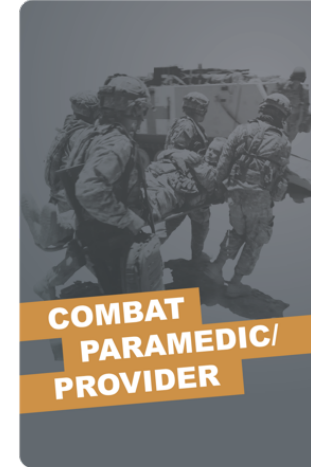
TACTICAL COMBAT CASUALTY CARE ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

**NONMEDICAL
PERSONNEL**



**MEDICAL
PERSONNEL**



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

1 x **TERMINAL LEARNING OBJECTIVES**

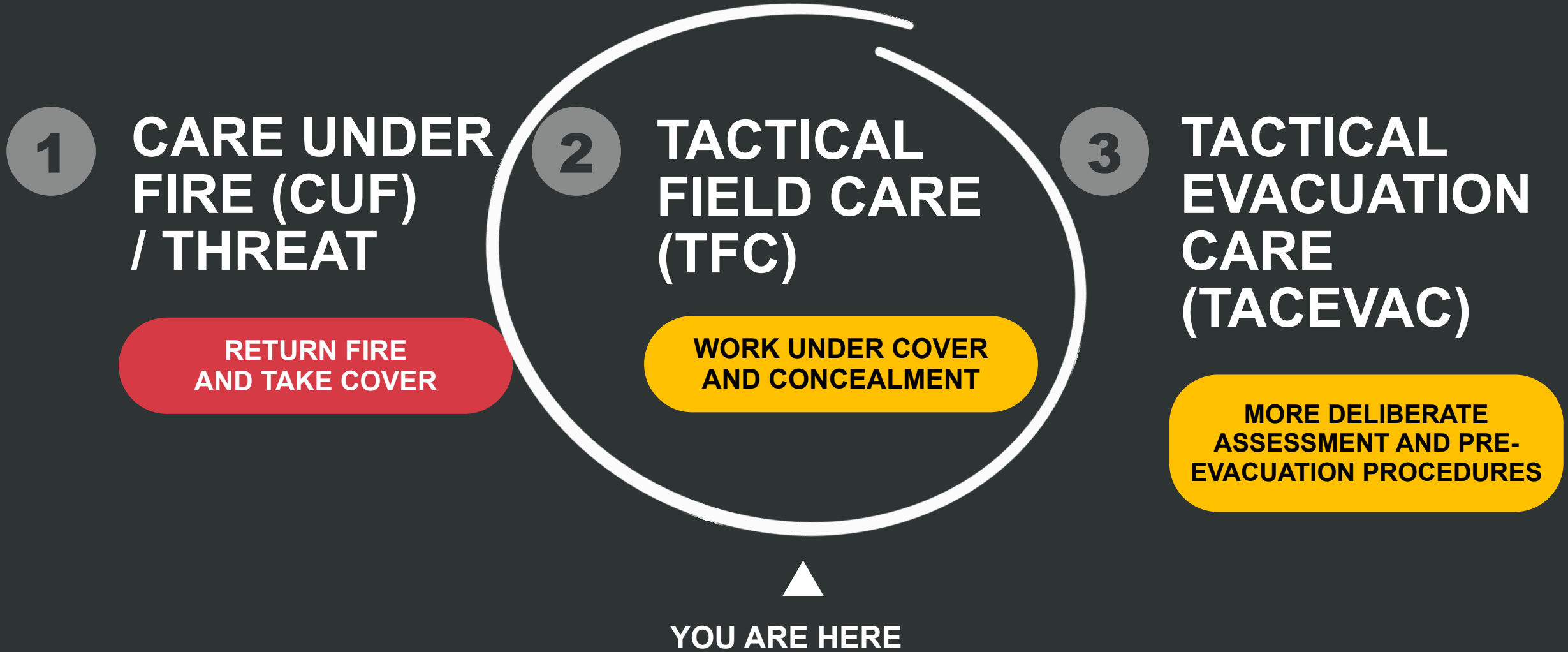
05 Given a combat or noncombat scenario, perform Tactical Field Care in accordance with CoTCCC Guidelines.

- **5.1** Identify the importance of security and safety in Tactical Field Care. (CLS T5:E23)
- **5.2** Identify basic principles of removal/extraction of casualties from a unit-specific platform. (CLS T5:E24)
- **5.3** Identify the importance and techniques of communicating casualty information with unit tactical leadership and/or medical personnel. (CLS T5:E25)
- **5.4** Identify the relevant tactical and casualty data involved in communicating casualty information. (CLS T5:E26)
- **5.5** Demonstrate communication of casualty information to tactical leadership and/or medical personnel (in accordance with Service and/or unit standard operating procedures in Tactical Field Care). (CLS T5:E27)
- **5.6** Identify triage considerations in Tactical Field Care. (CLS T5:E28)
- **5.7** Demonstrate the consolidation and triage of casualties in a casualty collection point.

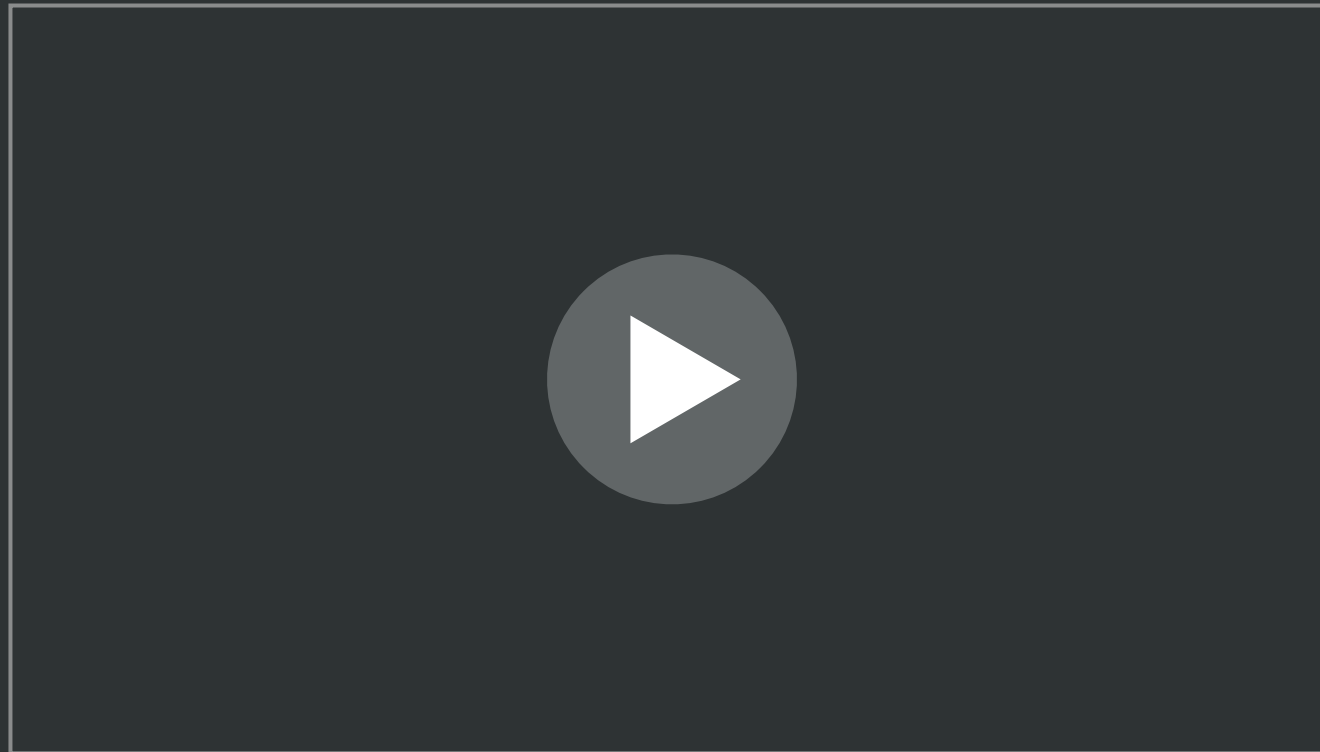
7 x **ENABLING LEARNING OBJECTIVES**

= Terminal Learning Objectives ● = Cognitive ELOs 🌀 = Performance ELOs

Three PHASES of TCCC



CASUALTY COLLECTION POINT OVERVIEW



Video can be found on deployedmedicine.com

PHASE 2: TACTICAL FIELD CARE

TFC IS RENDERED WHEN THERE IS NO LONGER
A DIRECT THREAT OR EFFECTIVE ENEMY FIRE

Having transitioned from **Care Under Fire (CUF)**, further **assessment** and **care** can be more **deliberate** following the **MARCH PAWS SEQUENCE**



This does **NOT** mean that the danger is over, the tactical situation could **change** back to **CUF AT ANY TIME**



IMPORTANT CONSIDERATIONS:

Mission personnel should **constantly maintain** their situational awareness of the **potential threat** from hostile forces

TFC also encompasses the combat/tactical environment not involving enemy fire (e.g., parachute injury in a combat zone)

CASUALTY **REMOVAL/EXTRACTION** PRINCIPLES



PRINCIPLE 1:
SAFETY is critical.

PRINCIPLE 2:
MARCH still applies. If possible, you may want to initiate lifesaving measures (e.g., applying a TQ before extraction) and continuously monitor the casualty.

PRINCIPLE 3:
TRAINING

*Extractions will vary based on the **UNIT**, **MISSION**, and **VEHICLES** located in your area of responsibility*

SECURITY AND SAFETY IN TFC

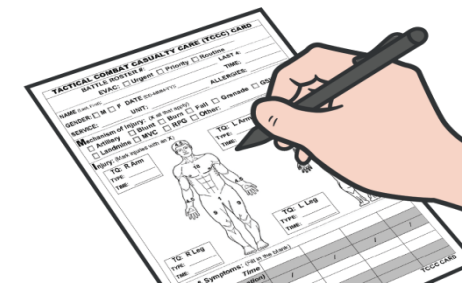
Combat Medic / Corpsemen should be ready to receive casualties in an area that provides adequate cover

COMMUNICATE with the first responder and **casualty**, if possible

Reassess lifesaving interventions that were done either in CUF or TFC by using the MARCH PAWS algorithm

If a first responder is available, direct them to assist with exposing and treating the casualty as well as assist in setting up medical equipment and prestaging of litter, including documentation

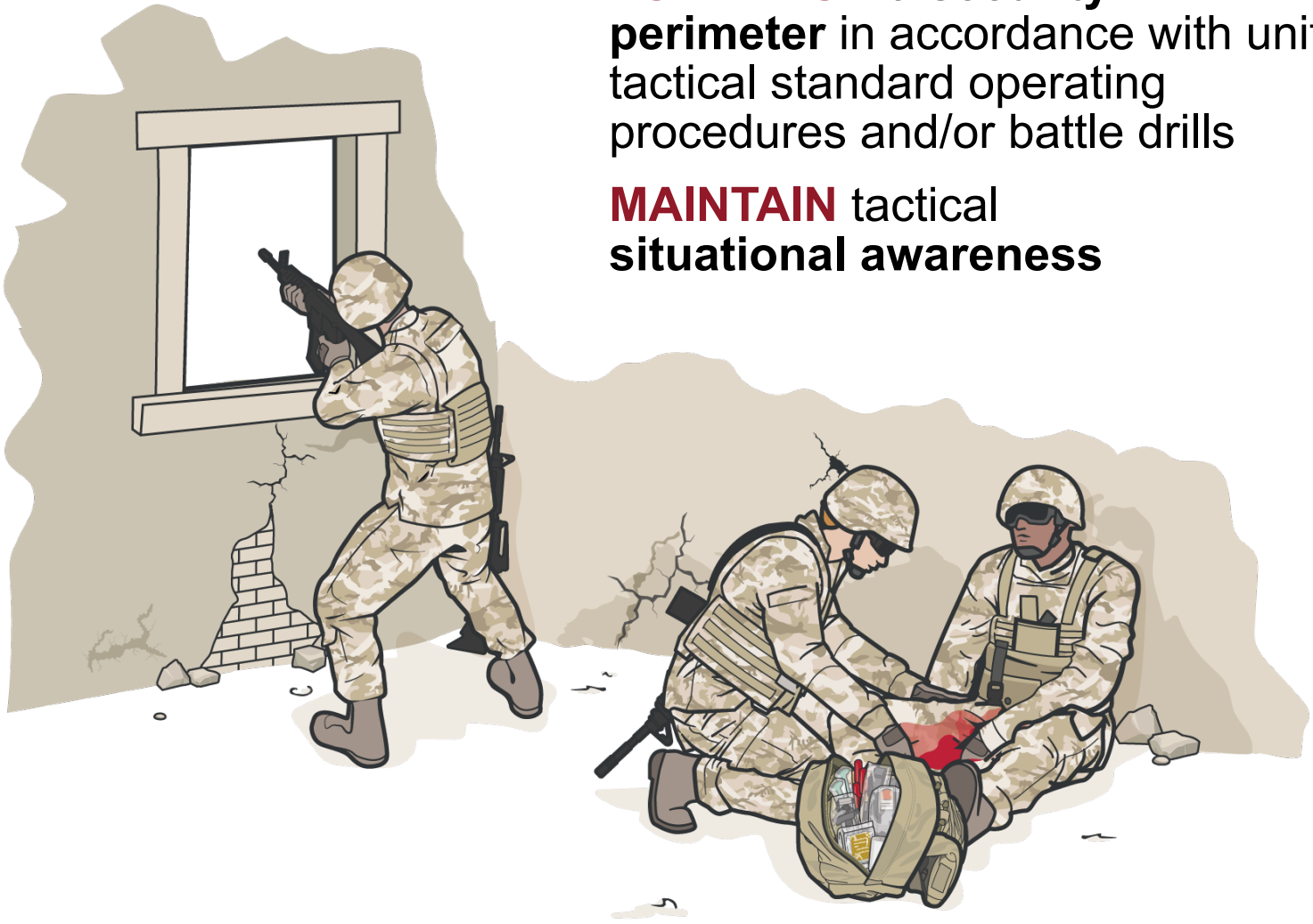
DOCUMENT ALL assessment and medical care (*including interventions and medications*) on the DD Form 1380



SECURITY AND SAFETY IN TFC

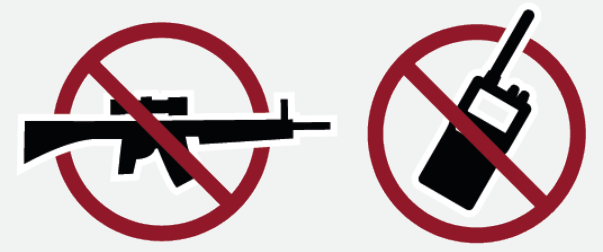
ESTABLISH a security perimeter in accordance with unit tactical standard operating procedures and/or battle drills

MAINTAIN tactical situational awareness



CASUALTIES WITH ALTERED MENTAL STATUS SHOULD IMMEDIATELY HAVE:

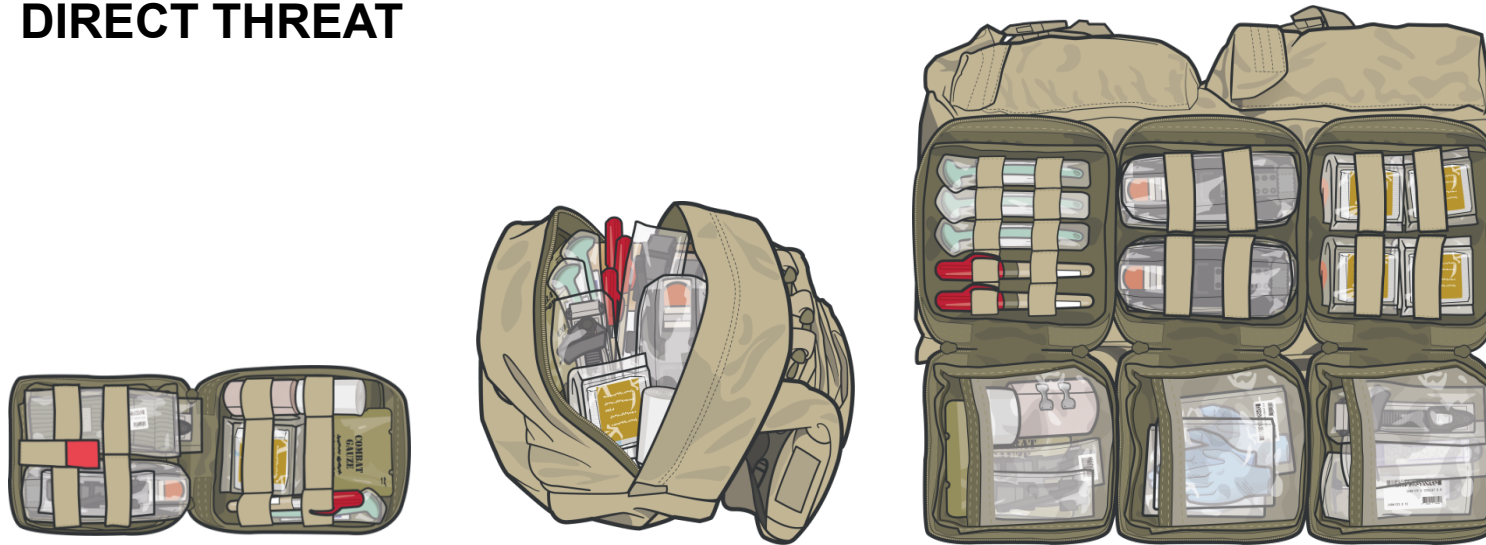
- Weapons cleared and secured
- Communications secured
- Sensitive items redistributed
- Weapons and radios **DO NOT** mix well with shock, head injuries, or narcotics



