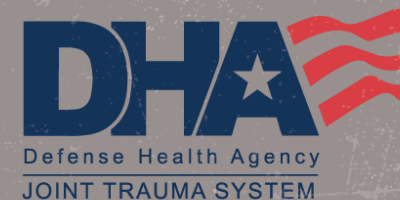




**COMBAT MEDIC/  
CORPSMAN**



# TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 1:  
PRINCIPLES AND APPLICATION OF  
TACTICAL COMBAT CASUALTY CARE  
(TCCC)



Committee on  
Tactical Combat  
Casualty Care  
(CoTCCC)

**TCCC TIER 1**  
All Service Members

**TCCC TIER 2**  
Combat Lifesaver

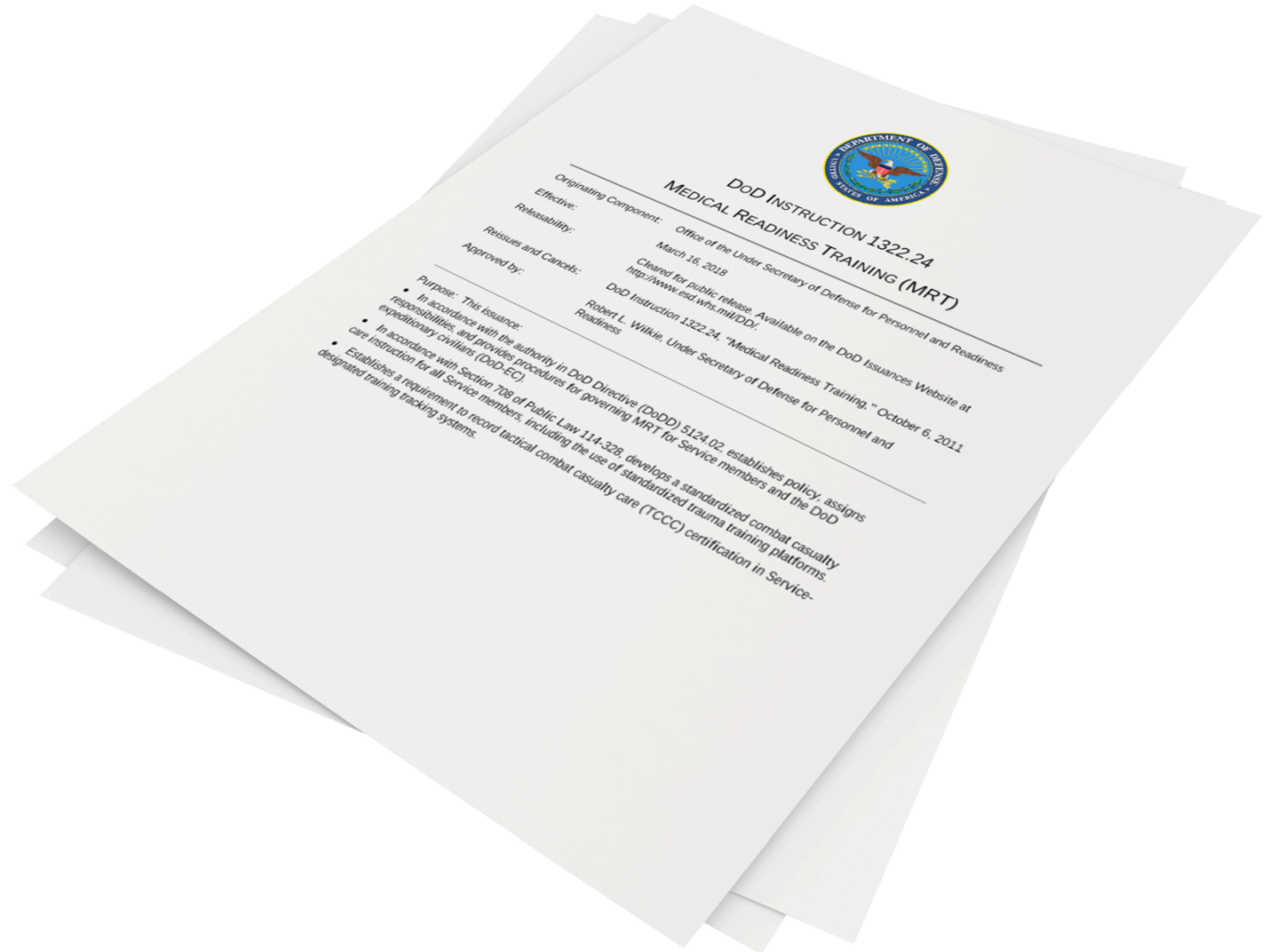
**TCCC TIER 3**  
Combat Medic/Corpsman

**TCCC TIER 4**  
Combat Paramedic/Provider

# NDA 2017 section 708 DoDI 1322.24

Standardizes Combat Casualty Care for all Service members

