

**CPP**

**TCCC**

**COMBAT PARAMEDIC/  
PROVIDER**

# TACTICAL COMBAT CASUALTY CARE COURSE

## MODULE 21: COMMUNICATION



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

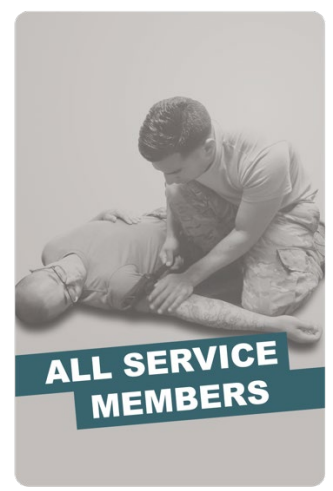


## TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

### ROLE 1 CARE

NONMEDICAL  
PERSONNEL

MEDICAL  
PERSONNEL



**YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM



## 1 x **TERMINAL LEARNING OBJECTIVES**

**23** Given a combat or noncombat scenario, perform communication during Tactical Field Care in accordance with CoTCCC Guidelines.

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- **23.1** Identify the importance of and techniques for communicating casualty information with evacuation assets and/or receiving facilities.
- **23.2** Identify the information requirements and format of an evacuation request.
- **23.3** Identify the recommended evacuation prioritization for combat casualties.
- **23.4** Demonstrate the communication of evacuation request information and modified medical information report requirements.
- **23.5** Describe methods of casualty reporting in the tactical setting for command & control and medical management.

## 5 x **ENABLING LEARNING OBJECTIVES**

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



# IMPORTANCE OF COMMUNICATION

Communicate with **the casualty** if possible:

- Encourage
- Reassure
- Explain care being given



Communicate as soon as possible with **tactical leadership** and **other prehospital medical providers**:

- Casualty status
- Evac requirements and priority
- Casualty treatment

Communicate with **evacuation and medical assets**

- Communicate with **evacuation system** to coordinate TACEVAC (CASEVAC or MEDEVAC) using a MEDEVAC request
- MIST report
- Keep the casualty's DD Form 1380 up-to-date





# METHODS OF COMMUNICATION/CASUALTY REPORTING


## Command and Control

- Follow unit-specific SOPs for team/squad/crew communication with leadership and medics
- Provide updates if casualty status changes
- Provide tactically-relevant information needed to continue the fight and coordinate evacuation



## Medical Management

- Document on DD Form 1380 Combat Casualty Care Card and update as status changes
- Communicate with other prehospital first responders and medical personnel to coordinate and direct care
- Communicate with evacuation assets via the MEDEVAC request and MIST report

 **REMEMBER** Communicate casualty status/treatment and evac requirements/priority as soon as possible to tactical leadership and prehospital medical providers



# REQUESTING EVACUATION OF CASUALTIES

**ALL personnel** should be familiar with how to request medical evacuation as they may need to initiate the request

Depending on the tactical situation, unit standard operating procedures, and available assets, the casualty may be evacuated by Medical Evacuation (**MEDEVAC**) or Casualty Evacuation (**CASEVAC**)

**TACEVAC** – Tactical Evacuation is a term that includes both **MEDEVAC** and **CASEVAC** in the tactical environment

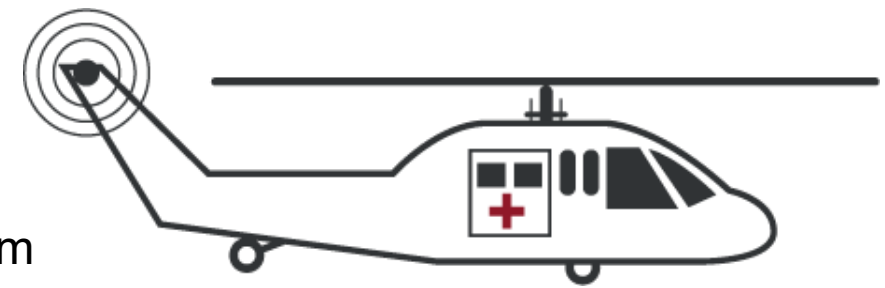
## CASEVAC:

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



## MEDEVAC:

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



Conducted with **dedicated medical ground vehicles** and **aircraft**, properly marked and employed in accordance with the Geneva Conventions and the law of war

# REQUESTING EVACUATION - KEY POINTS



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 evacuation resources can be launched as needed to support evacuation of casualties

Gather **all** information needed **before** initiating transmission of the MEDEVAC request

Use **appropriate and mandated communications security and brevity codes** when transmitting a MEDEVAC request