OTHER CONSIDERATIONS IN TFC

OUT OF DIRECT FIRE

TFC is when the casualty and the responder are **NOT UNDER EFFECTIVE ENEMY FIRE OR DIRECT THREAT**



LIMITED SUPPLIES

Medical equipment and supplies are **LIMITED** to what the Combat Medic/Corpsman (CMC), other unit members, and the casualty carry on the mission



REMEMBER

- Always use the casualty's JFAK **FIRST**
- TFC can turn into a CUF situation **unexpectedly**
- Personnel should **maintain** their situational awareness at all times
- Medical personnel and first responders should be prepared to **move casualties on short notice**

MARCH PAWS

DURING LIFE-THREATENING

- M** MASSIVE BLEEDING
#1 Priority
- A** AIRWAY
- R** RESPIRATION
- C** CIRCULATION
- H** HYPOTHERMIA / HEAD INJURIES

AFTER LIFE-THREATENING

- P** PAIN
- A** ANTIBIOTICS
- W** WOUNDS
- S** SPLINTING

COMMUNICATION



COMMUNICATE with the casualty

- **ENCOURAGE**
- **REASSURE**
- **EXPLAIN CARE**
(each step of the way)



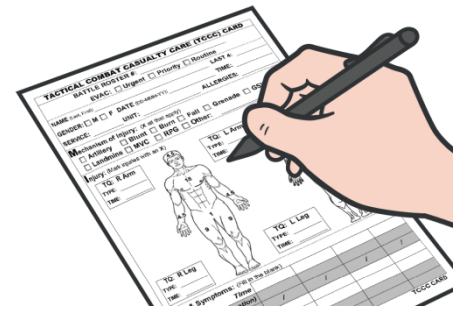
COMMUNICATE with **first responders**, other **medical personnel**, and **tactical leadership** about casualty injuries, condition, movement, and ongoing care



COMMUNICATE with **tactical leadership** **IMMEDIATELY** on evacuation requirements

Continue to communicate with leadership on casualty status as needed

COMMUNICATE RELEVANT CASUALTY INFORMATION



DOCUMENT ALL assessment and medical care (*including interventions and medications*) on the DD Form 1380

COMMUNICATE CASUALTY DATA IN HAND-OFF WITH **MEDIC OR MEDEVAC**



Tactical Leadership will **COMMUNICATE** with evacuation assets using:

MEDEVAC request

- MIST** Report
- M**echanism of injury
 - I**njuries
 - S**ymptoms
 - T**reatment

Relay casualty information following your unit standard operating procedures

When handing off the casualty to **medic** or **MEDEVAC**, read off **DD Form 1380**, including any additional information as needed

MIST report may **change** as the **casualty status** changes and in response to **interventions** performed

TRIAGE: PRIORITIZING MULTIPLE CASUALTIES



- Multiple casualties may need to be sorted into **prioritized treatment groups**
- The CMC may be required to **triage** casualties based on severity of injuries
- The CMC will prioritize care for the most urgent casualties
- First responder personnel can **assist**, care for less urgent casualties, **monitor** casualties after emergency interventions, and help **prepare** casualties for evacuation

TRIAGE CONSIDERATIONS

This would be an example of your immediate



**Massive
Bleeding**

**#1 Priority
Treatment**



**Airway
Compromise**



**Respiratory
Distress**



**Altered
Mental Status**



**HEMORRHAGIC
SHOCK**

CASUALTY COLLECTION POINT CONSIDERATIONS



SECURITY



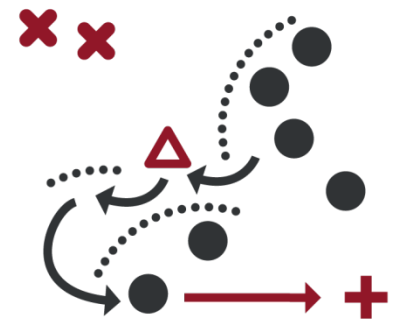
COMMAND
and **CONTROL**



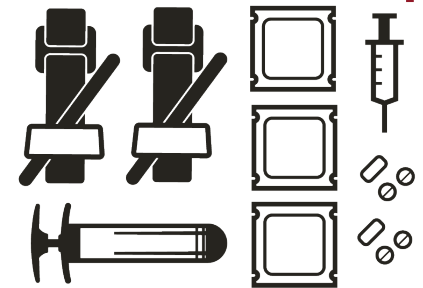
Appropriate **TRIAGE**
AND **MEDICAL**
TREATMENT



Situational
AWARENESS



ORGANIZATION



Control of
EQUIPMENT
and **SUPPLIES**



ACCOUNTABILITY

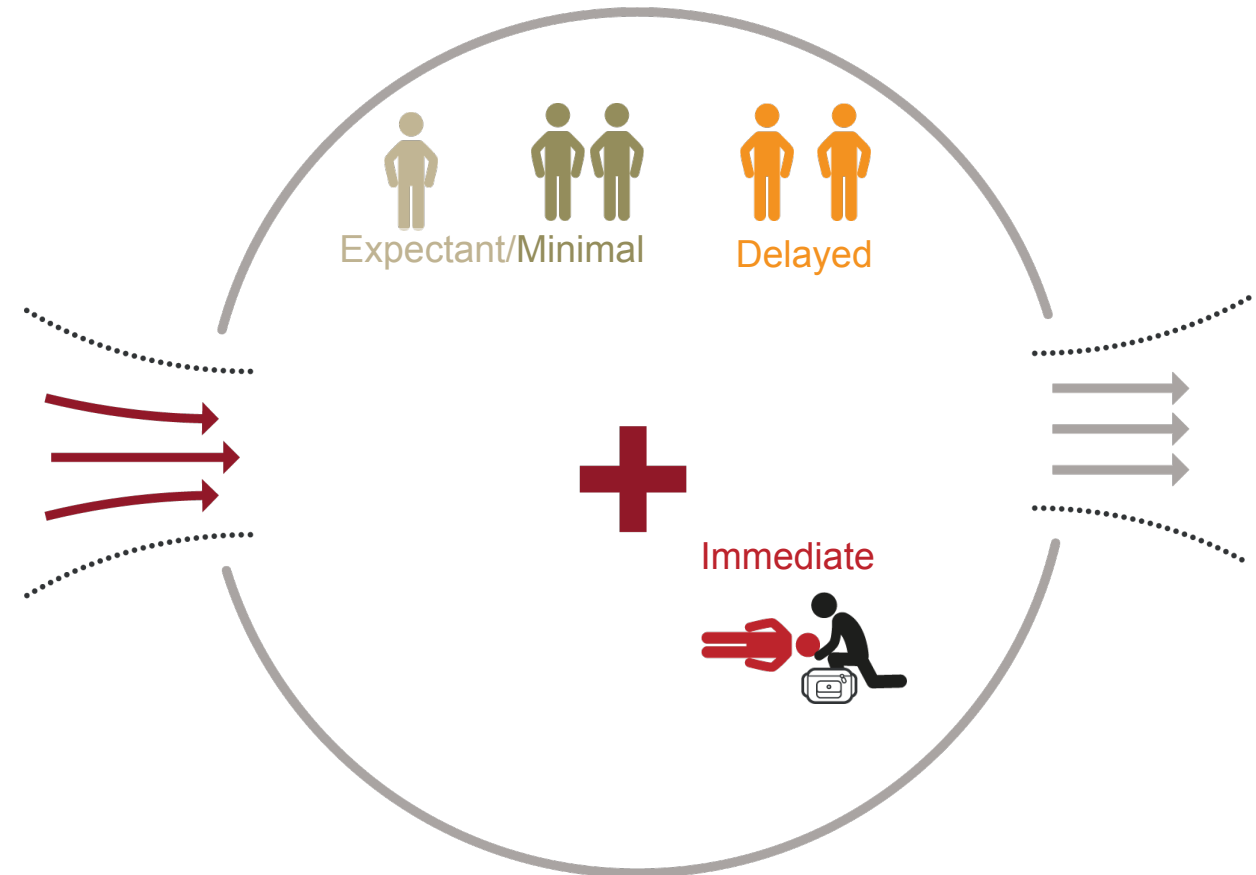
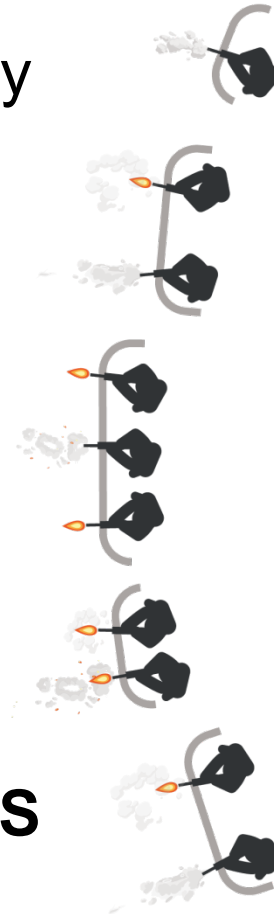
CASUALTY COLLECTION POINT

Locate **CCP** reasonably close to the fight

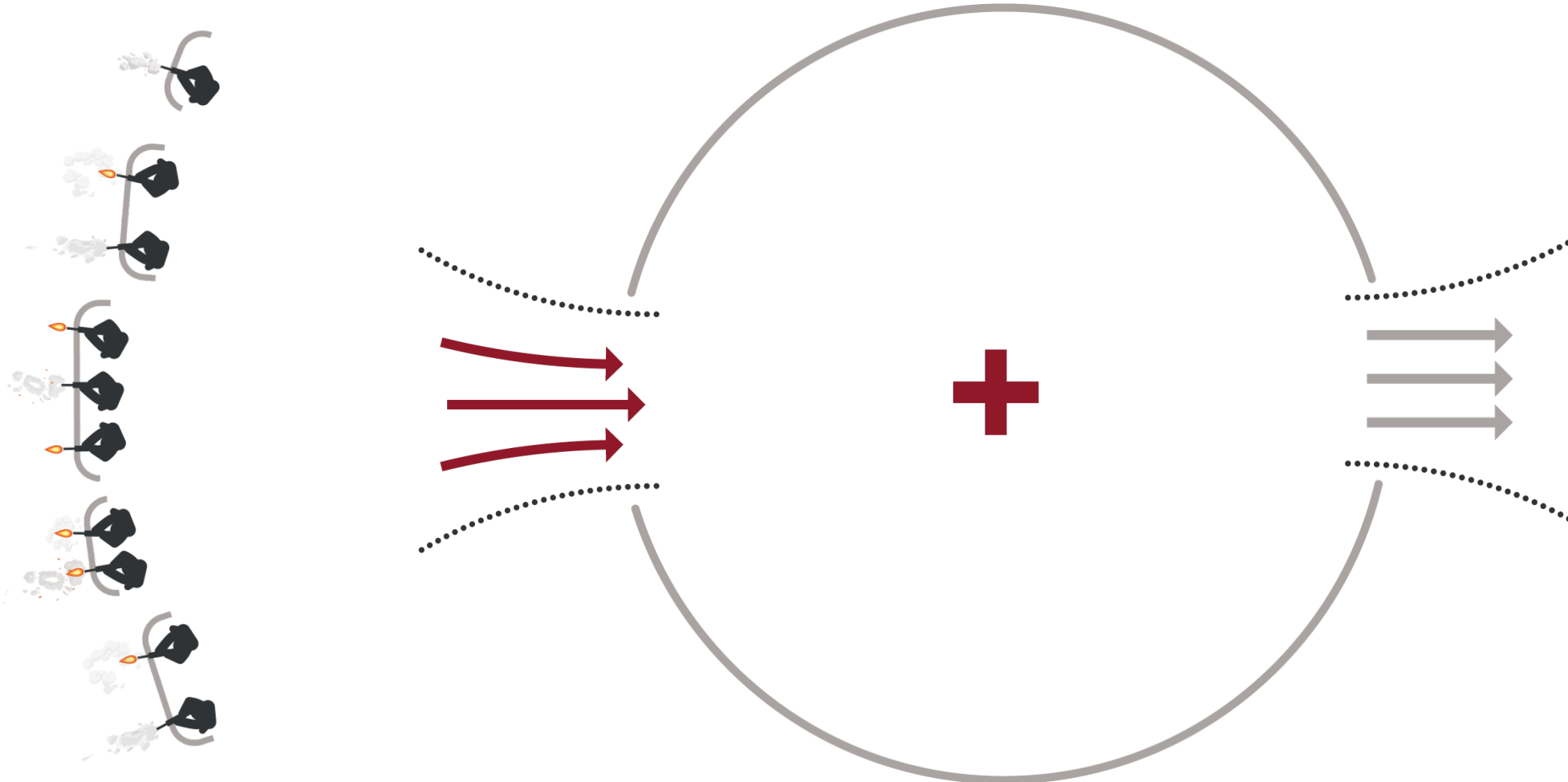
Locate near natural "lines of drift"

