



**COMBAT  
LIFESAVER**



# TACTICAL COMBAT CASUALTY CARE COURSE

**MODULE 04:  
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

## ROLE 1 CARE

### NONMEDICAL PERSONNEL



**ALL SERVICE  
MEMBERS**  
ASM

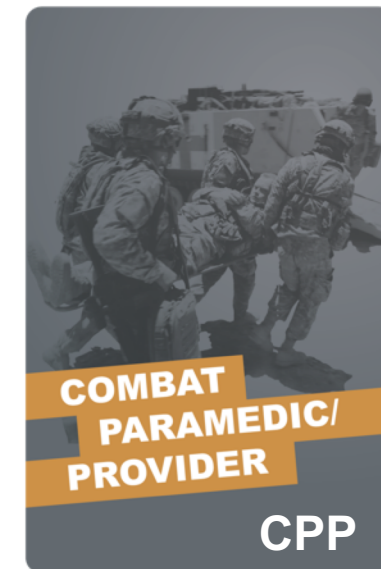


**COMBAT  
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CLS

### MEDICAL PERSONNEL



**COMBAT  
MEDIC/  
CORPSMAN**  
CMC



**COMBAT  
PARAMEDIC/  
PROVIDER**  
CPP

◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

# TERMINAL LEARNING OBJECTIVE

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

- 23 Identify the importance of security and safety in Tactical Field Care (TFC)
- 24 Identify basic principles of removal/extraction of casualties from a unit-specific platform
- 25 Identify the importance and techniques of communicating casualty information with unit tactical leadership and/or medical personnel
- 26 Identify the relevant tactical and casualty data involved in communicating casualty information
- 27 Demonstrate communication of casualty information to tactical leadership and/or medical personnel (in accordance with Service and/or unit standard operating procedures in TFC)
- 28 Identify triage considerations in TFC

## 6 ENABLING LEARNING OBJECTIVES (ELOs)

● = Cognitive ELOs ● = Performance ELOs

# 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
- Conduct a MARCH-PAWS assessment



YOU ARE HERE

## 3 TACTICAL EVACUATION CARE

More deliberate assessment and treatment of unrecognized life-threatening injuries


- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TCCC training!

**CASUALTY AND RESPONDER NO  
LONGER UNDER EFFECTIVE ENEMY  
FIRE OR THREAT  
ENTER INTO THE  
TACTICAL FIELD CARE  
(TFC) PHASE**


## PHASE 2: TACTICAL FIELD CARE

**TFC IS CARE RENDERED WHEN NO LONGER UNDER EFFECTIVE ENEMY FIRE OR THREAT**



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**



Tactical Field Care also encompasses combat/tactical environment not involving enemy fire (e.g., parachute injury in combat zone)

### IMPORTANT CONSIDERATIONS:

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

# SECURITY AND SAFETY IN TACTICAL FIELD CARE

**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 HAVE

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



# OTHER CONSIDERATIONS



TFC is when the casualty and the person rendering care are **NOT under direct fire**



## LIMITED SUPPLIES

Medical equipment and supplies are **LIMITED** to what is **carried** into the field by the combat lifesaver and the individual service member

## REMEMBER:

- Always use the **casualty's JFAK FIRST**
- TFC can turn into a CUF situation **unexpectedly**
- Personnel should **maintain** their situational awareness



# CASUALTY REMOVAL/EXTRACTION PRINCIPLES



The first principle is **safety**. Safety is critical.

The second principle of **MARCH** still applies. If possible, you may want to initiate lifesaving measures like applying a tourniquet before the extraction, and monitor them throughout the process.

The third principle is training.

**Extractions will vary based on the mission and vehicles located in your Area of Responsibility (AOR)**

## DURING LIFE-THREATENING

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

## AFTER LIFE-THREATENING

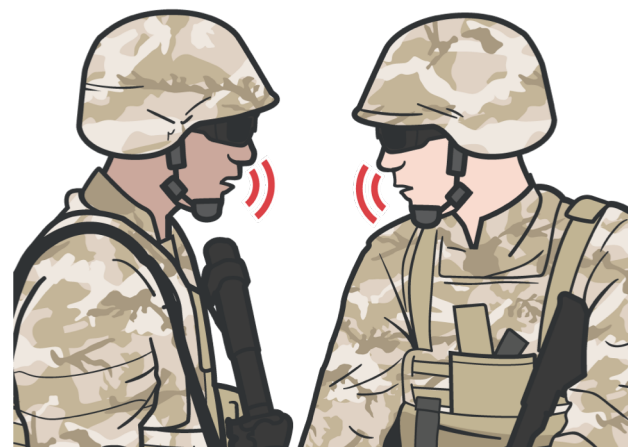
- P** PAIN
- A** ANTIBIOTICS
- W** WOUNDS
- S** SPLINTING

