CLS TCCC COMBAT LIFESAVER

DHA DEFENSE HEALTH AGENCY

TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 19: PRE-EVACUATION PROCEDURES

Committee on Tactical Combat Casualty Care (CoTCCC)

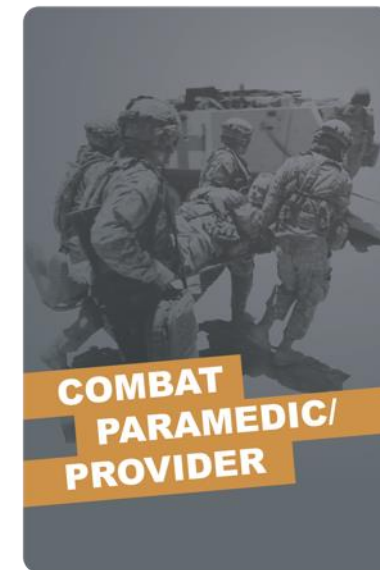| **TCCC** TIER 1 All Service Members | **TCCC** TIER 2 Combat Lifesaver | **TCCC** TIER 3 Medic/Corpsman | **TCCC** TIER 4 Combat Paramedic/Provider |

TACTICAL COMBAT CASUALTY CARE (TCCC)
ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL

MEDICAL PERSONNEL

ALL SERVICE MEMBERS

COMBAT LIFESAVER

COMBAT MEDIC/ CORPSMAN

COMBAT PARAMEDIC/ PROVIDER

◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

TERMINAL LEARNING OBJECTIVE

21 **Given a combat or noncombat scenario, perform pre-evacuation procedures during Tactical Field Care in accordance with CoTCCC Guidelines**

- **94** Identify the importance of and techniques for communicating casualty information with evacuation assets and/or receiving facilities
- **95** Identify the information requirements and format of an evacuation request
- **96** Identify the recommended evacuation prioritization for combat casualties
- **97** Demonstrate the communication of evacuation request information and modified medical information report requirements

96 **Given a combat or noncombat scenario, perform documentation of care during Tactical Field Care in accordance with CoTCCC Guidelines**

- **98** Identify 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 (ASM T10:E37)
- **99** Demonstrate the proper documentation of care on a trauma casualty in Tactical Field Care

06 ENABLING LEARNING OBJECTIVES (ELOs)

⬤ = Cognitive ELOs   ⬤ = Performance ELOs

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Three PHASES of TCCC

1 CARE UNDER FIRE

RETURN FIRE AND TAKE COVER

Quick decision-making:

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

2 TACTICAL FIELD CARE

COVER AND CONCEALMENT

Basic management plan:

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

3 TACTICAL EVACUATION CARE

More deliberate assessment and treatment of unrecognized life-threatening injuries

- Pre-evacuation procedures
- Continuation of documentation

YOU ARE HERE ▶

NOTE: This is covered in more advanced TCCC training!

COMMUNICATION

DEFENSE HEALTH AGENCY

Communicate with the casualty if possible

- Encourage
- Reassure
- Explain care each step of the way

Communicate immediately with tactical leader for

- Status
- Evac requirements
- Casualty treatment

COMMUNICATE WITH EVACUATION AND MEDICAL ASSETS

- Communicate with evacuation system to coordinate TACEVAC/MEDEVAC using 9-Line MEDEVAC request

- Keep the casualty's DD Form 1380 up-to-date

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD			
BATTLE ROSTER #:			
EVAC: ☐ Urgent ☐ Priority ☐ Routine			
NAME (Last, First):		LAST 4:	
GENDER: ☐ M ☐ F DATE (DD-MMM-YY):		TIME:	
SERVICE:	UNIT:	ALLERGIES:	

COMMUNICATE RELEVANT CASUALTY DATA

Document all assessment and medical care (including interventions and medications) on the DD Form 1380

Communicate with evacuation system:

9-Line MEDEVAC request

MIST Report

  Mechanism of injury

  Injuries

  Symptoms

  Treatment

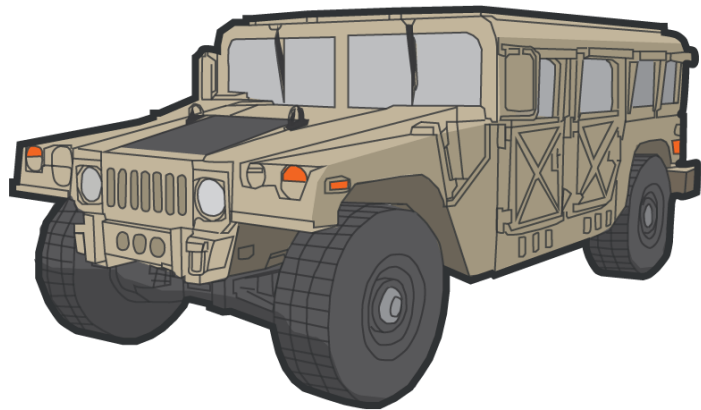Relay the information following your standard operating procedures (SOPs)

HAND OFF WITH MEDIC OR MEDEVAC

When handing casualty off to medic or MEDEVAC, provide DD FORM 1380, including any additional information as needed

MIST report

May change as the casualty status and interventions performed change

Conveys additional evacuation information that may be required by theater commanders

Helps better prepare receiving facility

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REQUESTING EVACUATION OF CASUALTIES

Although the Combat Lifesaver is not a medical person, they may need to initiate the medical evacuation request

Depending on the tactical situation and available assets, the casualty may be evacuated by **MEDEVAC** or **CASEVAC**

MEDEVAC

Transport by medical personnel of the wounded, injured, or ill persons from the battlefield and/or other locations to Medical Treatment Facilities (MTFs)

Conducted with dedicated ground and air ambulances, properly marked and employed in accordance with the Geneva Conventions and the law of war

Involves the movement of unregulated and regulated patients

CASEVAC

Unregulated movement of casualties aboard ships, land vehicles, or aircraft

MEDEVAC REQUEST KEY POINTS

Video can be found on DeployedMedicine.com

▲ **9-Line and MIST Video**

Every Service member must be prepared to transmit a MEDEVAC request

A MEDEVAC request is **NOT** a direct medical communication with medical providers, but a means of communicating evacuation requirements so aircraft resources can be launched as needed

Gather **all** information needed **before** initiating transmission

Use **appropriate and mandated communications security and brevity codes** when transmitting a MEDEVAC request in accordance with the operational plan

9-LINE: MEDEVAC REQUEST LINES 1-5

NOTE: Lines 1-5 are the lines NEEDED to launch an asset

1 **Location of the pickup site**: (8-digit grid coordinate)

2 **YOUR** radio frequency, call signal, and suffix

3 **Numbers of patients by precedence:**

A. Urgent: < 2 hours to save live, limb, or eyesight

B. Urgent Surgical: < 2 hours to nearest surgical unit

C. Priority: < 4 hours or could deteriorate to urgent

D. Routine: < 24 hours

E. Convenience: Not medical necessity

NOTE: If two or more categories are reported in the same request, insert the word "break" between each category

4 **Special equipment required:**
A. None
B. Hoist
C. Extraction equipment
D. Ventilator
Most common request: hoist, Stokes litter, and forest penetrator

5 **Numbers of patients by type:**
(Encrypt using brevity codes):
Ex: L+# - number of litter casualties
Ex: A+# - number of ambulatory casualties

Appendix J – 9-LINE MEDEVAC REQUEST

LINE	9 LINE MEDEVAC REQUEST Worksheet EXPLANATION
1	LOCATION
2	CALL SIGN / FREQUENCY
3	# PXT BY PRECEDENCE
	A - URGENT (w/in 2 hrs)
	B - URGENT SURG (w/in 2 hrs)
	C - PRIORITY (w/in 4 hrs)
	D - ROUTINE (w/in 24 hrs)
4	SPECIAL EQPT
	A - NONE
	B - HOIST
	C - EXTRACTION EQPT
	D - VENTILATOR
5	# PXT BY TYPE
	L + # = litter
	A + # = ambulatory
6	WARTIME (SECURITY OF PZ)
	N - NO ENEMY TROOPS
	P - POSSIBLE ENEMY
	E - ENEMY IN AREA, PROCEED WITH CAUTION
	X - ENEMY IN AREA, ARMED ESCORT REQUIRED
6	PEACETIME (NUMBER & TYPE OF WOUNDED)
7	METHOD OF MARKING PZ
	A - PANELS (color)
	B - PYROTECHNIC SIGNAL
	C - SMOKE SIGNAL
	D - NONE
	E - OTHER
8	PXT NATIONALITY AND STATUS
	A - US MILITARY
	B - US CIVILIAN
	C - NON-US MILITARY
	D - NON-US CIVILIAN
	E - EPW
9	WARTIME (NBC CONTAMINATION)
	N - NUCLEAR
	B - BIOLOGICAL
	C - CHEMICAL