Offer **COVER** and **CONCEALMENT** from the enemy

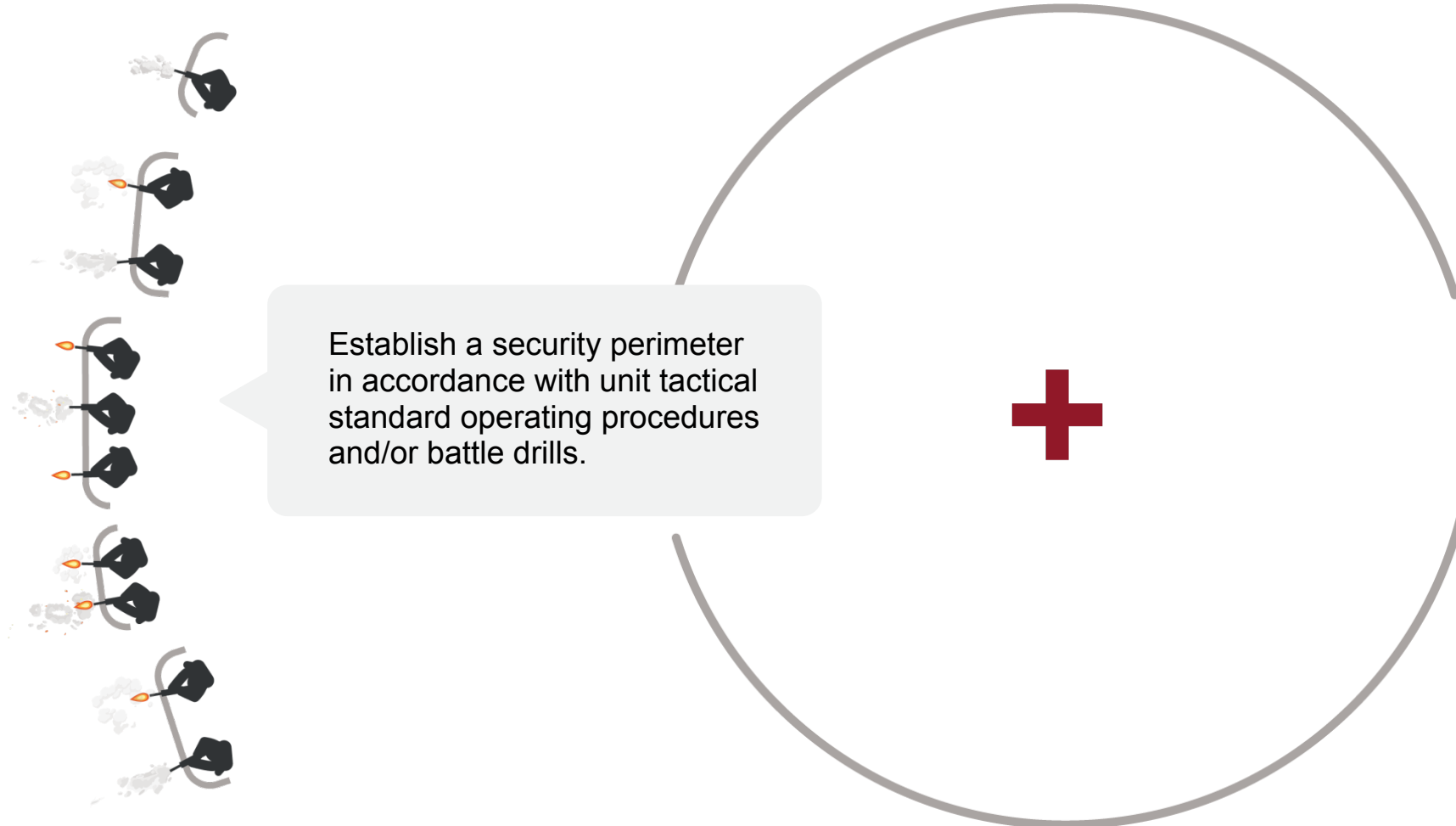
Have **ACCESS TO EVACUATION ROUTES**



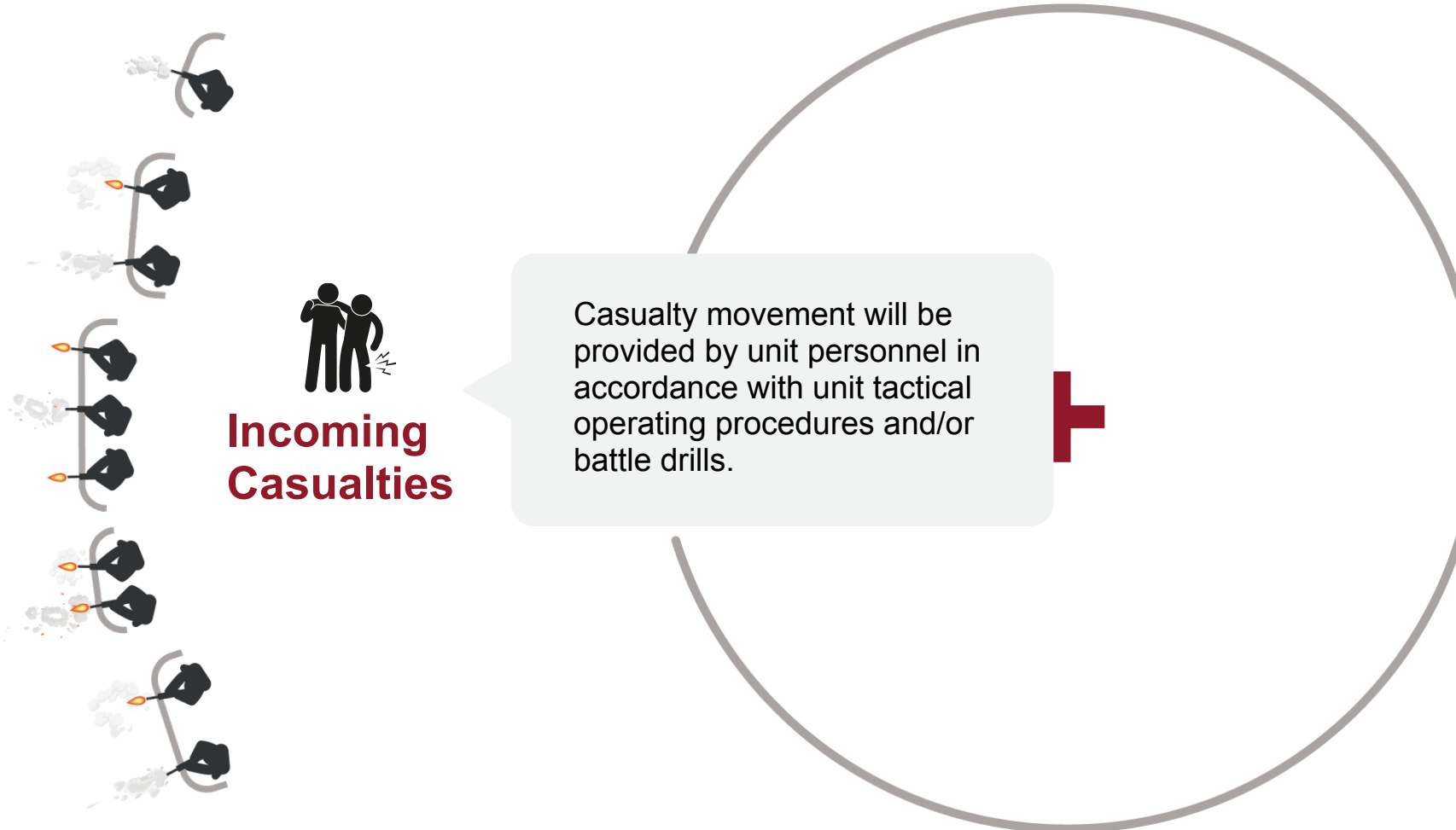
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



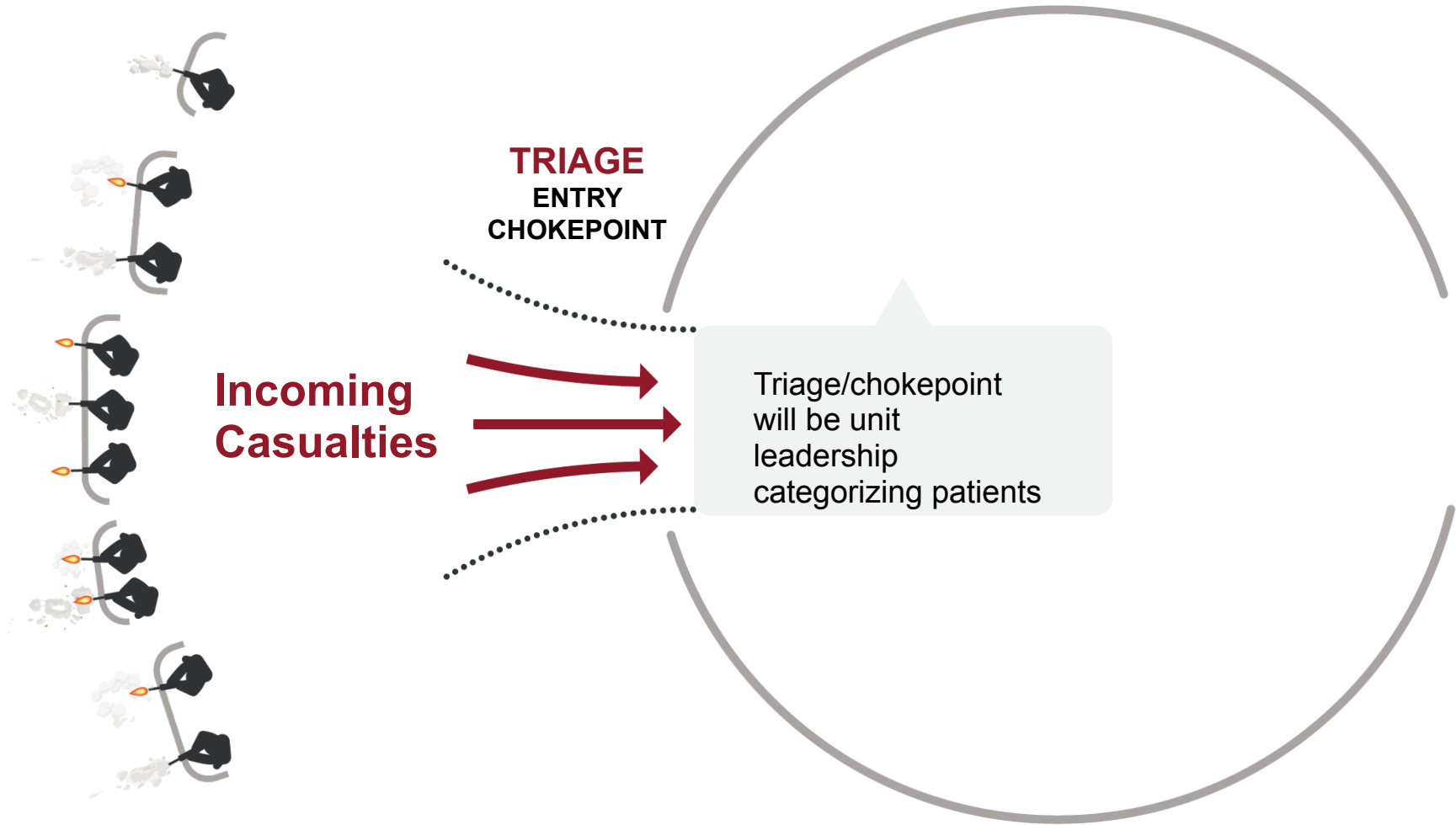
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



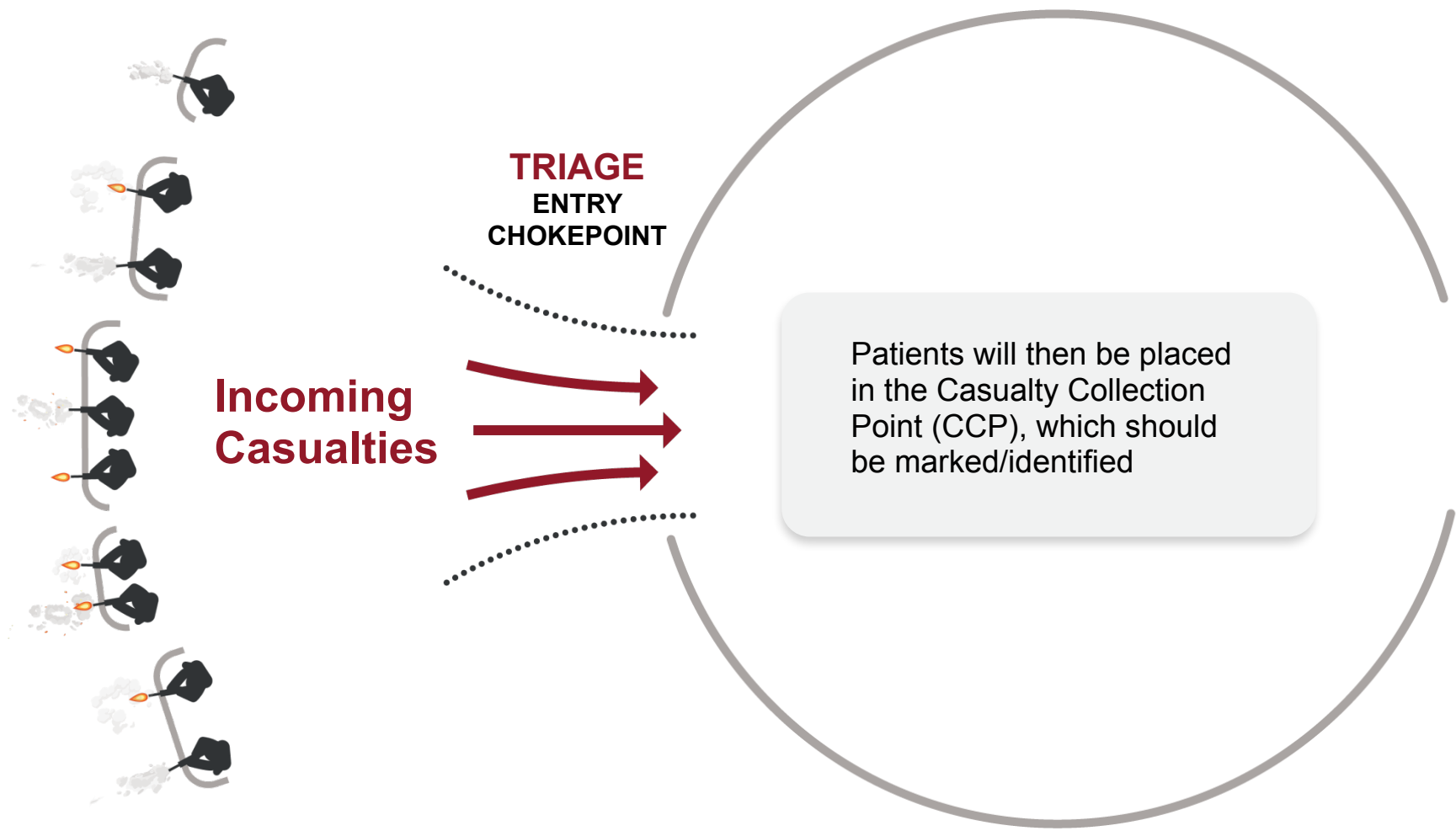
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



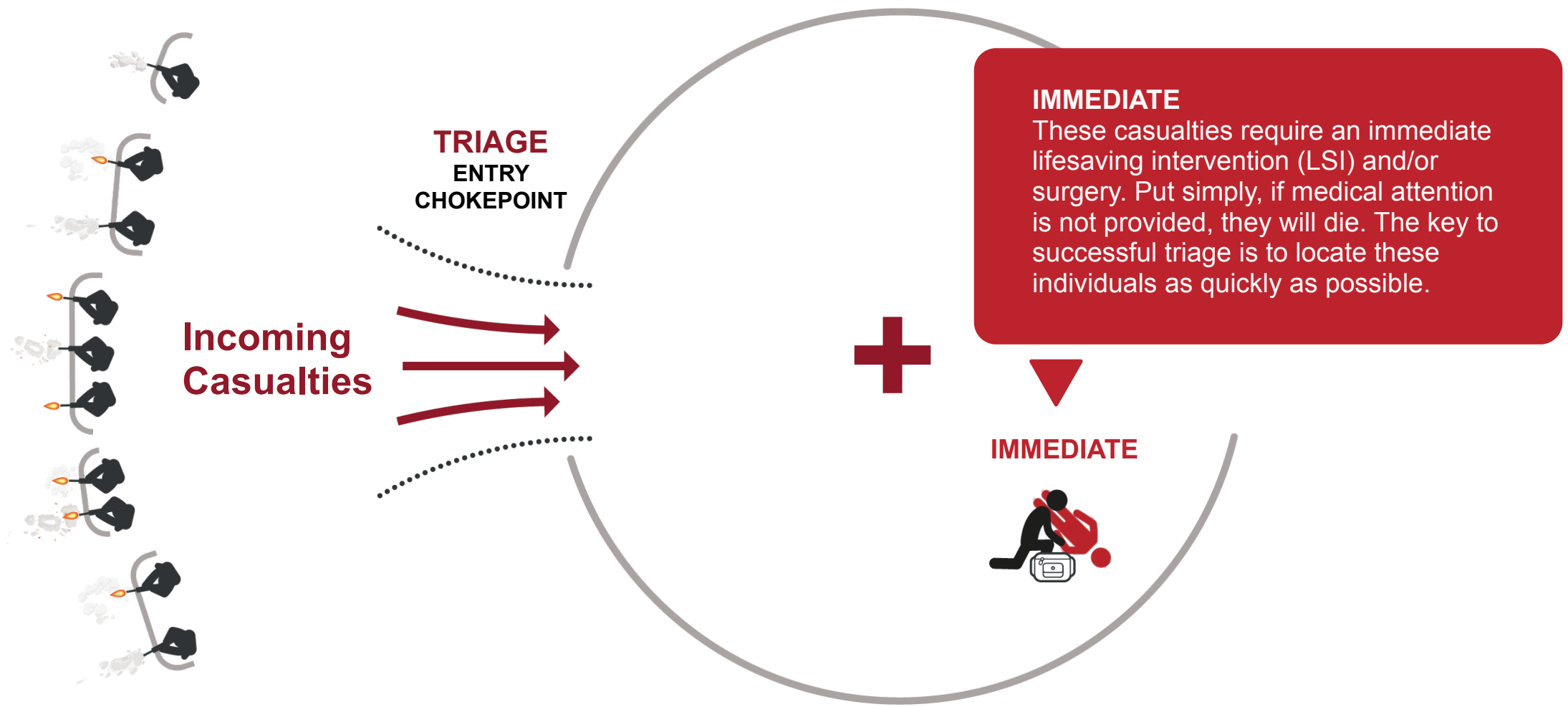
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



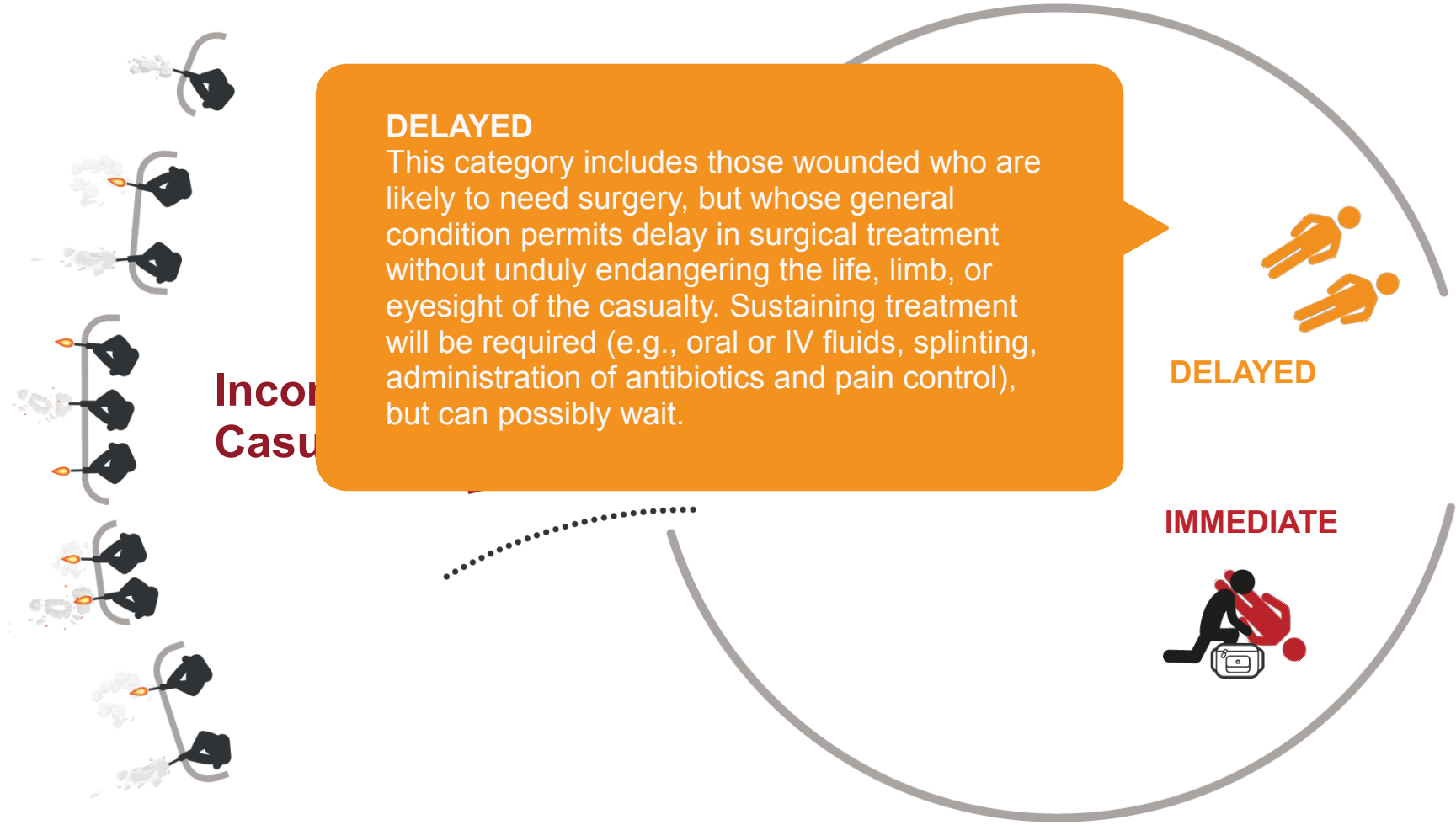
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