# TACTICAL FIELD CARE COMMUNICATION



Communicate with the casualty, if possible

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



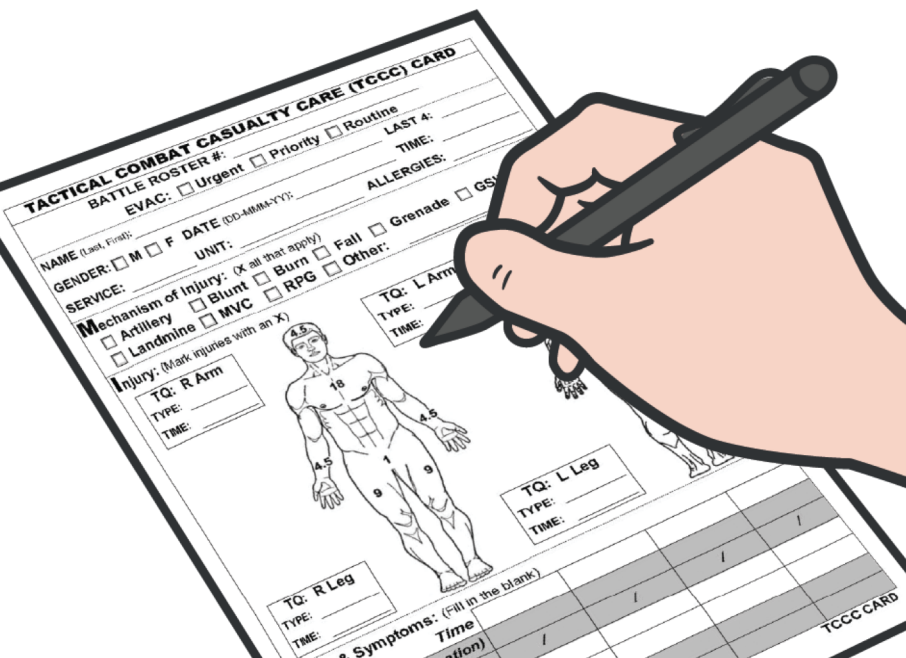
- Communicate with tactical leadership **IMMEDIATELY** on evacuation requirements
- Continue to communicate with leadership on casualty treatment as needed

## COMMUNICATE WITH EVACUATION AND MEDICAL ASSETS

- Communicate with the evacuation system to coordinate TACEVAC/MEDEVAC using the **9-Line MEDEVAC request**
- Keep each casualty's DD Form 1380 up to date

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD	
BATTLE ROSTER #: _____	
EVAC: <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine	
NAME (Last, First): _____	LAST 4: _____
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	DATE (DD-MMM-YY): _____ TIME: _____
SERVICE: _____	UNIT: _____ ALLERGIES: _____

# COMMUNICATE RELEVANT CASUALTY DATA



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

**Communicate** with MEDEVAC using the:

- **9-Line** MEDEVAC request form
- **MIST** Report
  - M**echanism of injury
  - I**njuries
  - S**ymptoms
  - T**reatment