# 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 casualties by precedence:  
 A. Urgent – < 2 hours to save life, 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

**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  
 \*Blood  
**Most common request:** hoist, Stokes litter, and forest penetrator

**5** Numbers of patients by type:  
 (Encrypt using brevity codes):  
 L+# - number of Litter patients  
 A+# - number of Ambulatory patients

MEDEVAC REQUEST FORM GTA 08-01-004

LINE	ITEM	EVACUATION REQUEST MESSAGE
1	Location of Pickup Site.	
2	Radio Frequ., Call Sign, & Suffix.	
3	No. of Patients by Precedence.	
4	Special Equipment Required.	
5	Number of Patients by Type.	
6	Security of Pickup Site (Wartime).	
6	Number and Type of Wound, Injury, or Illness (Peacetime).	
7	Method of Marking Pickup Site.	
8	Patient Nationality and Status.	
9	NBC Contamination (Wartime).	
9	Terrain Description (Peacetime).	

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# 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

**9 CBRN Contamination/Terrain Considerations:**  
 (Encrypt using brevity codes)  
 C = Chemical  
 B = Biological  
 R = Radiological  
 N = Nuclear

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# MIST REPORT

The **MIST report** stands for:

**M**

**Mechanism of Injury**  
(IED, GSW, RPG, motor vehicle crash, fall, etc.)

**I**

**Type of Injury**  
(found and/or suspected)

**S**

**Signs**  
(pulse rate, blood pressure, respiratory rate)

**T**

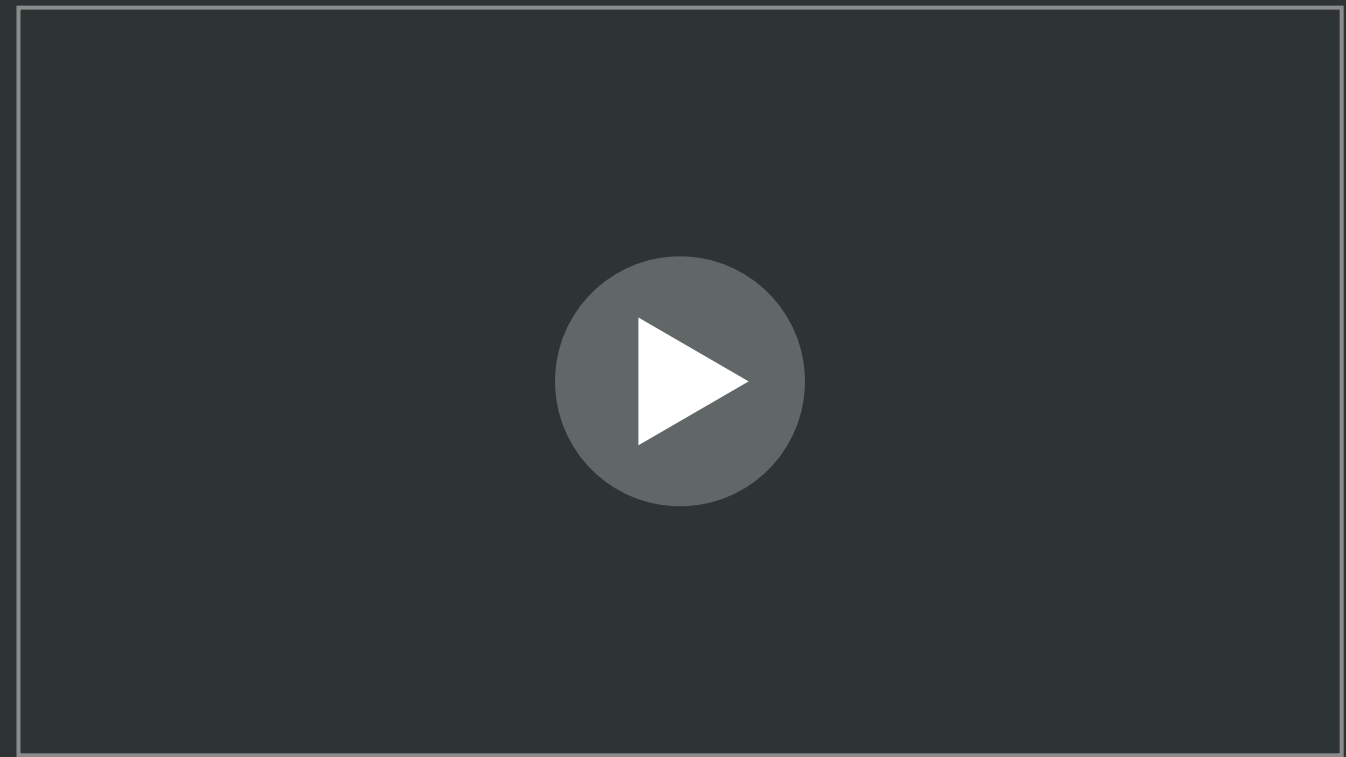
**Treatment Given**  
(tourniquet, blood products, pain meds, etc.)