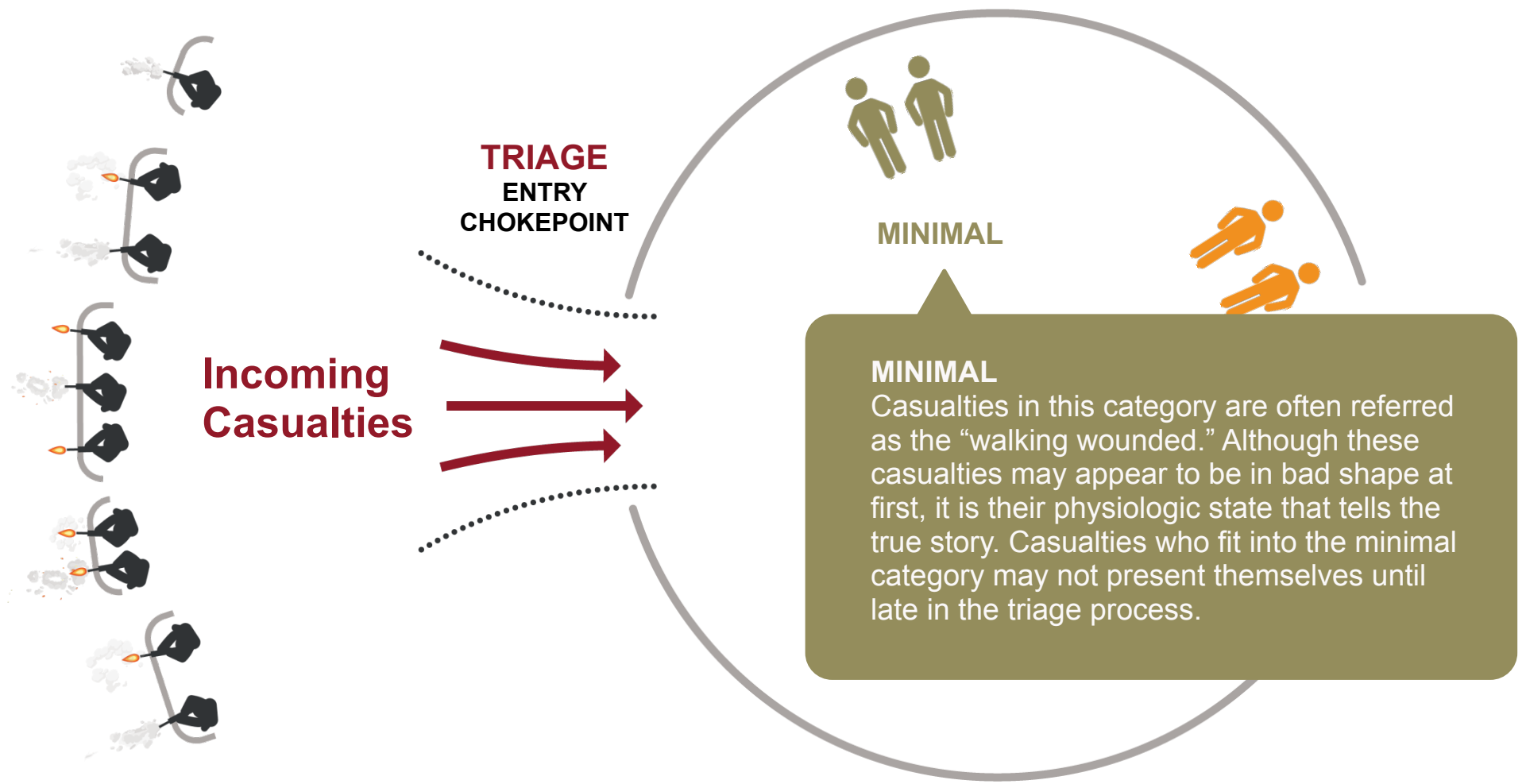
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



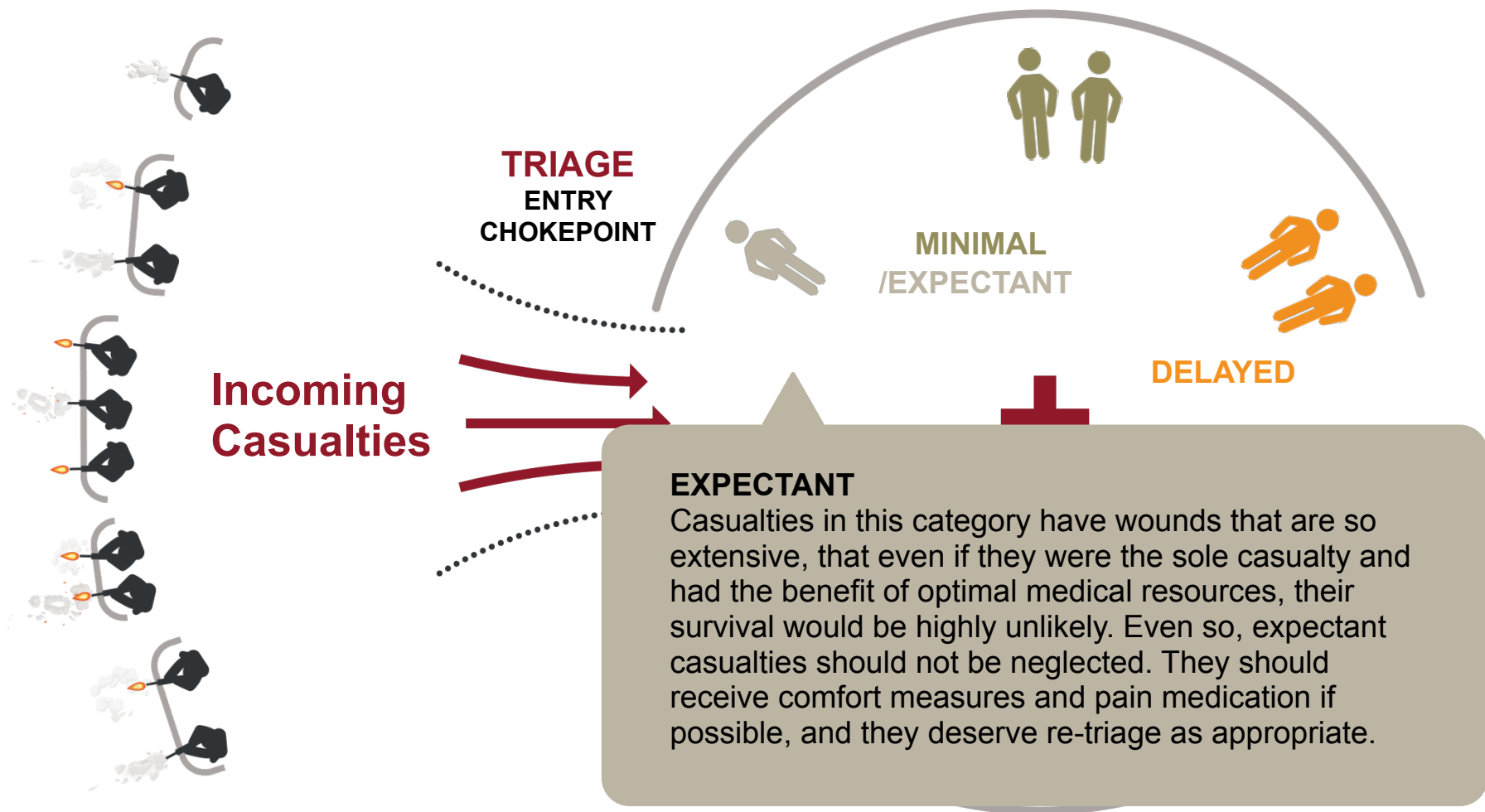
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



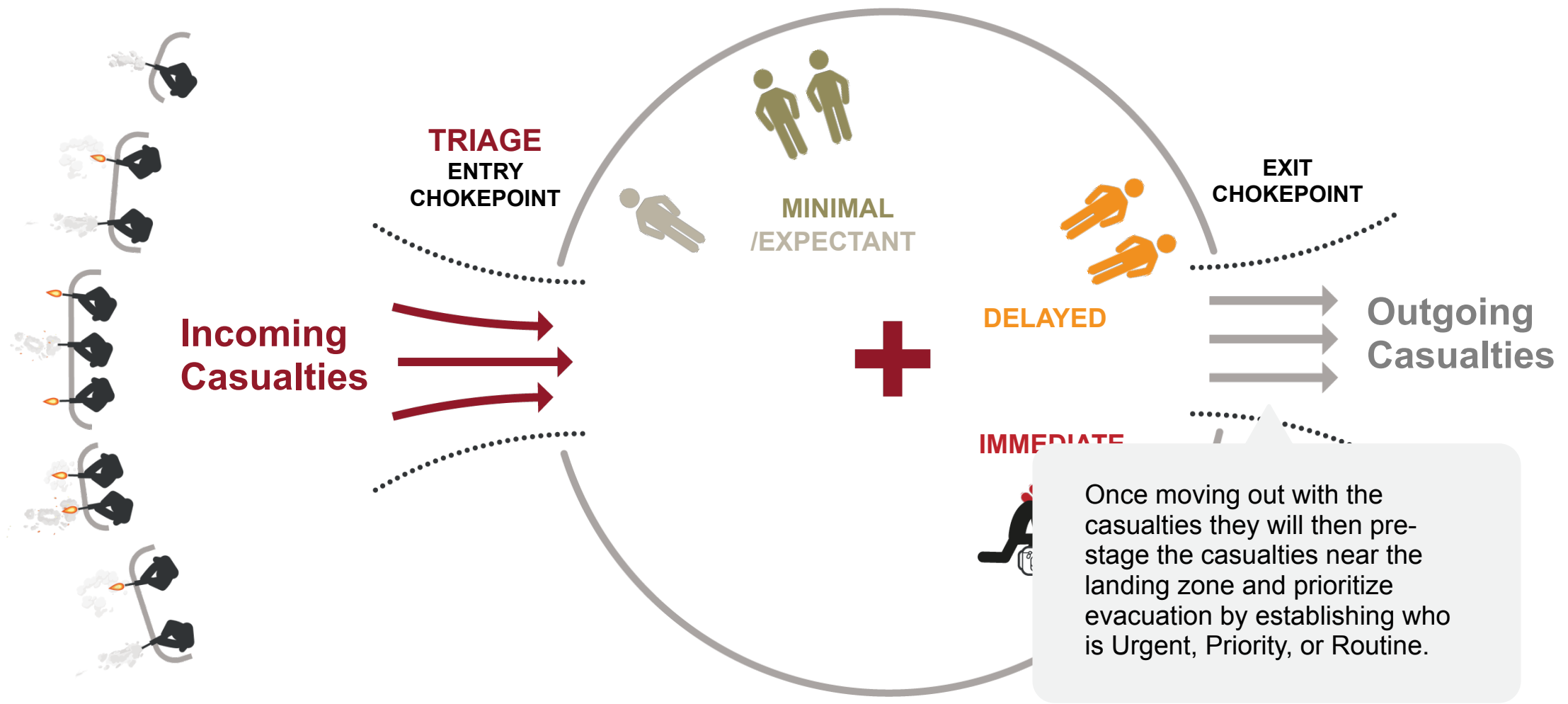
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



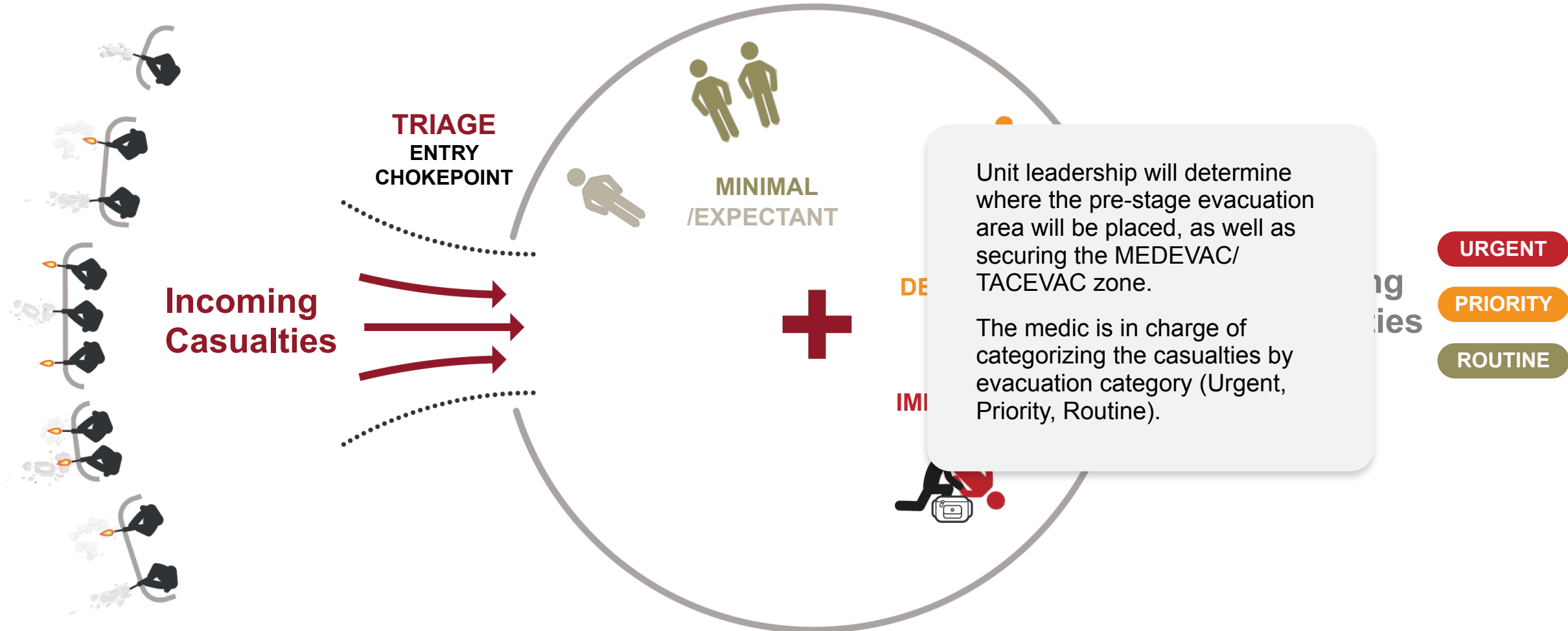
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



Incoming
Casualties

URGENT

Evacuation within 2 hours, denotes a critical, life-threatening injury. Suggestions for different injury patterns in this category are:

- Significant injuries from a dismounted IED attack
- Gunshot wound or penetrating shrapnel to chest, abdomen, or pelvis
- Blunt chest, abdominal, or pelvic trauma with suspected noncompressible hemorrhage
- Ongoing airway difficulty
- Ongoing respiratory difficulty
- Unconscious casualty
- Known or suspected spinal injury
- Hemorrhagic shock
- External bleeding that is difficult to control
- Extremity injury with absent distal pulses
- Moderate/severe TBI
- Burns greater than 20% TBSA