Covers the use of a standardized trauma training platform



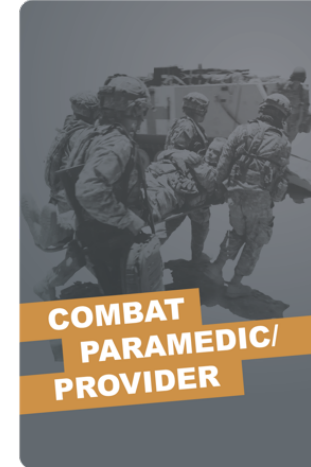
**TCCC ROLE-BASED TRAINING SPECTRUM**

**ROLE 1 CARE**

**NONMEDICAL  
PERSONNEL**



**MEDICAL  
PERSONNEL**



◀ **YOU ARE HERE**

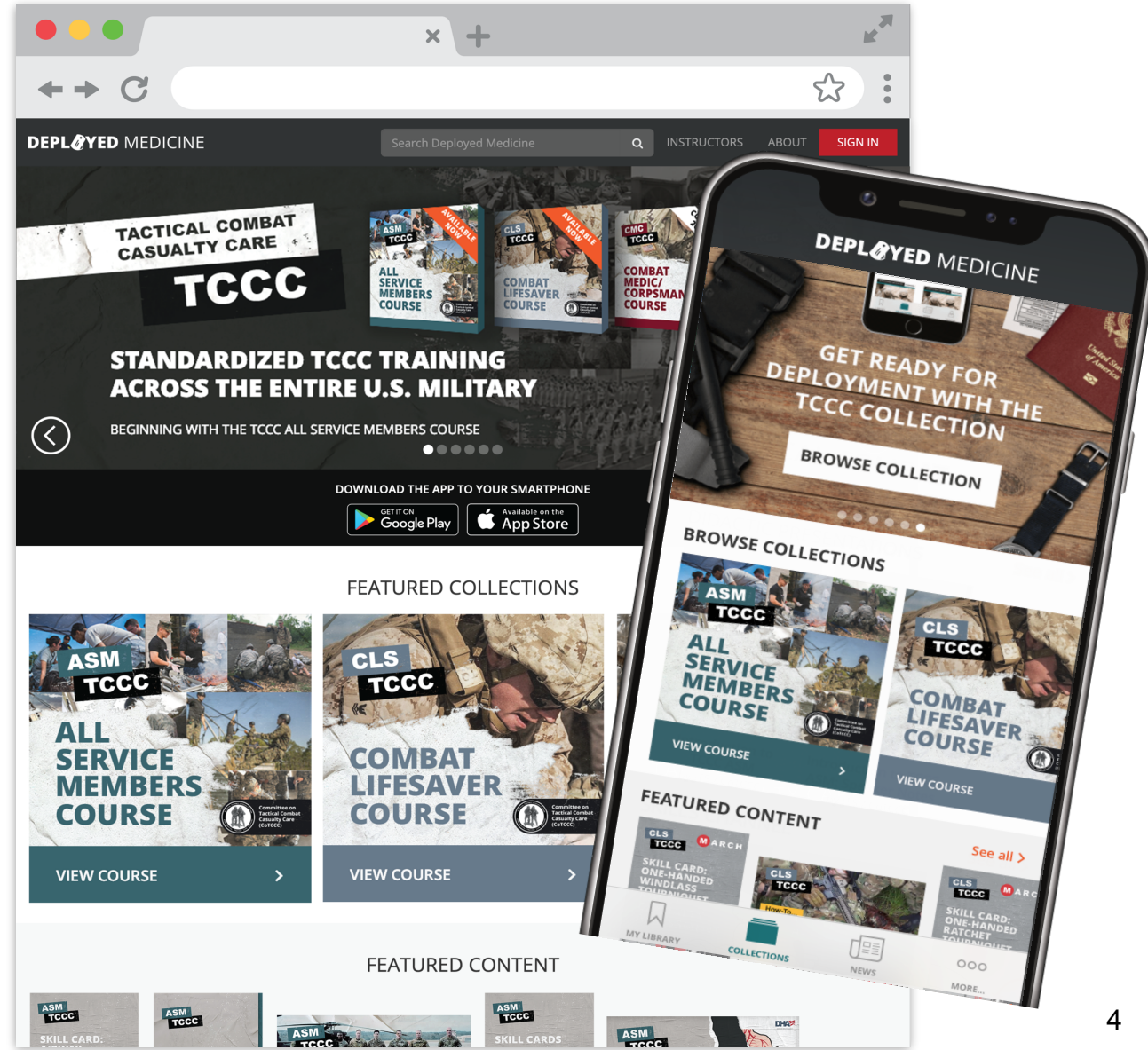
**JOINT STANDARDIZED CURRICULUM**

This isn't just your typical first aid training

# DEPLOYED MEDICINE

- Training & Education Resource
- All Service Members (ASM), Combat Lifesaver (CLS), Combat Medic /Corpsman (CMC), and Combat Paramedic/Provider (CPP) TCCC Curriculum
- Updated videos, podcasts, and resources
- Download CPGs to your phone