**M I S T Report**

- May change as the casualty status and interventions performed change
- Conveys additional evacuation information that may be required by theater policy
- Helps better prepare receiving medical personnel/facility



# MEDEVAC REQUEST / MIST REPORT VIDEO



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



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Module 21: Communication

# SKILL STATION COMMUNICATION



MEDEVAC Request



MIST Report



# NATO CASUALTY EVACUATION CATEGORIES

	<b>URGENT / Category A</b>	<b>PRIORITY / Category B</b>	<b>ROUTINE / Category C</b>
	<b>WITHIN 2 HOURS</b>	<b>WITHIN 4 HOURS</b>	<b>WITHIN 24 HOURS</b>
	<ul style="list-style-type: none"> <li>■ Significant injuries from a dismantled IED attack</li> <li>■ Gunshot wound or penetrating shrapnel to chest, abdomen, or pelvis</li> <li>■ Any casualty with ongoing airway difficulty</li> <li>■ Any casualty with ongoing respiratory difficulty</li> <li>■ Unconscious casualty</li> <li>■ Casualty with known or suspected spinal injury</li> <li>■ Casualty in shock</li> <li>■ Casualty with bleeding that is difficult to control</li> <li>■ Moderate/Severe TBI</li> <li>■ Burns &gt; 20% Total Body Surface area</li> </ul>	<ul style="list-style-type: none"> <li>■ Isolated, open extremity fracture with bleeding controlled</li> <li>■ Any casualty with a tourniquet in place</li> <li>■ Penetrating or other serious eye injury</li> <li>■ Significant soft-tissue injury without major bleeding</li> <li>■ Extremity injury with absent distal pulses</li> <li>■ Burns over 10-20% of Total Body Surface Area</li> </ul>	<ul style="list-style-type: none"> <li>■ Concussion (mild traumatic brain injury)</li> <li>■ Gunshot wound to extremity - bleeding controlled with tourniquet</li> <li>■ Minor soft-tissue shrapnel injury</li> <li>■ closed fracture with intact distal pulses</li> <li>■ Burns over &lt;10% Total Body Surface Area</li> </ul>



# CASUALTY EVACUATION CATEGORIES

North Atlantic Treaty Organization (NATO) specifies three categories for casualty evacuation:

**CAT A**  
**Urgent**

**CAT B**  
**Priority**

**CAT C**  
**Routine**



# CASUALTY EVACUATION CATEGORIES

## CAT A

**Urgent**  
(Critical, Life-Threatening Injury)  
**WITHIN 2 HOURS**

- Significant injuries from a dismounted IED attack
- Gunshot wound or penetrating shrapnel to chest, abdomen or pelvis
- Any casualty with ongoing airway difficulty
- Any casualty with ongoing respiratory difficulty
- Unconscious casualty
- Casualty with known or suspected spinal injury
- Casualty in shock
- Casualty with bleeding that is difficult to control
- Moderate/Severe TBI
- Burns greater than 20% Total Body Surface Area



# CASUALTY EVACUATION CATEGORIES

## CAT B

### Priority

(Serious Injury)

**WITHIN 4 HOURS**

- Isolated, open extremity fracture with bleeding controlled
- Any casualty with a tourniquet in place
- Penetrating or other serious eye injury
- Significant soft tissue injury without major bleeding
- Extremity injury with absent distal pulses
- Burns 10-20% Total Body Surface Area



# CASUALTY EVACUATION CATEGORIES

## CAT C

### Routine

(Mild to Moderate Injury)

**WITHIN 24 HOURS**

- Concussion (mild TBI)
- Gunshot wound to extremity – bleeding controlled without tourniquet
- Minor soft tissue shrapnel injury
- Closed fracture with intact distal pulses
- Burns < 10% Total Body Surface Area

# OVER-CATEGORIZATION

**OVER-CATEGORIZATION:** is the tendency to classify a wound/injury severity higher than the appropriate category.



A problem both historically **AND** in current operations

**Proper** classification is needed to ensure that casualties in **greatest need** are **evacuated first** and receive the care needed in an appropriate timeframe to optimize their chance for **survival**

Timing of evacuation **must** be balanced with asset availability, tactical situation, etc.