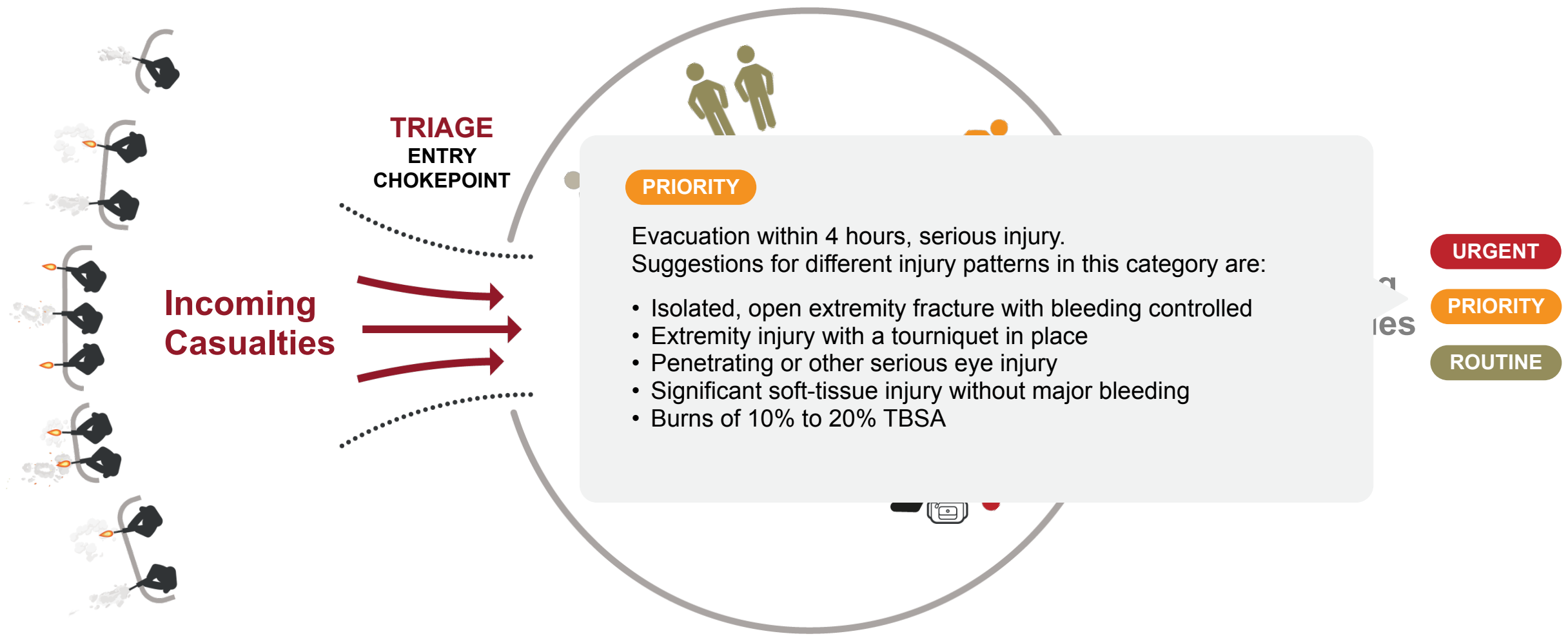
g
es

URGENT

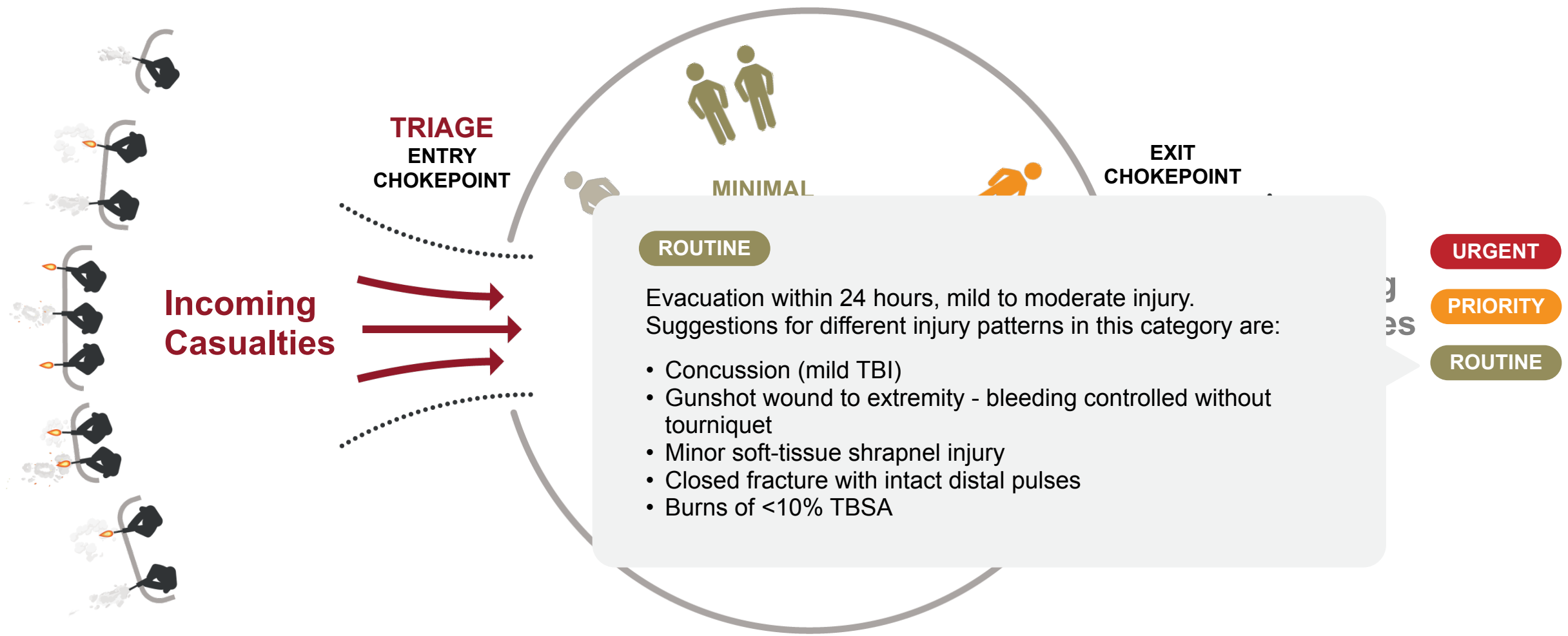
PRIORITY

ROUTINE

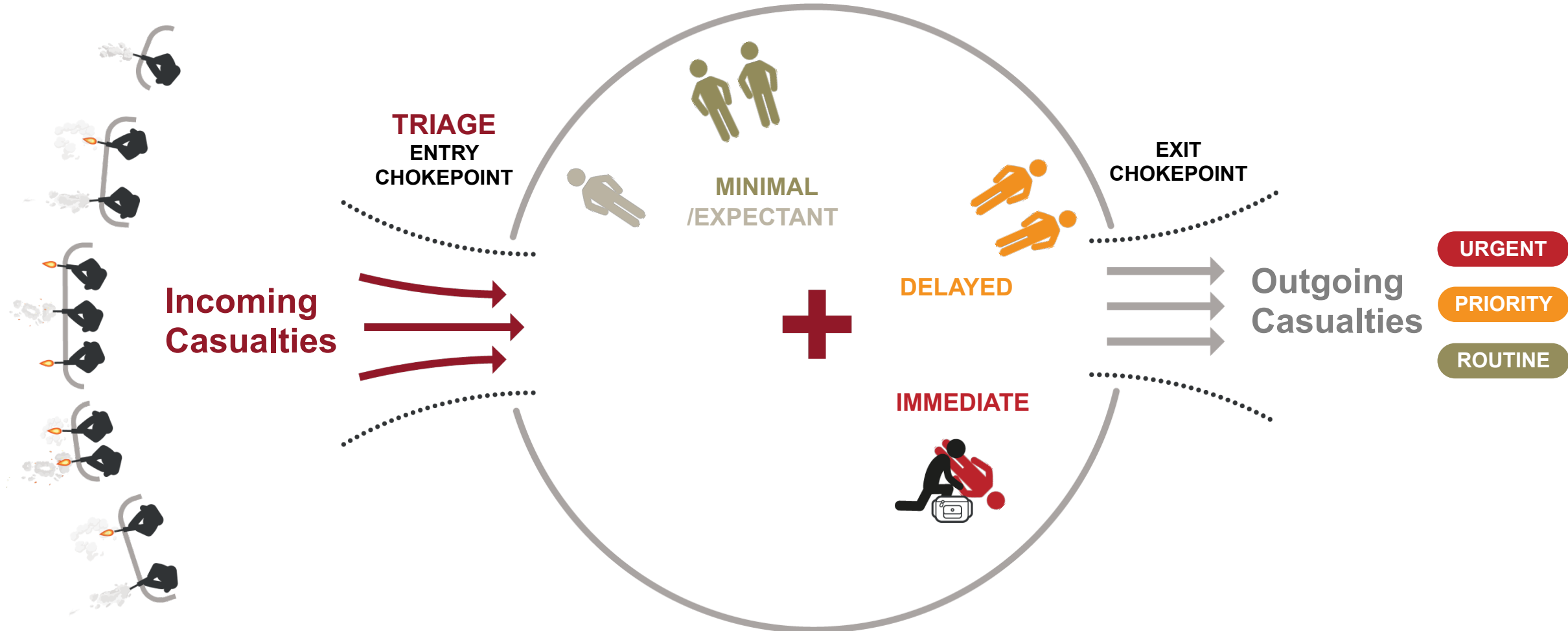
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



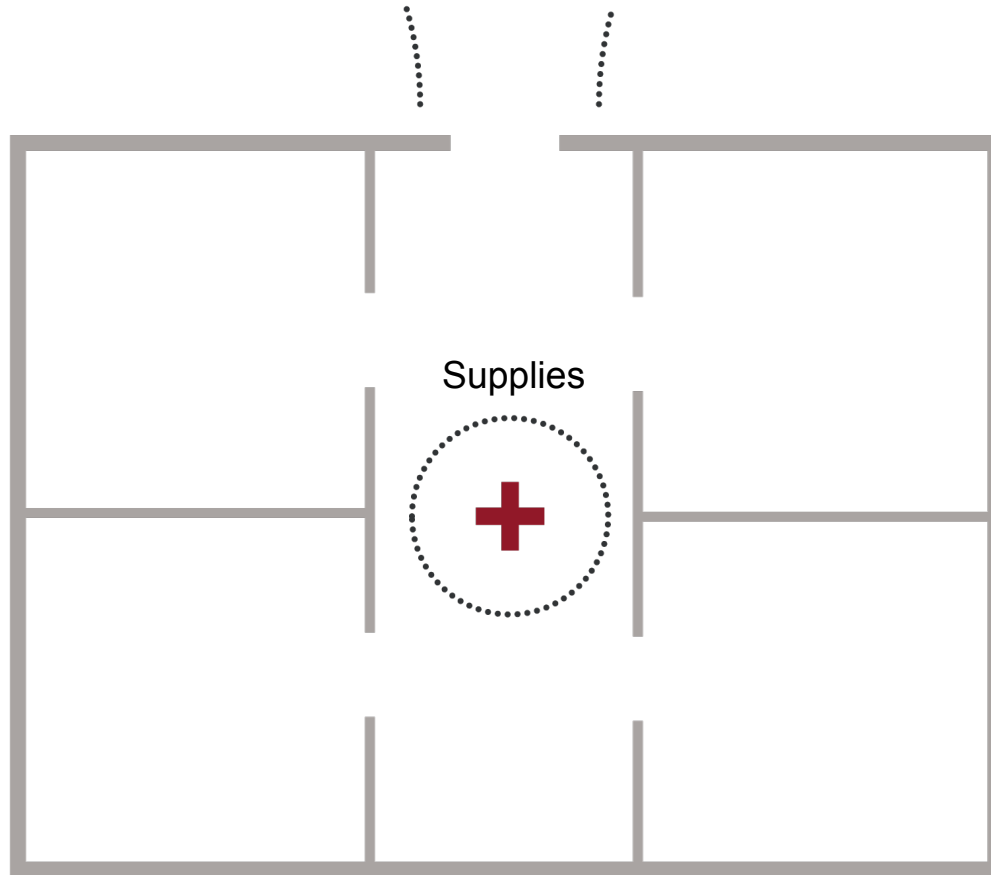
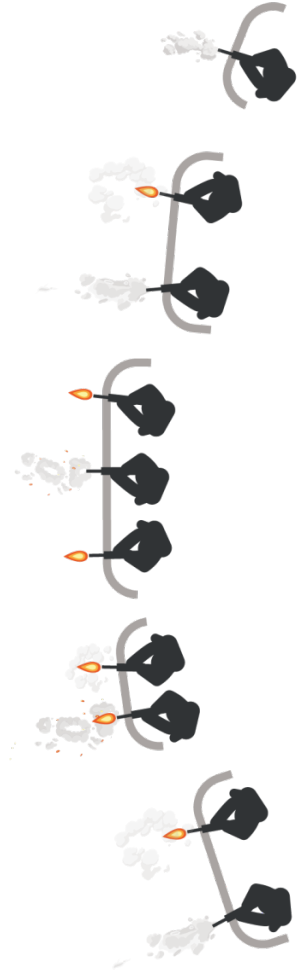
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



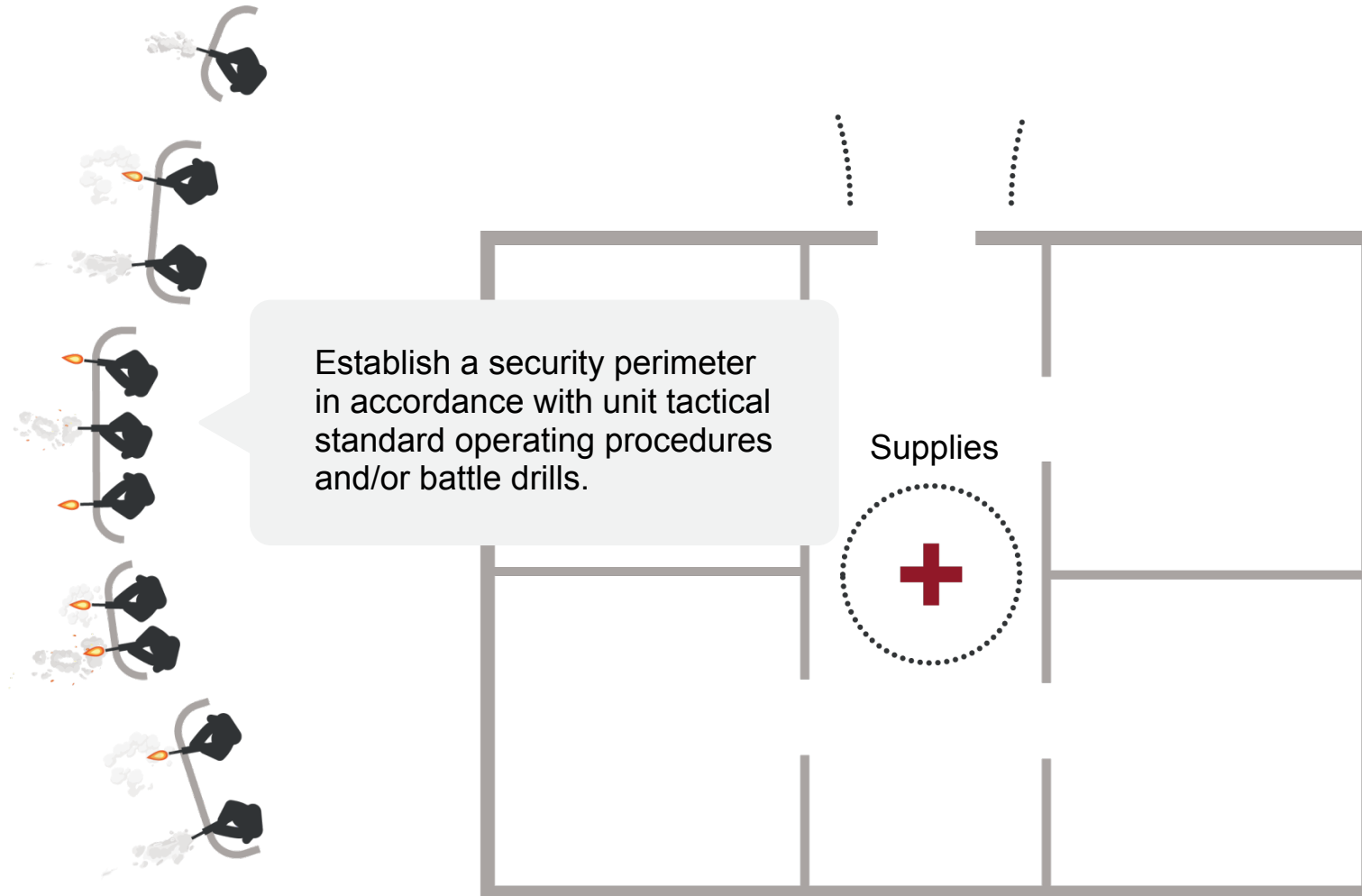
CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations



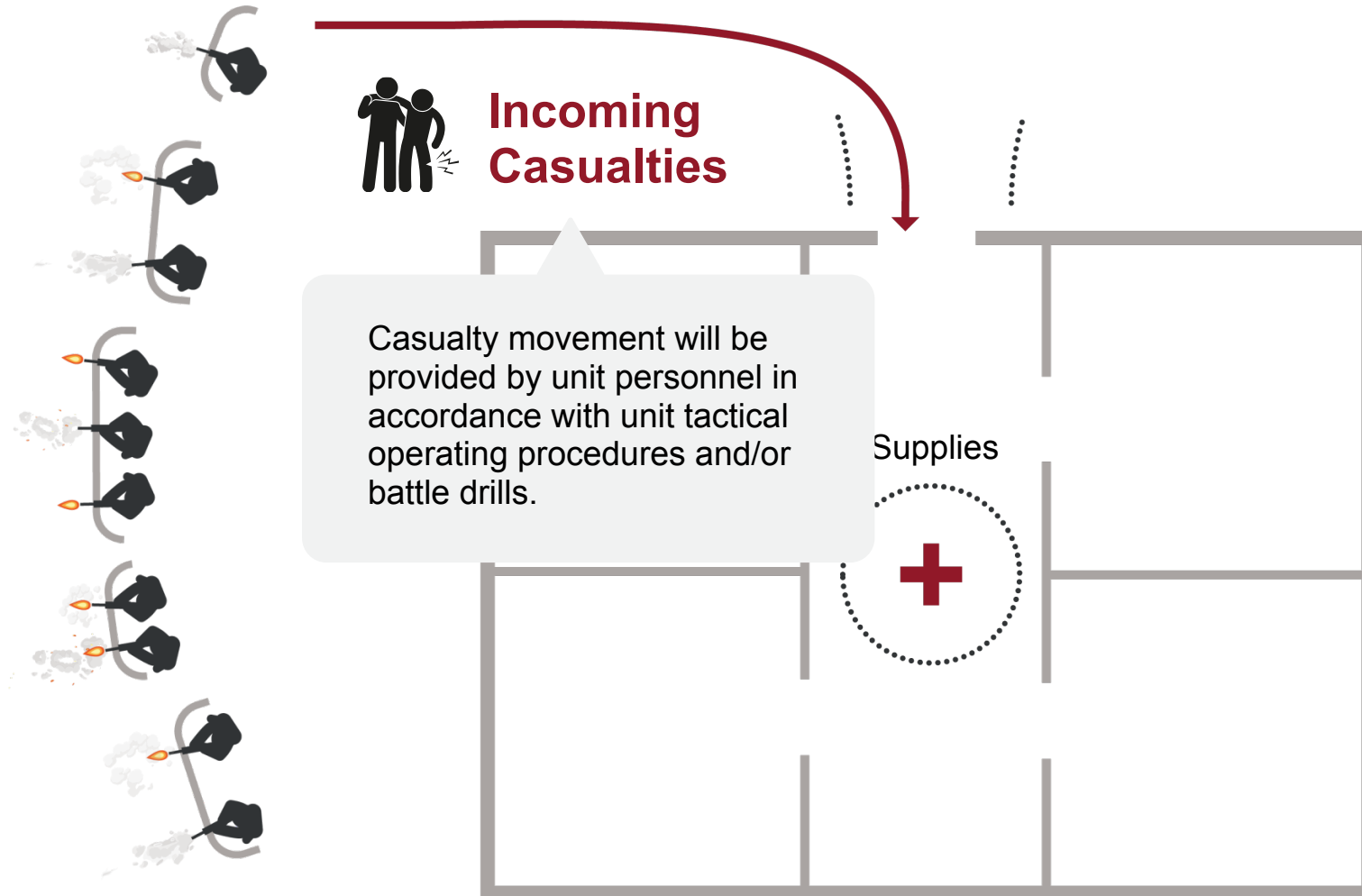
CASUALTY COLLECTION POINT LAYOUT consideration *(cont.)*



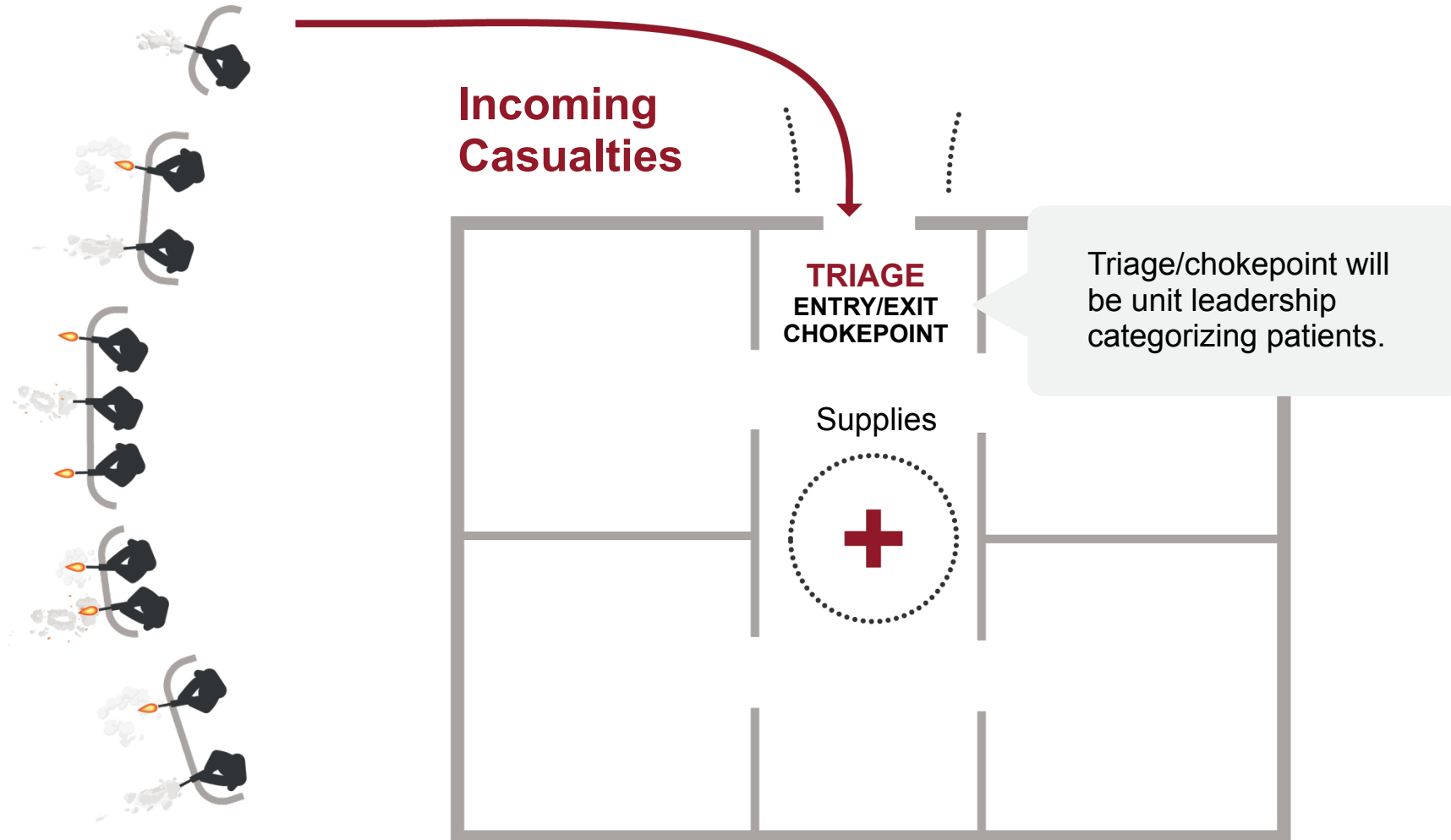
CASUALTY COLLECTION POINT LAYOUT (cont.)



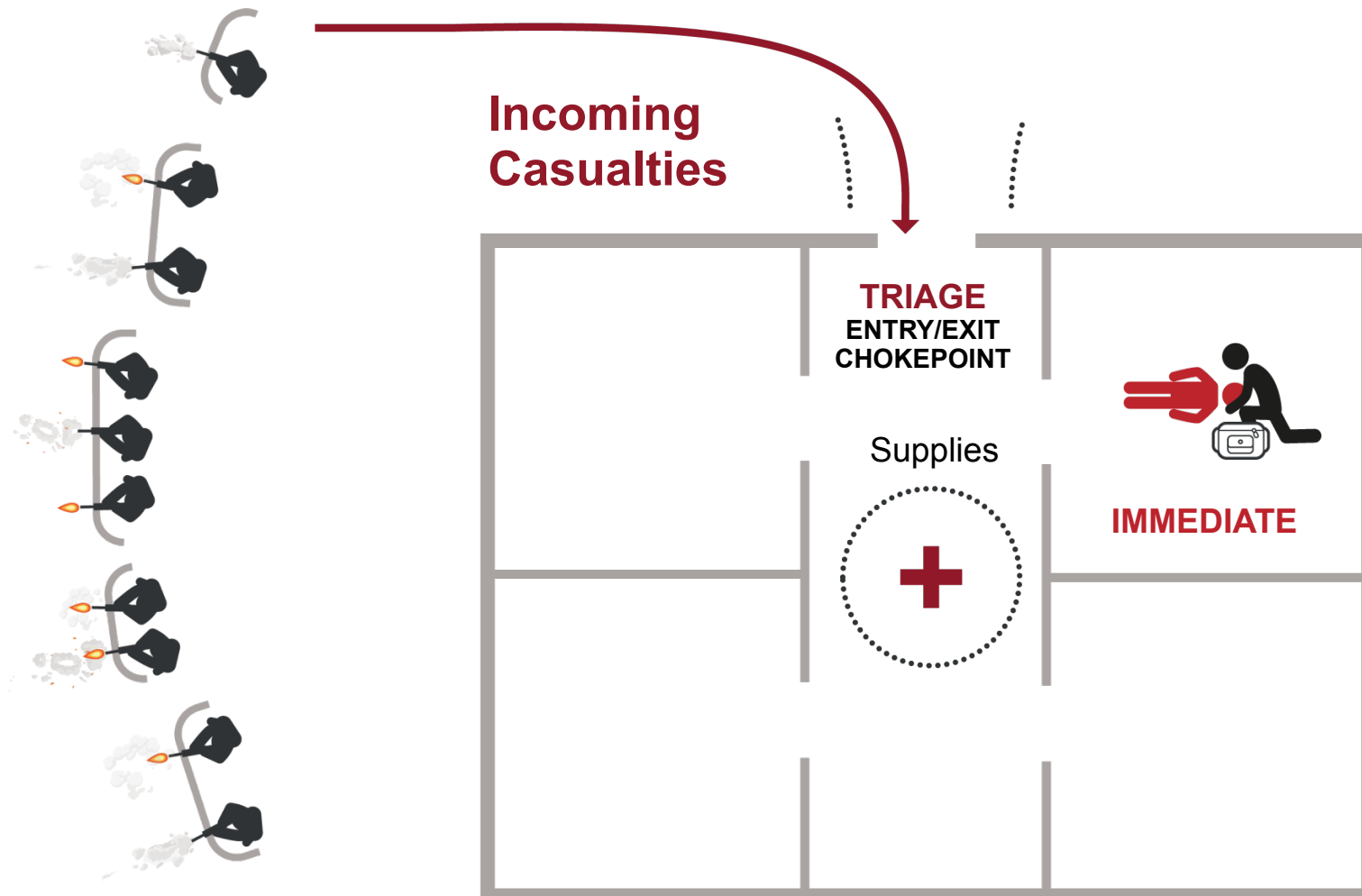
CASUALTY COLLECTION POINT LAYOUT (cont.)



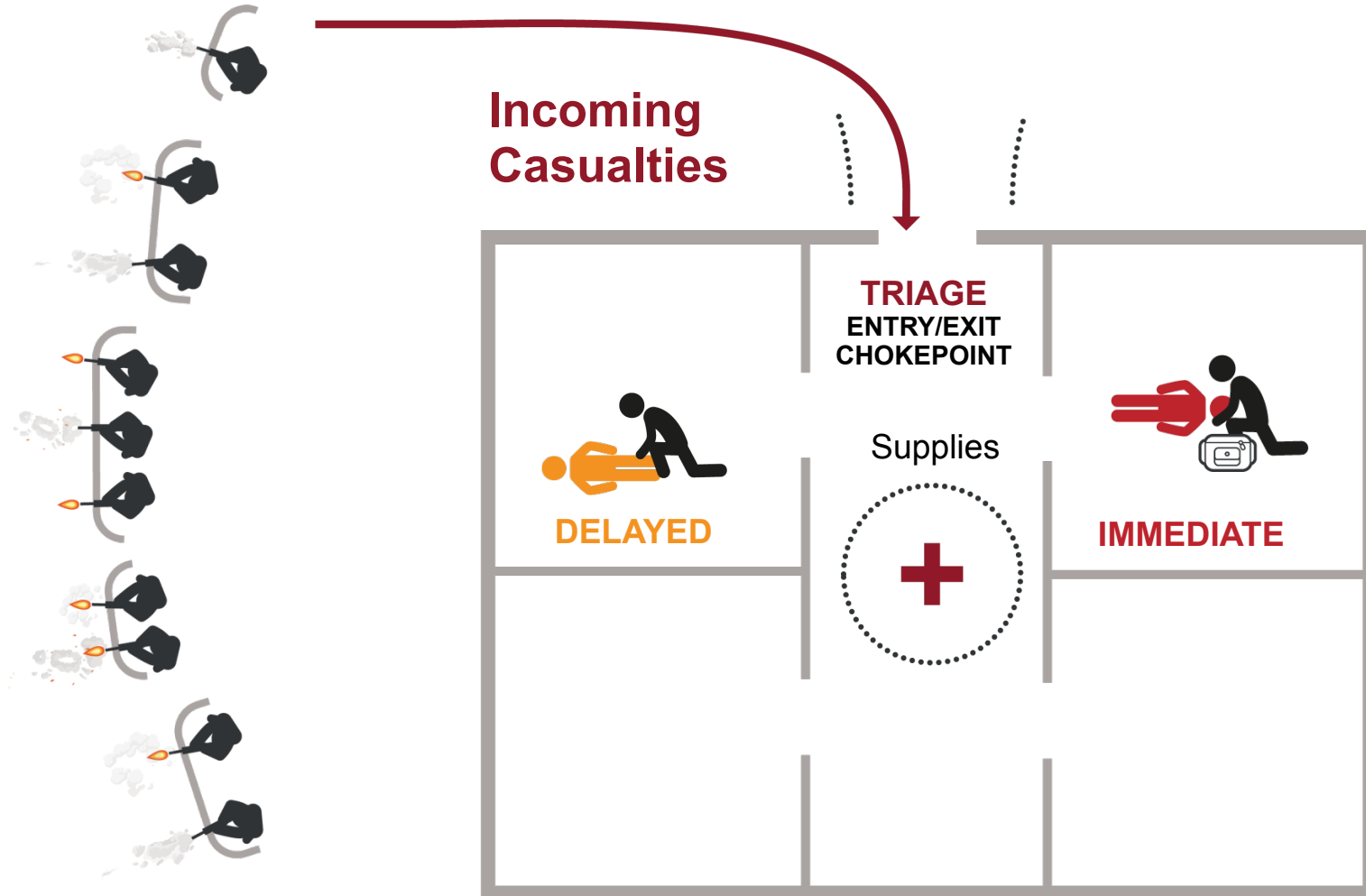
CASUALTY COLLECTION POINT LAYOUT (cont.)



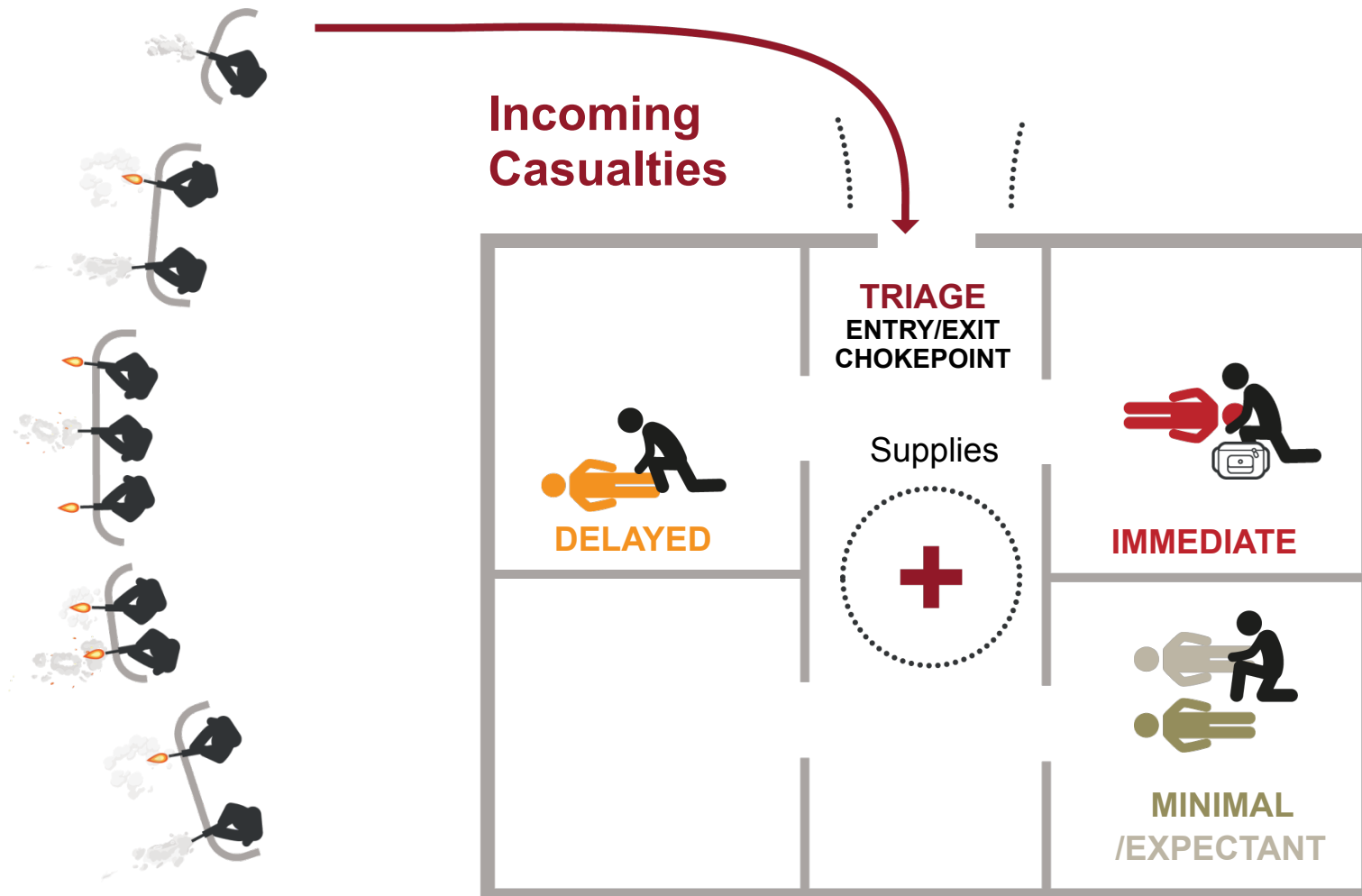
CASUALTY COLLECTION POINT LAYOUT (cont.)