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



# WHAT THIS COURSE CONTAINS

Principles and Applications of TCCC

Medical Equipment

Care Under Fire

Principles and Application of Tactical Field Care

Tactical Trauma Assessment

Massive Hemorrhage Control

Airway Management

Respiration Assessment and Management

Circulation/Hemorrhage Control

Shock Recognition and Management

Hemorrhagic Shock Fluid Resuscitation

Hypothermia Prevention

Head Injuries

Eye Injuries

Pain Medications (Analgesia)

Antibiotic Administration

Wound Management

Burns

Fractures

Casualty Monitoring


Communication

Cardiopulmonary Resuscitation










Documentation

Preparation for Evacuation

**2 x TERMINAL LEARNING OBJECTIVES****01 Given a combat or noncombat scenario, perform Tactical Combat Casualty Care (TCCC) in accordance with the Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines.**

-  1. 1 Demonstrate the application of Tactical Combat Casualty Care skills in a combat or noncombat scenario (Comprehensive Module Practical Exercise).

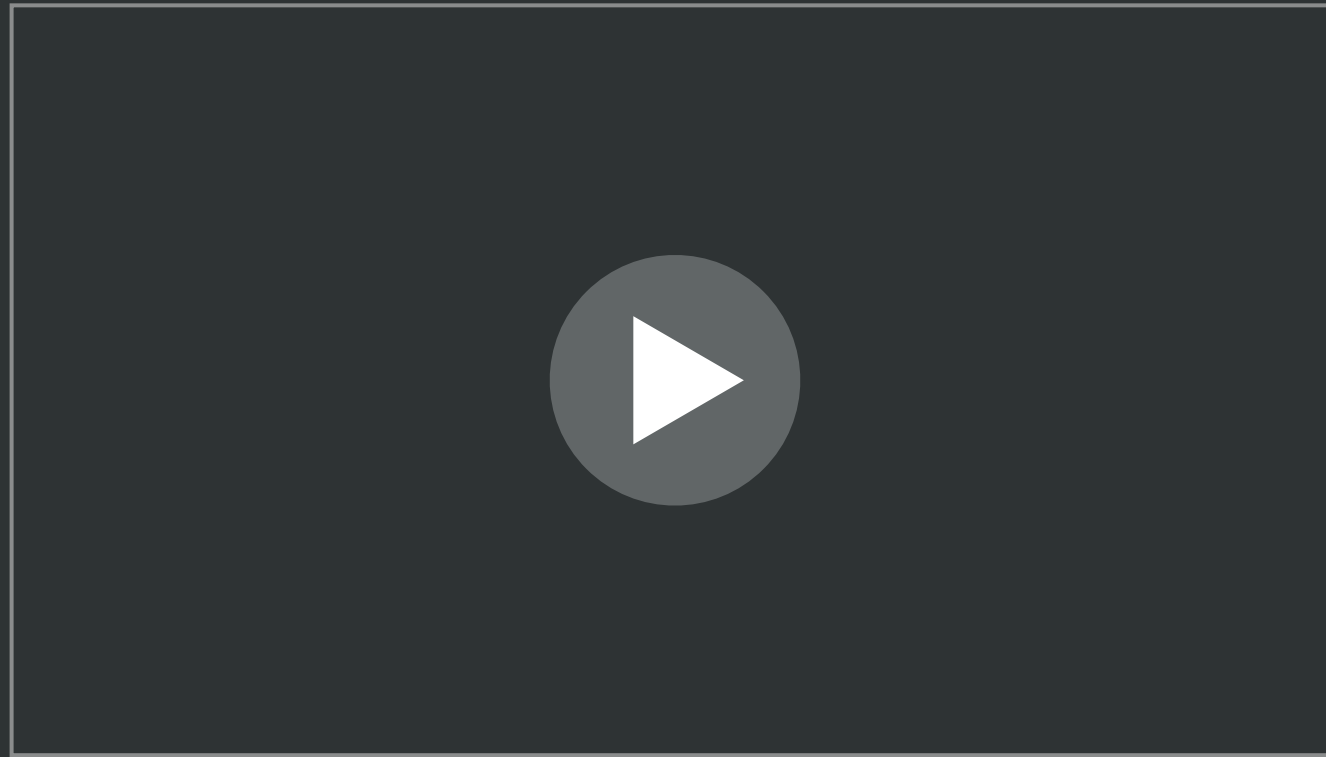
**02 Describe the practice of TCCC in accordance with CoTCCC Guidelines.**