**Relay** the information following your standard operating procedures

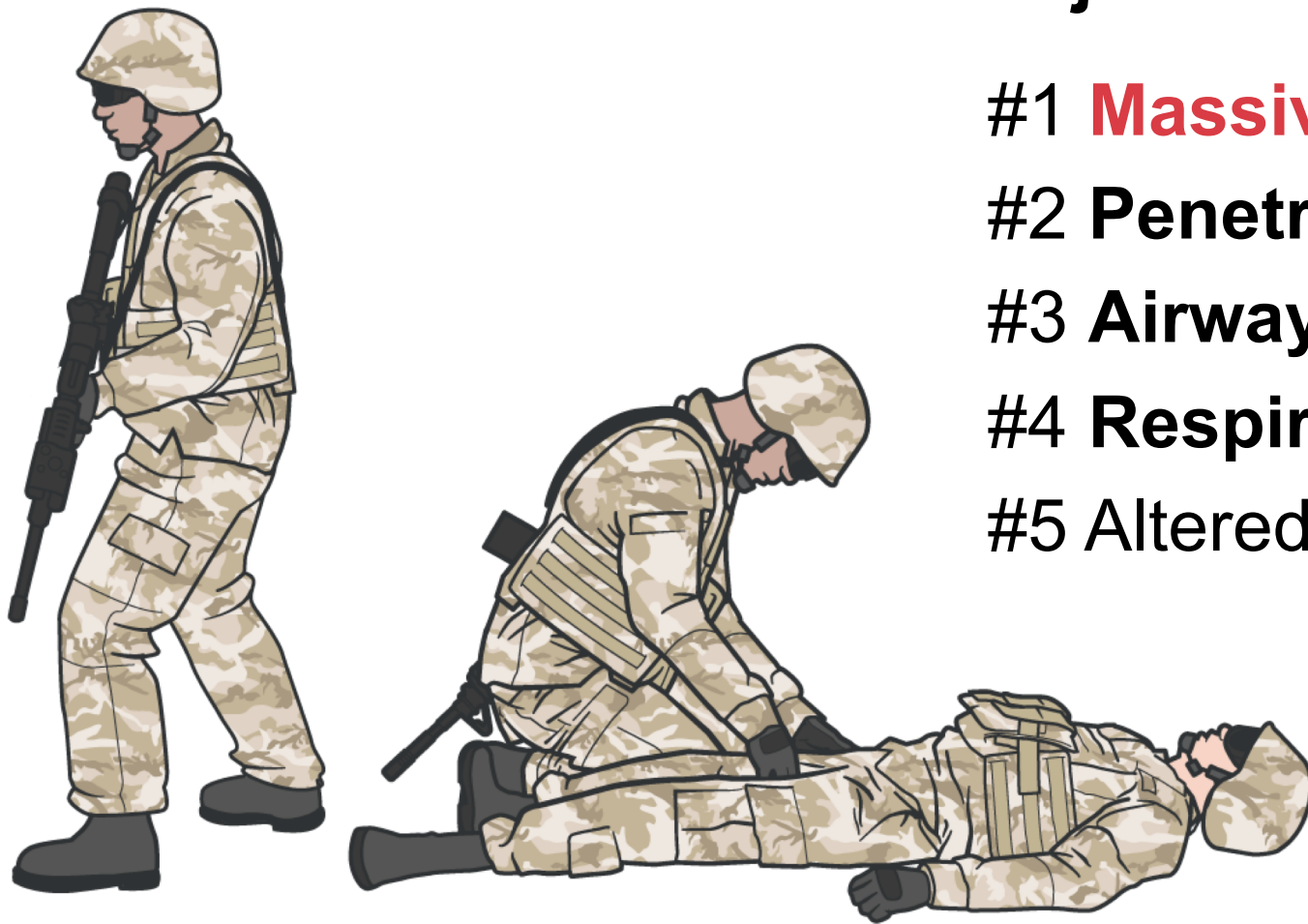
When handing casualty off to **medic** or **MEDEVAC**, read off the **DD Form 1380**, including any additional information as needed

**MIST** report may **change** as the **casualty status** and **interventions** performed change

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

# TRIAGE – PRIORITIZING MULTIPLE CASUALTIES

Casualties with these injuries must be treated first:



#1 **Massive bleeding**

#2 **Penetrating** trauma into the box (torso)

#3 **Airway** compromise

#4 **Respiratory** distress

#5 Altered mental status

# TRIAGE CONSIDERATIONS

- Casualties may need to be sorted into prioritized treatment groups
- The CLS may be required to assist medical personnel with urgent casualties, monitor casualties after emergency interventions, and may be tasked with preparing casualties for evacuation



## SUMMARY



- Ensure you are aware of all security and safety procedures for TFC
- Tactical Field Care is when the casualty and the responder are both no longer under effective enemy fire or threat
- Security and safety in TFC is a priority; clear and secure weapons and communications
- Understand the principles of casualty extractions in accordance with unit standard operating procedures
- Always follow the MARCH PAWS procedure during life-threatening and after life-threatening injuries

# CHECK ON LEARNING

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



# ANY QUESTIONS?