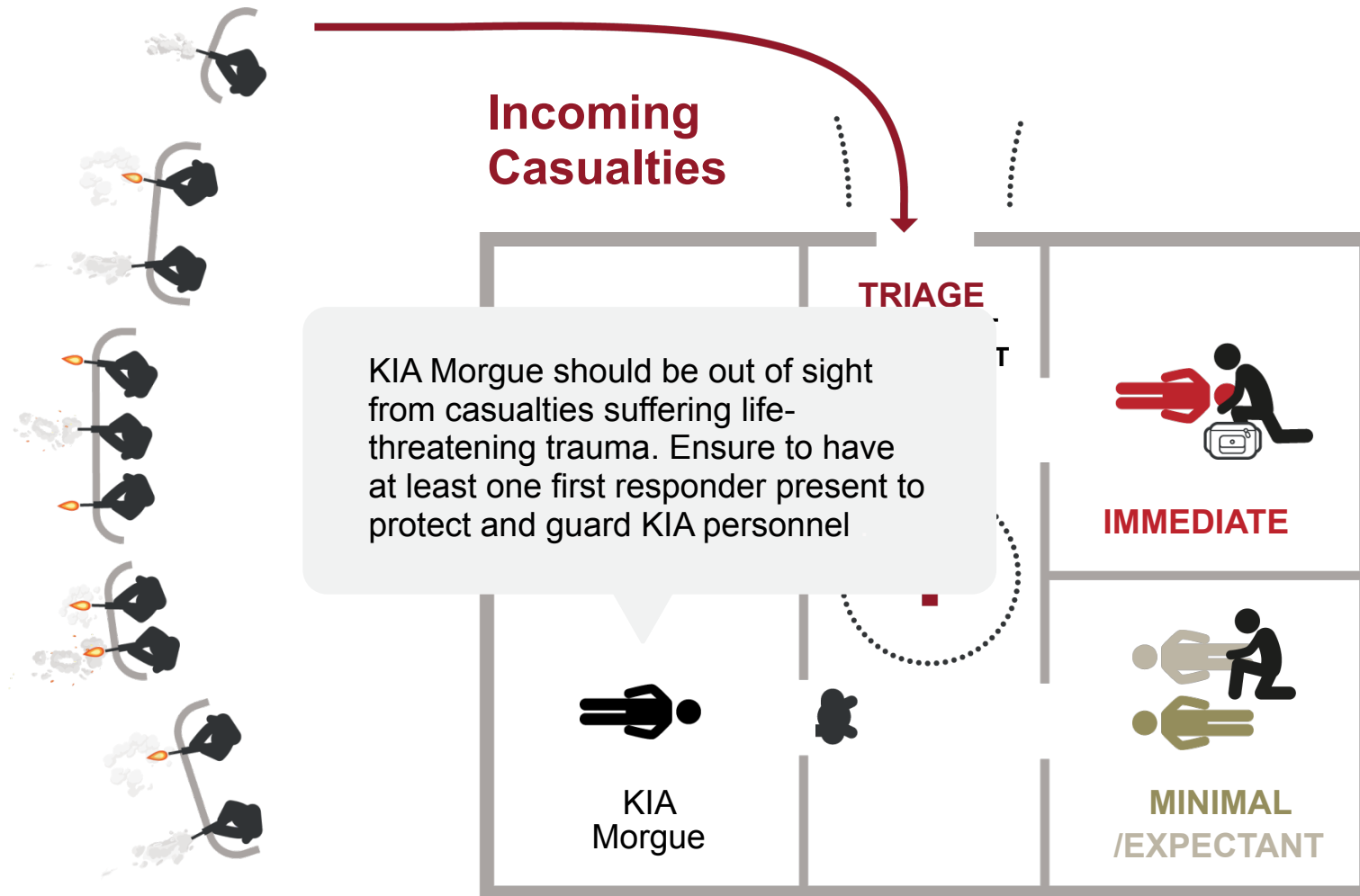
CASUALTY COLLECTION POINT LAYOUT (cont.)



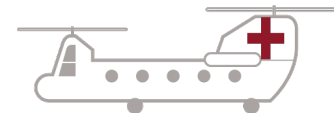
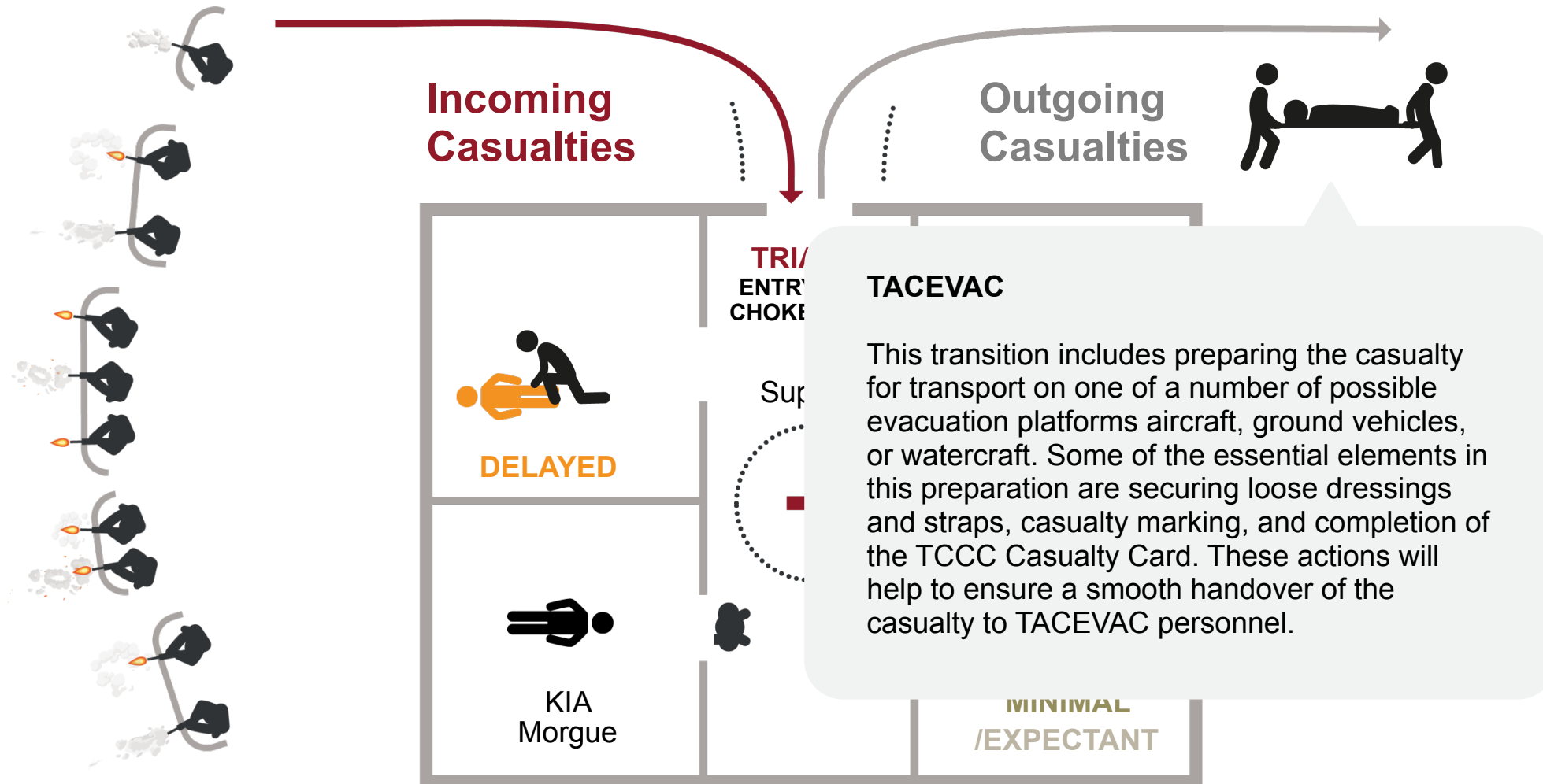
CASUALTY COLLECTION POINT LAYOUT (cont.)



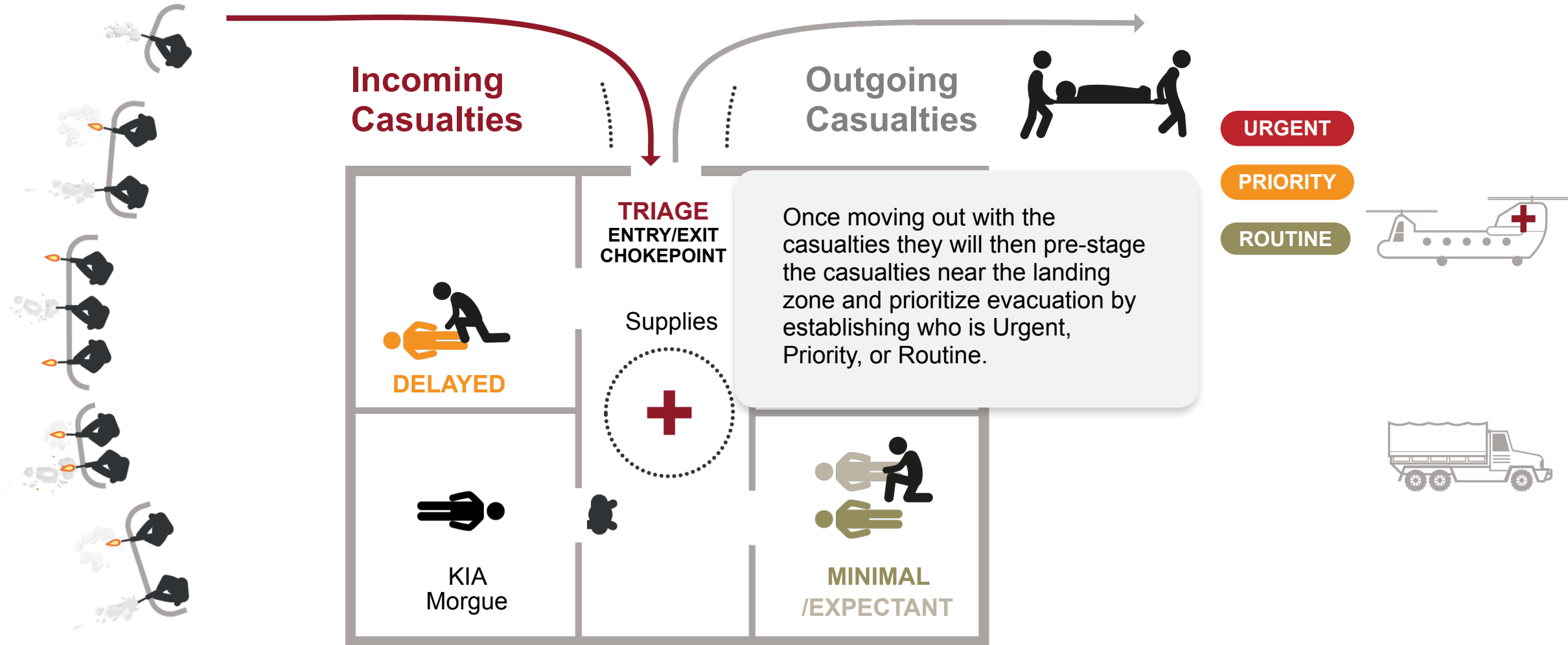
CASUALTY COLLECTION POINT LAYOUT (cont.)



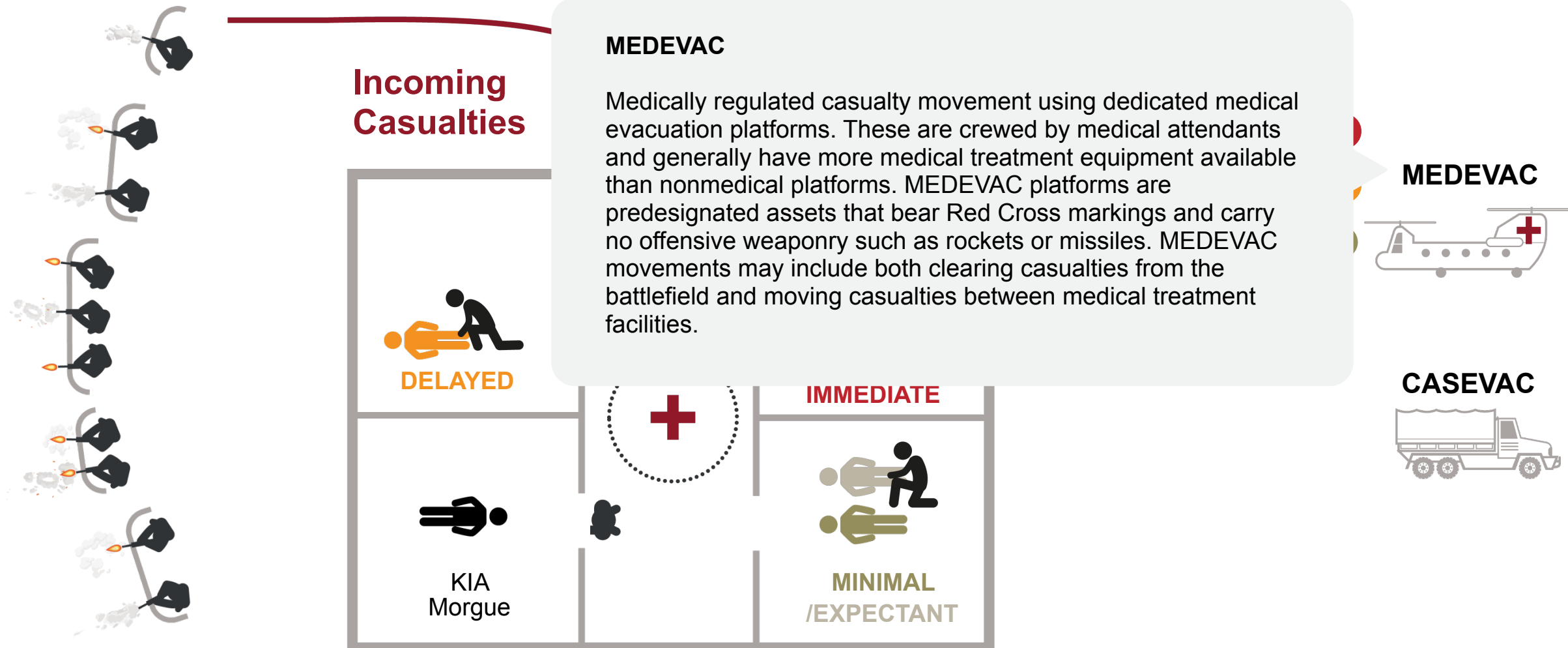
CASUALTY COLLECTION POINT LAYOUT (cont.)