-  2.1 Identify the leading causes of preventable death due to traumatic injuries and the corresponding interventions to help increase chances of survival. (ASM T1:E1)
-  2.2 Describe the TCCC Phases of Care and how intervention priorities differ in each phase, in accordance with CoTCCC Guidelines. (CLS T2:E3)
-  2.3 Describe the application of TCCC in combat and noncombat settings across different environments. (CLS T2:E4)
-  2.4 Describe the role and responsibilities of all non-medical and medical personnel in rendering TCCC care in accordance with Joint Publication 4-02 and DoDI 1322.24.
-  2.5 Identify the key factors influencing TCCC. (CLS T2:E6)
-  2.6 Identify the importance of TCCC training. (CLS T2:E7)
-  2.7 Identify the three objectives (or goals) of TCCC. (CLS T2:E8)
-  2.8 Identify the lifesaving impacts of TCCC implementation in prehospital trauma care.
-  2.9 Identify methods used to stay current and up to date with TCCC Guidelines and protocols.

**10 x ENABLING LEARNING OBJECTIVES**

**#** = Terminal Learning Objectives    = Cognitive ELOs    = Performance ELOs

# Intro to Tactical Combat Casualty Care (TCCC) Overview



*Video can be found on [deployedmedicine.com](http://deployedmedicine.com)*

# LEADING CAUSES OF PREVENTABLE DEATH DUE TO **TRAUMATIC INJURIES**



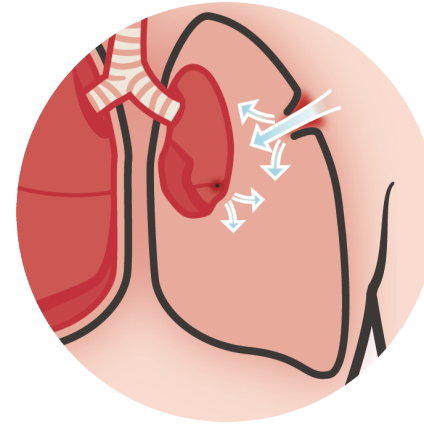
**EXTREMITY HEMORRHAGE**

**Intervention:**  
limb tourniquet



**JUNCTIONAL HEMORRHAGE**

**Intervention:**  
hemostatic dressing and wound packing;  
junctional tourniquet



**TENSION PNEUMOTHORAX**

**Intervention:**  
Needle Decompression of the Chest (NDC)



**AIRWAY TRAUMA/ OBSTRUCTION**

**Intervention:**  
airway maneuvers,  
nasopharyngeal airway (NPA) or cricothyroidotomy



# Three PHASES of TCCC

1

**CARE UNDER  
FIRE (CUF)  
/ THREAT**

**RETURN FIRE  
AND TAKE COVER**

2

**TACTICAL  
FIELD CARE  
(TFC)**

**WORK UNDER COVER  
AND CONCEALMENT**

3

**TACTICAL  
EVACUATION  
CARE  
(TACEVAC)**

**MORE DELIBERATE  
ASSESSMENT AND PRE-  
EVACUATION PROCEDURES**

**NOTE:** This is covered in more advanced TCCC training!

# PHASE 1: CARE UNDER FIRE / THREAT

## RETURN FIRE AND TAKE COVER



**NEVER ATTEMPT** to rescue a casualty until hostile fire is **suppressed**



Using available resources, **ensure scene safety**

**DIRECT CASUALTY TO REMAIN ENGAGED**

**HAVE CASUALTY MOVE TO COVER AND APPLY SELF-AID**  
*(if able)*

**KEEP CASUALTY FROM SUSTAINING ADDITIONAL WOUNDS**

**STOP LIFE-THREATENING HEMORRAGE**  
*(if tactically feasible)*

**HAVE UNIT PERSONNEL MOVE CASUALTY TO COVER**  
*(if casualty is unable to move)*

# PHASE 1: CARE UNDER FIRE / THREAT (CONT.)

**CASUALTIES SHOULD BE EXTRACTED AND MOVED** to relative safety once scene is secure



Stop the burning process, if relevant

**STOP LIFE-THREATENING EXTERNAL HEMORRAGE** (if tactically feasible)




For life-threatening bleeding, place a tourniquet over the uniform "**proximal**" to the bleeding site(s)



NOTE: If life-threatening bleeding is not readily apparent, place tourniquet as proximal as possible on injured limb

**MOVE CASUALTY**



 **IMPORTANT CONSIDERATION:** Continuously assess risks and make a plan before moving a casualty

# MARCH PAWS

## LIFE-THREATENING *(within TFC)*

- M** MASSIVE BLEEDING  
#1 priority
- A** AIRWAY
- R** RESPIRATION *(breathing)*
- C** CIRCULATION
- H** HYPOTHERMIA / HEAD INJURIES