**Over-categorization** of casualties can result in **inappropriate prioritization** of evacuation assets despite constraints and risk



# TACEVAC PEARLS OF WISDOM

- Soft tissue injuries are common and may look bad, but usually don't kill unless associated with uncontrolled bleeding or airway issues
- Bleeding from most extremity wounds should be controllable with a TQ or hemostatic dressing and does not require urgent evacuation
- Shock from uncontrolled bleeding or tension pneumothorax not relieved with needle decompression kills and requires urgent evacuation
- Casualties with TBI and "red flag" signs/symptoms require urgent evacuation (outlined in the Military Acute Concussion Evaluation MACE 2 Exam)
- Despite excellent TCCC, some patients will not survive their wounds



# SUMMARY

## Knowledge Topics

- Importance of and techniques for the communication of casualty information with evacuation assets and/or receiving facilities
- Information requirements and format of an evacuation requests
- Recommend evacuation prioritization for combat casualties
- Methods of casualty reporting in the tactical setting for command & control and medical management

## Skills and Abilities

- Communication of evacuation request information and modified medical information report requirements



# CHECK ON LEARNING



Who should a Combat Medic/Corpsman and/or a Combat Paramedic/Provider communicate with in the Tactical Field Care phase of care?



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



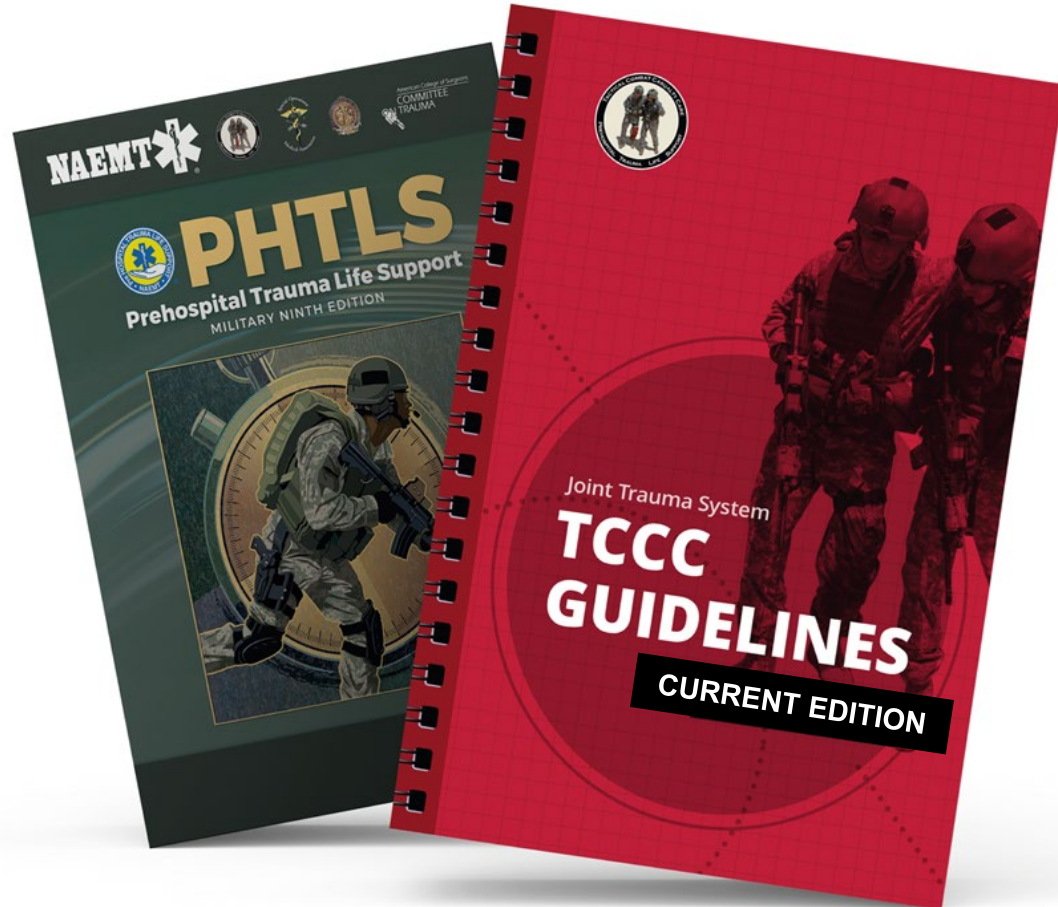
What information does the MIST report contain?



True or False? A combat casualty with 25% TBSA burns would be evacuation category A?

ANY QUESTIONS?

# 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, Chapter 25

by NAEMT

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