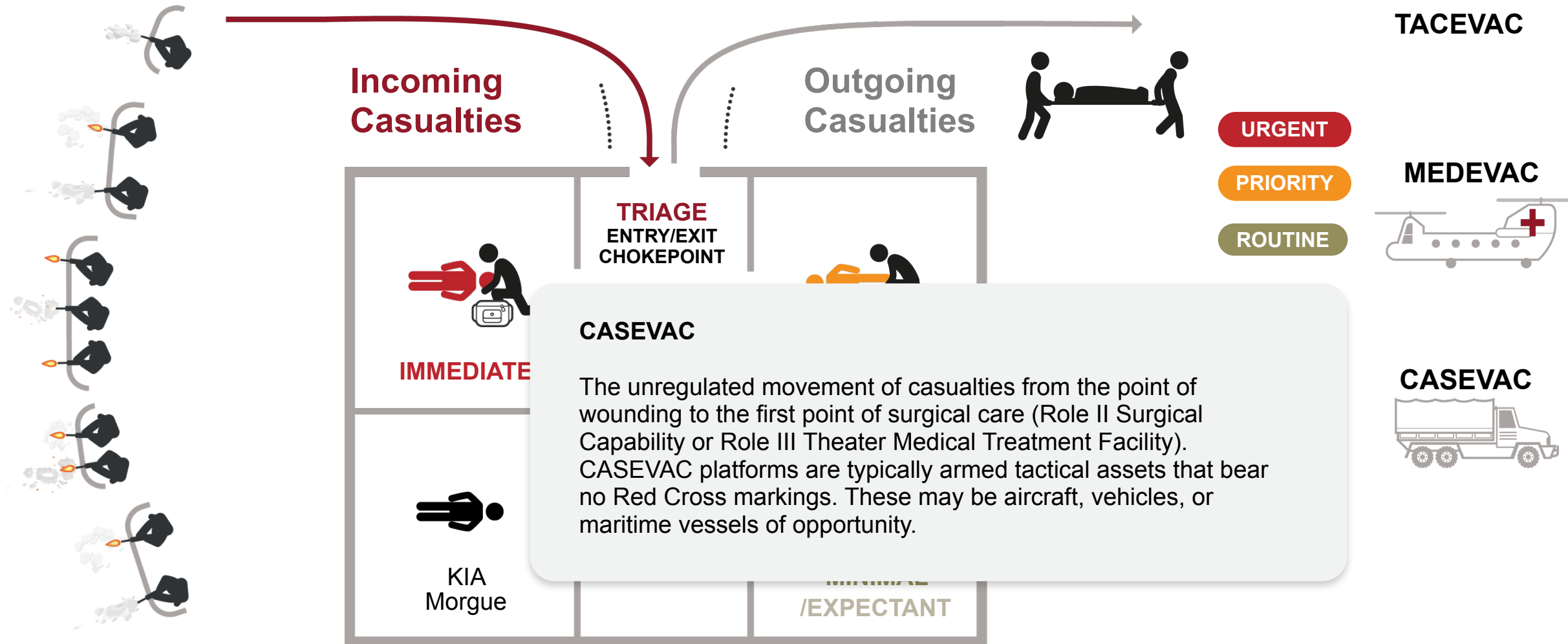
CASUALTY COLLECTION POINT LAYOUT (cont.)



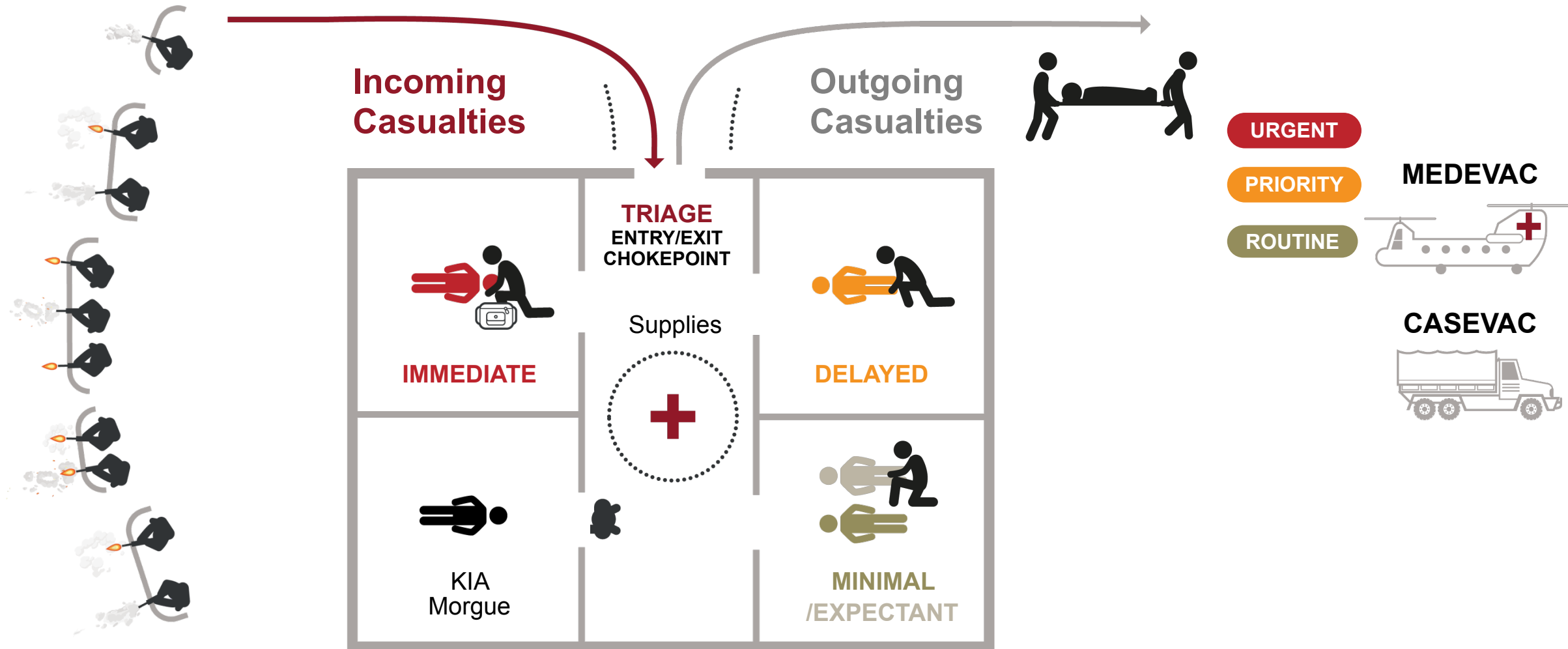
CASUALTY COLLECTION POINT LAYOUT (cont.)



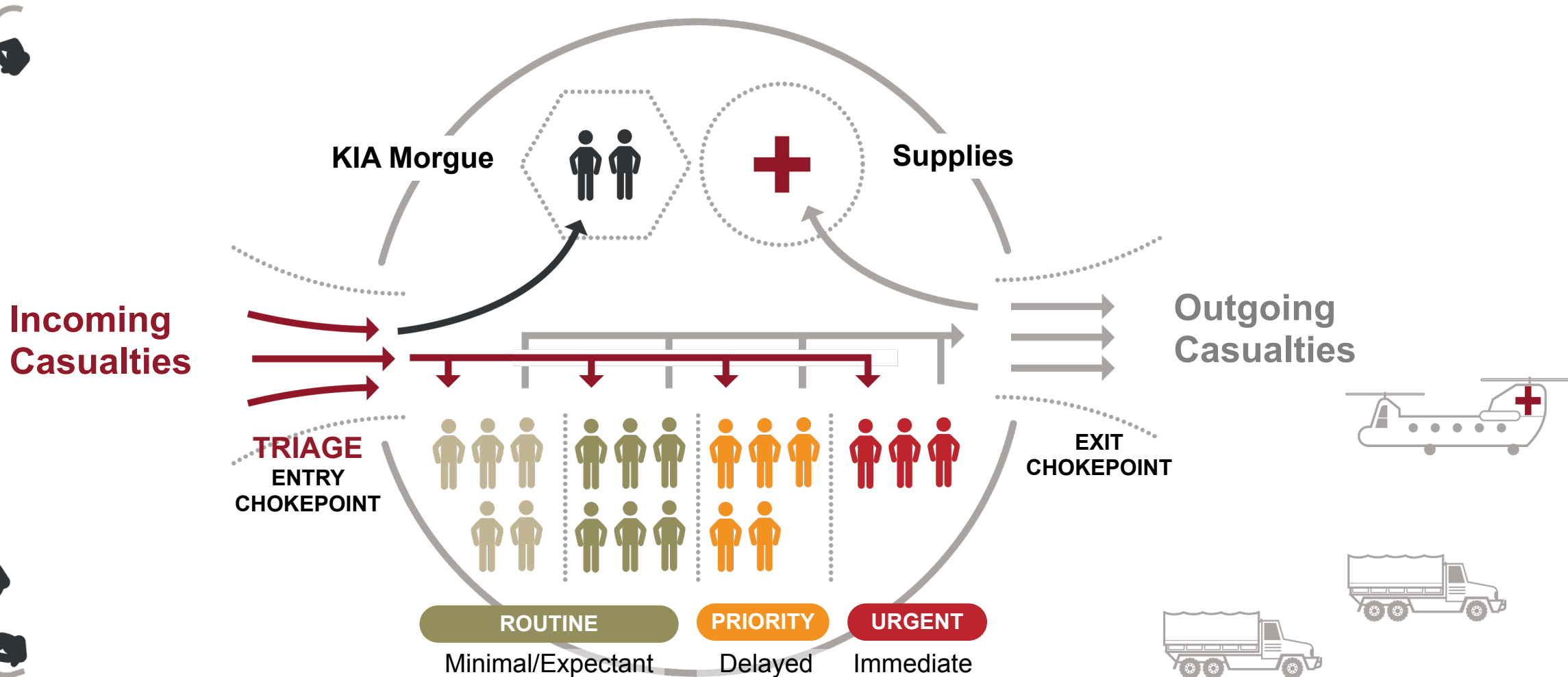
CASUALTY COLLECTION POINT LAYOUT (cont.)



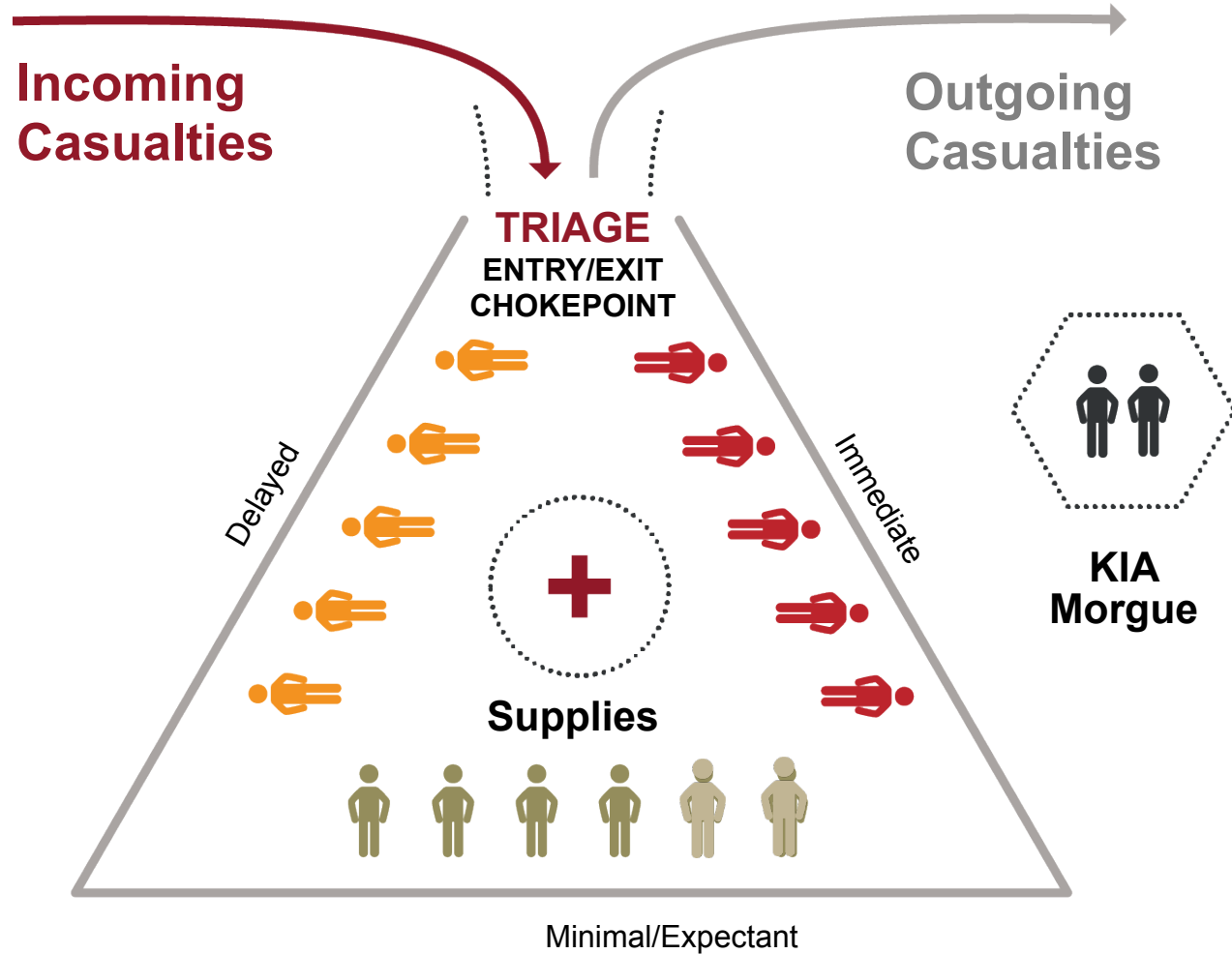
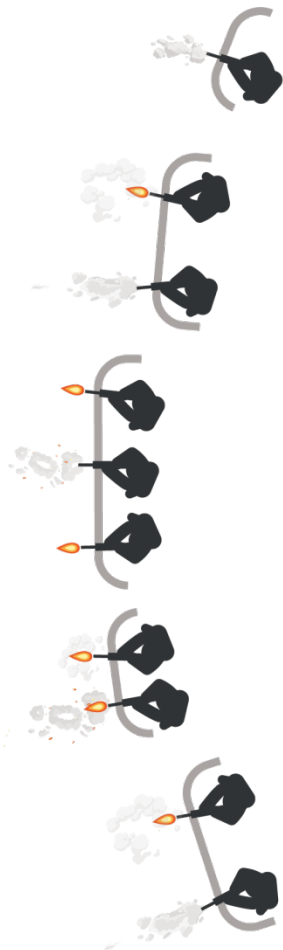
CASUALTY COLLECTION POINT LAYOUT (cont.)



CASUALTY COLLECTION POINT
LAYOUT AND RESPONSIBILITY considerations



CASUALTY COLLECTION POINT LAYOUT (cont.)



- URGENT
- ROUTINE
- PRIORITY

SUMMARY

What is **TACTICAL FIELD CARE**?

- **SECURITY AND TACTICAL SAFETY**
- **MARCH PAWS**
- **COMMUNICATION**
- **TRIAGE CONSIDERATIONS**
- **CASUALTY COLLECTION POINT**

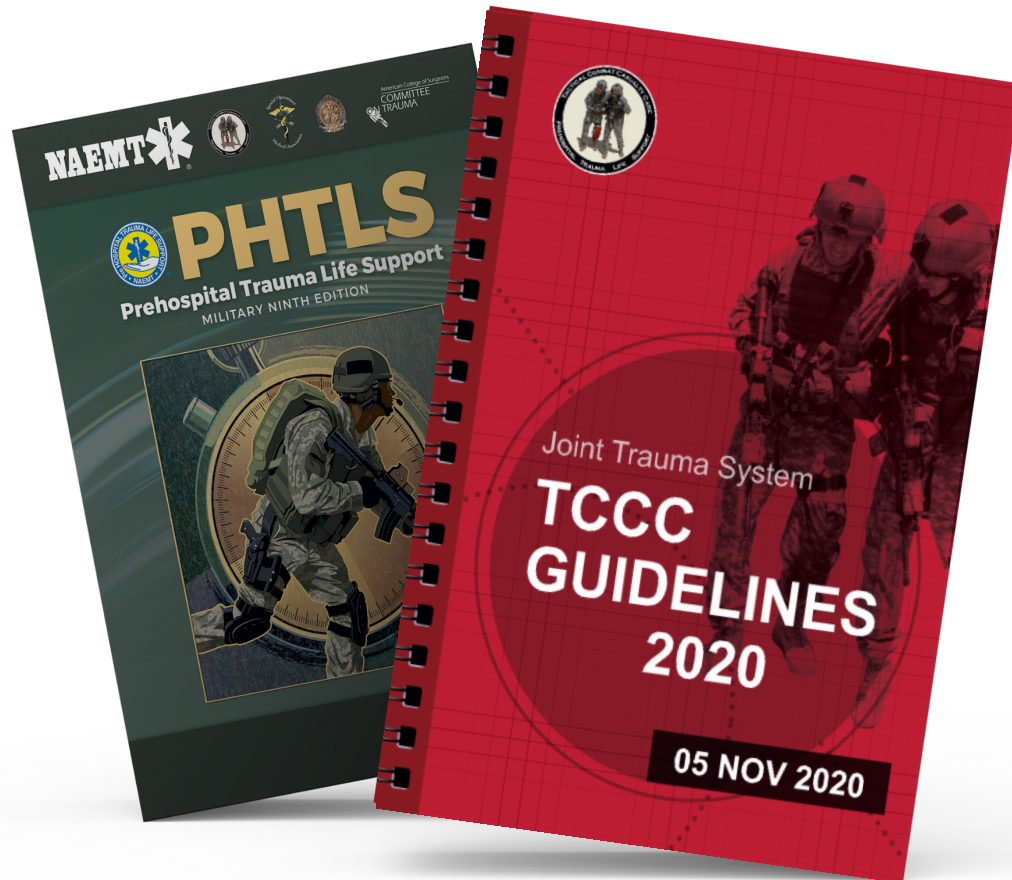
CHECK ON LEARNING

- ✓ What is the difference between **TFC** and **CUF**?
- ✓ **True or False:** During TFC, the tactical situation could change back to CUF again at any time.
- ✓ What is **MARCH PAWS**?
- ✓ What is triage?
- ✓ What is a **CCP**?



ANY QUESTIONS?

REFERENCES



TCCC: Guidelines

by JTS/CoTCCC

The latest edition is dated 05 November 2020. These guidelines, updated regularly, are the result of decisions made by CoTCCC in exploring evidence-based research on best practices.

PHTLS: Military Edition

by NAEMT

Prehospital Trauma Life Support (PHTLS), Military Edition, teaches and reinforces the principles of rapidly assessing a trauma patient using an orderly approach.