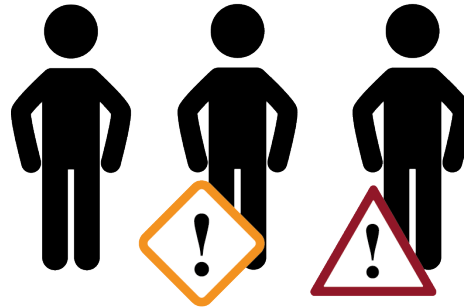
## AFTER LIFE-THREATENING

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

# PHASE 2: TACTICAL FIELD CCARE



**ESTABLISH SECURITY  
PERIMETER**



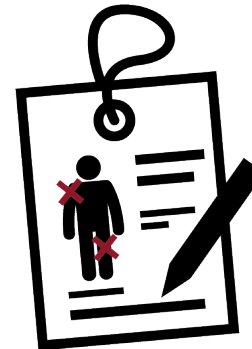
**TRIAGE  
CASUALTIES**



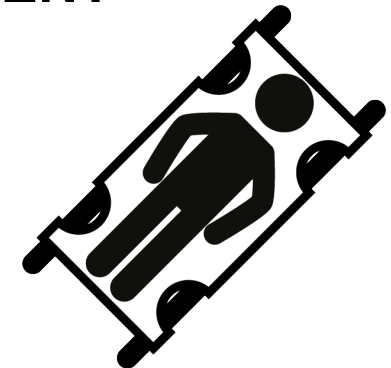
**ASSESSMENT  
AND TREATMENT**



**COMMUNICATION**



**DOCUMENTATION  
OF CARE**



**PREPARATION  
FOR EVACUATION**

# PHASE 2: TACTICAL FIELD CARE (CONT.)

## TACTICAL FIELD CARE



## LIMITED SUPPLIES



- The casualty and the person rendering care are **not** under direct fire
- TFC can turn into a Care Under Fire unexpectedly
- Personnel should maintain their **SITUATIONAL AWARENESS**

- Medical equipment and supplies are limited to what is carried into the field by the **CMC**, any **COMBAT LIFESAVER**, and the **INDIVIDUAL SERVICE MEMBER**

- Always use the casualty's **Joint First Aid Kit (JFAK)** first

 **REMEMBER:** Intervention priorities should follow **MARCH PAWS**

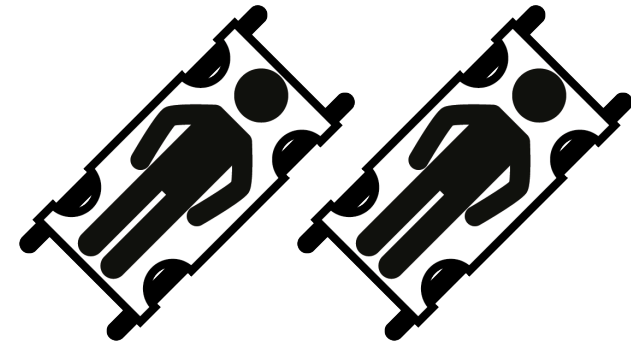
# PHASE 3: TACTICAL EVACUATION CARE



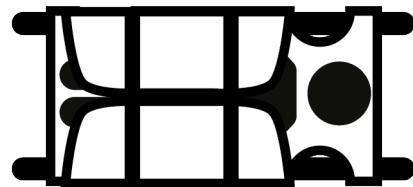
**ESTABLISHING  
EVACUATION POINT  
SECURITY**



**COMMUNICATING  
PATIENT INFORMATION**



**STAGING/LOADING  
CASUALTIES**



**SECURING  
CASUALTIES**



**REASSESSING/  
RE-EVALUATING**

# Three PHASES of TCCC

## 1 CUF

**RETURN FIRE  
AND TAKE COVER**

- Direct the casualty to remain engaged
- Direct the casualty to move to cover
- Keep casualty from sustaining additional wounds
- Stop life-threatening external hemorrhage
- Move casualty to cover

## 2 TFC

**WORK UNDER COVER AND  
CONCEALMENT**

- Establish a security perimeter and maintain tactical situational awareness
- Triage casualties
- Assess and treat following MARCH PAWS sequence
- Communicate
- Document care
- Prepare casualty for evacuation

## 3 TACEVAC

**DELIBERATE ASSESSMENT  
PRE-EVACUATION  
PROCEDURES**

- Establish evacuation point security and stage casualties
- Communicate patient information to TACEVAC
- TACEVAC personnel stage casualties on evacuation platforms
- Secure casualties in evacuation platform
- Re-assess and re-evaluate all injuries / interventions



# APPLICATION OF TCCC IN COMBAT VERSUS **NONCOMBAT** SETTINGS



**MOTOR VEHICLE  
ACCIDENT**



**ACTIVE SHOOTER**



**WORKPLACE  
ACCIDENT**



**REMEMBER!** The principles of TCCC apply to all of these varied-use cases

# APPLICATION OF TCCC IN **DIFFERENT** ENVIRONMENTS



**CIVILIAN OR MILITARY  
HOSPITAL SETTING**

**VS**



**COMBAT OR AUSTERE  
FIELD SETTING**

# ROLES AND RESPONSIBILITIES OF ALL SERVICE MEMBERS

## CARE UNDER FIRE/THREAT

In a **CUF** situation the  
All Service Member should:

- Ensure scene safety
- Move casualty to safety
- Identify and control  
life-threatening bleeding

## TACTICAL FIELD CARE

In a **TFC** situation, the  
All Service Member should:

- Rapid Casualty Assessment (RCA)
- Follow MARCH sequence to render  
any treatments indicated
- Seek help as directed by Unit  
Standard Operating Procedure(s)

# ROLES AND RESPONSIBILITIES OF COMBAT LIFESAVERS

## CARE UNDER FIRE/THREAT

In a **CUF** situation the Combat Lifesaver should:

- Suppress hostile fire to minimize the risk of injury to personnel and minimize additional injury to previously injured Service members
- Assist in providing self-aid and moving casualties, if feasible

## TACTICAL FIELD CARE

In a **TFC** situation, the Combat Lifesaver should:

- Maintain security and situational awareness
- Perform casualty assessments
- Follow MARCH PAWS protocol to render any treatments indicated
- Support the CMC, as directed

# ROLES AND RESPONSIBILITIES OF THE CMC

## CARE UNDER FIRE/THREAT

The CMC should:

- Suppress hostile fire to minimize risk of new or additional injury to previously injured Service members
- Assist in providing self-aid and moving casualties, if feasible

## TACTICAL FIELD CARE

The CMC should:

- Assume the **primary role** for casualty assessment and treatment
- Manage and direct the casualty response system utilizing all available responders

## TACTICAL EVACUATION CARE

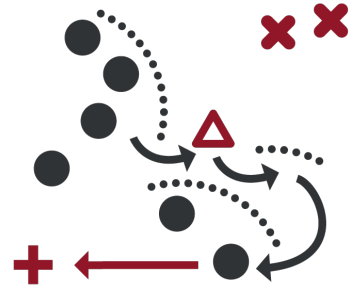
The CMC should:

- Reassess casualties for the arrival of evacuation assets
- Communicate findings to the TACEVAC medical personnel
- Ensure proper staging and support loading
- Secure casualties on the evacuation platform

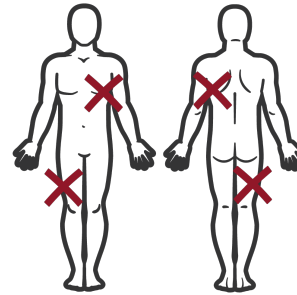
# THE **KEY FACTORS** INFLUENCING TCCC



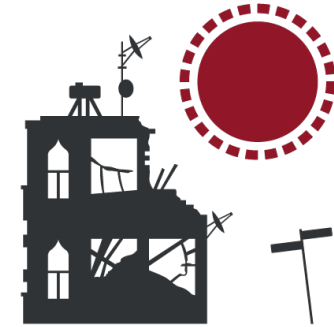
Hostile fire



Tactical considerations



Wounding patterns



Environmental considerations



Level of first responder training and experience



Equipment constraints



Delays in reaching higher levels of care

# IMPORTANCE OF TCCC TRAINING

**Application of TCCC** has resulted in the lowest preventable death rate ever

- Individuals who are regularly trained in **TCCC** are **COMBAT-READY** when they deploy
- Units that train together perform more efficiently in an operational setting
- During training, CMC can identify outstanding performers to use as extenders and first responders who might benefit from additional mentorship