9-LINE: MEDEVAC REQUEST LINES 6-9

6 **Security of the pickup site:**

N = No enemy troops in the area; routine

P = Possible enemy troops in the area

E = Enemy troops in the area; approach with caution

X = Enemy troops in area; armed escort required

7 **Method of marking pickup site:**

A = Panels

B = Pyrotechnic signal

C = Smoke signal

D = None

E = Other

8 **Patient Nationality and status:**

(Encrypt using brevity codes)

A = US Military

B = US Civilian

C = Non-US Military

D = Non-US Civilian

E = Enemy Prisoner (EPW)

9 **CBRN Contamination:**

(Encrypt using brevity codes)

C = Chemical

B = Biological

R = Radiological

N = Nuclear

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	C - CHEMICAL

SKILL STATION

Communication and Documentation (Skill)

> **9-Line & MIST Report**

CASUALTY CATEGORIES

Ground medical personnel will determine EVAC categories of casualties

	URGENT	URGENT SURGICAL	PRIORITY	ROUTINE	CONVENIENCE
	<2 hours to save life, limb, or eyesight	<2 hours to nearest surgical unit	<4 hours or could deteriorate to urgent	<24 hours	Not a medical necessity
Examples	Tourniquets Corrected hemorrhage Traumatic Brain Injuries (TBIs)	Needle Decompression of the Chest (NDCs) Cricothyroidotomy Major internal bleeding Massive head trauma	Compensated shock Broken arm with loss of distal pulse 2nd-degree burns to a large portion of the abdomen or extremities	Abrasions Cardiac arrest Small fractures Frostbite 2nd/3rd-degree burns >70% of body surface area (BSA)	Used for administrative purposes for casualty movement

OVER-CATEGORIZATION

OVER-CATEGORIZATION: the tendency to classify a wound or injury as being more severe than it actually is

Historically **AND** currently problematic

Proper casualty categorizations needed to ensure that those casualties in greatest need are evacuated first and receive the care required to help ensure their **survival**

Casualties will be picked up **as soon as possible**, consistent with available resources and pending missions

A. Urgent: < 2 hours to save live, limb, or eyesight

B. Urgent Surgical: < 2 hours to nearest surgical unit

C. Priority: < 4 hours or could deteriorate to urgent

D. Routine: < 24 hours

E. Convenience: not a medical necessity
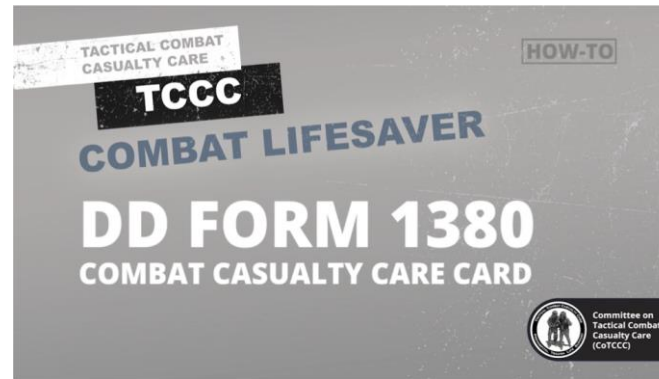
COMMUNICATE:

1. WITH THE CASUALTY
Encourage, reassure, and explain care

2. WITH TACTICAL LEADERSHIP
Provide leadership with the casualty status and location

3. WITH MEDICAL PERSONNEL
Discuss with the responding medica the casualty's injuries and symptoms, as well as any medical aid provided