# THE THREE OBJECTIVES OF TCCC



**Treat the casualty**



**Prevent additional  
casualties**



**Complete the  
mission**



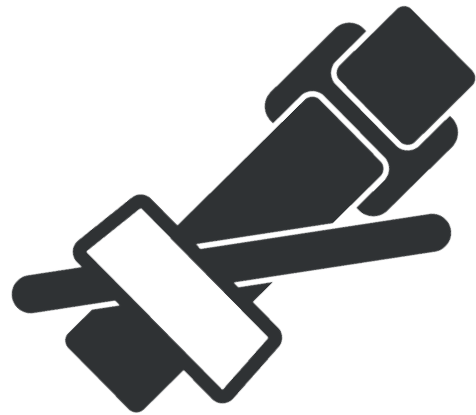
# LIFESAVING IMPACTS OF IMPLEMENTING TCCC IN PREHOSPITAL TRAUMA CARE



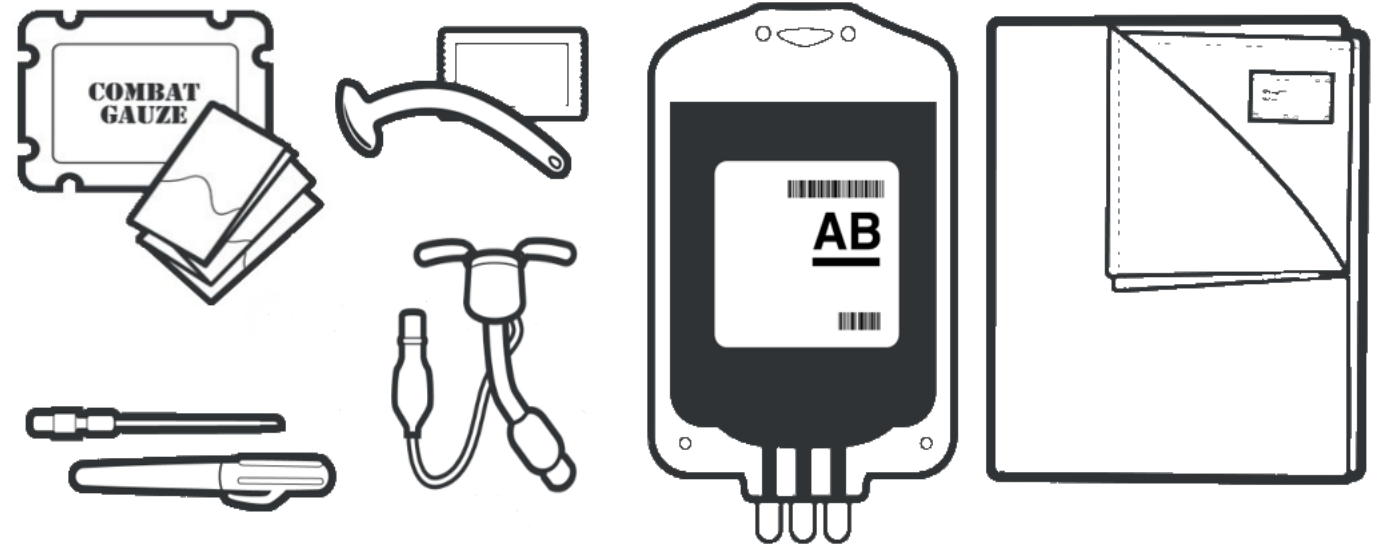
8 of 12

deaths from potentially survivable injuries might have been prevented by the proper application of TCCC principles

# LIFESAVING IMPACTS OF IMPLEMENTING TCCC IN PREHOSPITAL TRAUMA CARE



In addition to tourniquet guidance, many other TCCC advances have now been widely adopted

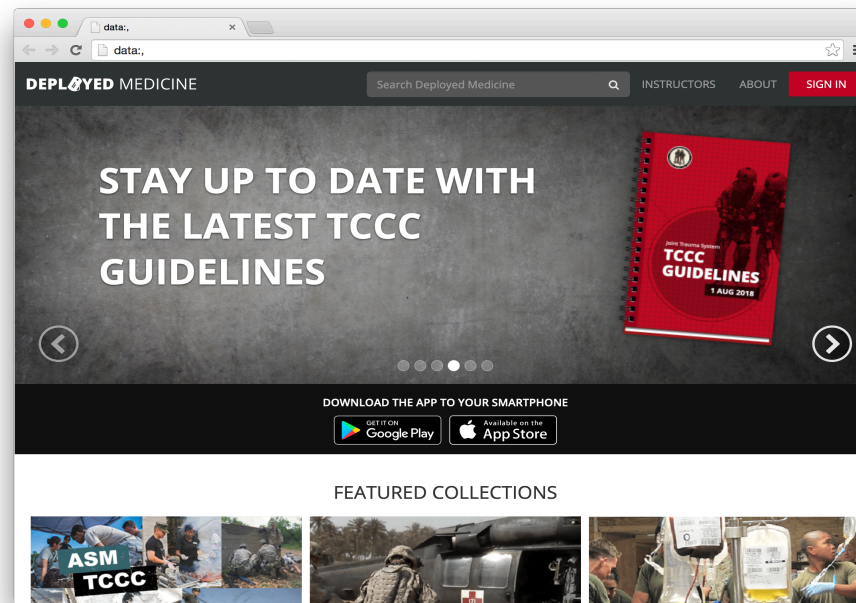
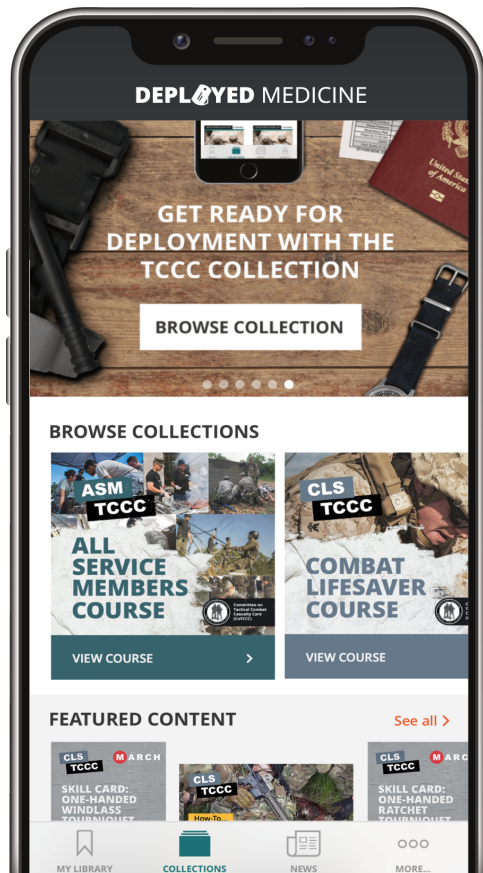


**Including:** hemostatic dressing and wound packing; junctional tourniquet, needle decompression of the chest, nasopharyngeal airway, cricothyroidotomy, extraglottic airway, resuscitation with blood products, and hypothermia prevention, to mention a few

# STAYING UP TO DATE WITH TCCC GUIDELINES AND PROTOCOLS

The TCCC Guidelines are reviewed quarterly and updated as needed by CoTCCC

Once approved by the Director of the Joint Trauma System (JTS), the updated version of the TCCC Guidelines is published through:



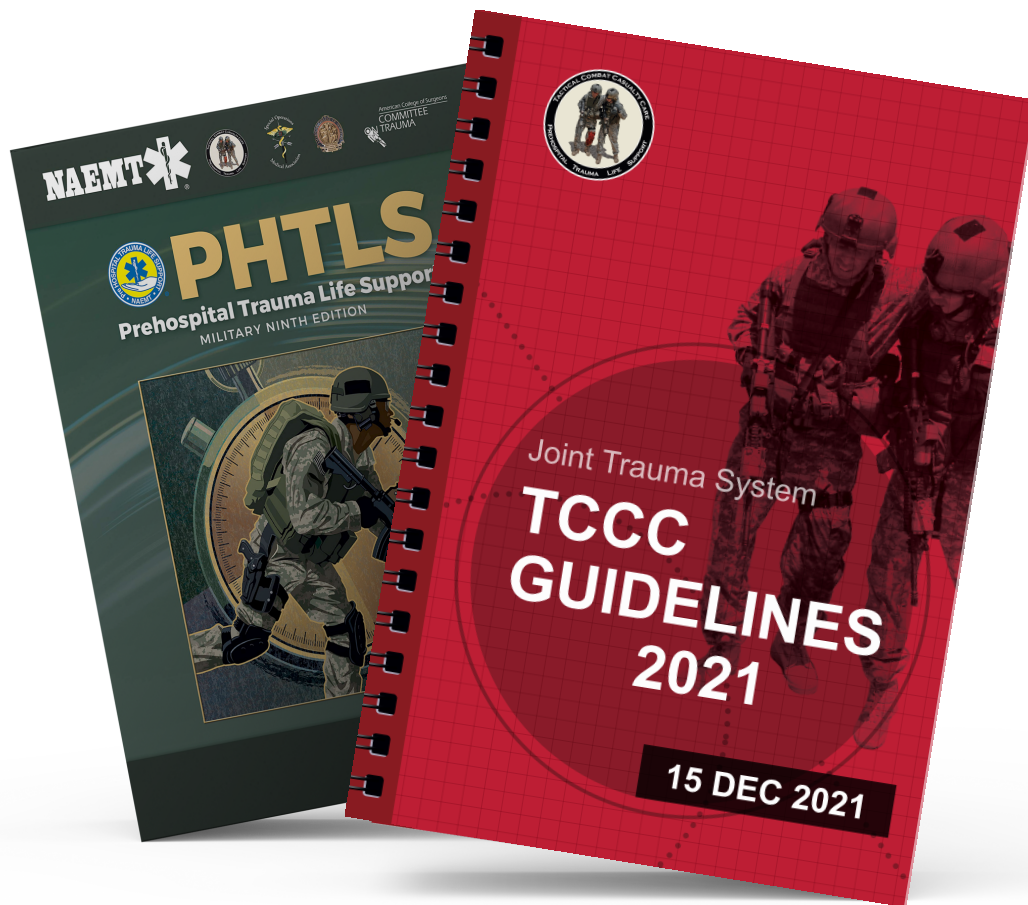
# DEPLOYED MEDICINE

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



Defense Health Agency  
*deployedmedicine.com*

# REFERENCES



## **TCCC: Guidelines**

by JTS/CoTCCC






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.

# CHECK ON LEARNING

-  Which factors influence TCCC?
-  What are the phases of care in TCCC?
-  What is the most essential treatment task in CUF?
-  What is every first responder's role in CUF?
-  What does MARCH PAWS stand for?



**ANY QUESTIONS?**