Video can be found on DeployedMedicine.com

MIST Report is generated from Casualty's DD Form 1380

DOCUMENT:

1. CASUALTY ASSESSMENT FINDINGS

2. MEDICAL AID RENDERED

3. CHANGES IN CASUALTY STATUS

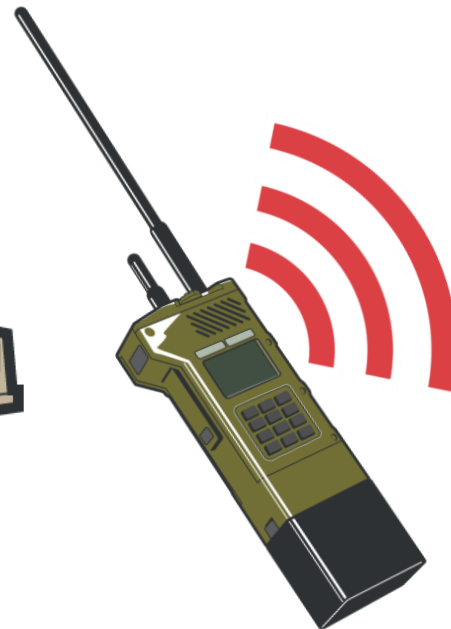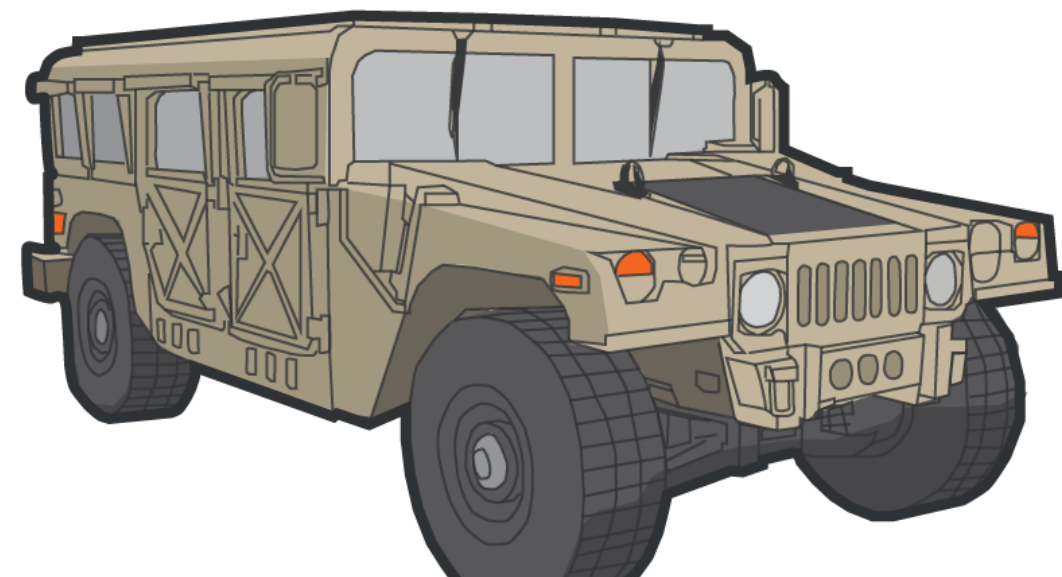⚠ Attach DD Form 1380 to the casualty in a prominent location (wrist, belt loop of pants, etc.)

SKILL STATION

Communication and Documentation (Skill)

> **DD Form 1380**

SUMMARY

- We discussed **9-Line** and **MIST** Reports
- We discussed **requesting** an **evacuation** of a casualty
- We identified **over-categorization**
- We identified **key information** to relay to tactical leadership

CHECK ON LEARNING

▌ **With whom do you communicate in a casualty situation?**

▌ **Which lines of a MEDEVAC must be transmitted for an asset to be launched?**

▌ **What information does the MIST Report contain?**

▌ **Who should complete casualty care documentation on the DD Form 1380?**

▌ **Where can you find the DD Form 1380?**

ANY QUESTIONS?