

**CPP**

**TCCC**

**COMBAT PARAMEDIC/  
PROVIDER**

# TACTICAL COMBAT CASUALTY CARE COURSE

## MODULE 24: PREPARE FOR EVACUATION



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

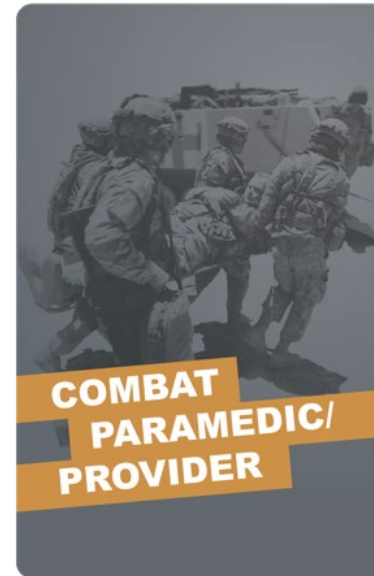
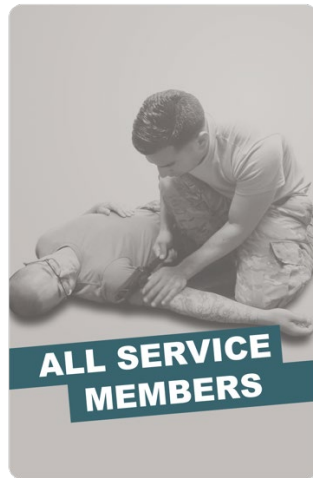


## TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

### ROLE 1 CARE

NONMEDICAL  
PERSONNEL

MEDICAL  
PERSONNEL



**YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM



### 1 x **TERMINAL LEARNING OBJECTIVES**

#### **26** Given a combat or noncombat scenario, prepare casualties for evacuation during Tactical Field Care in accordance with CoTCCC Guidelines.

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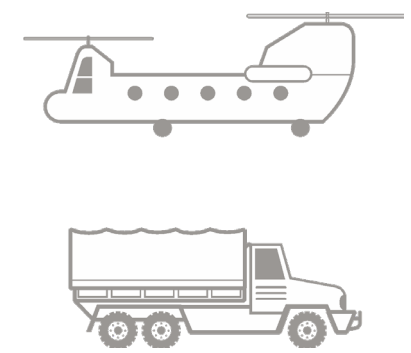
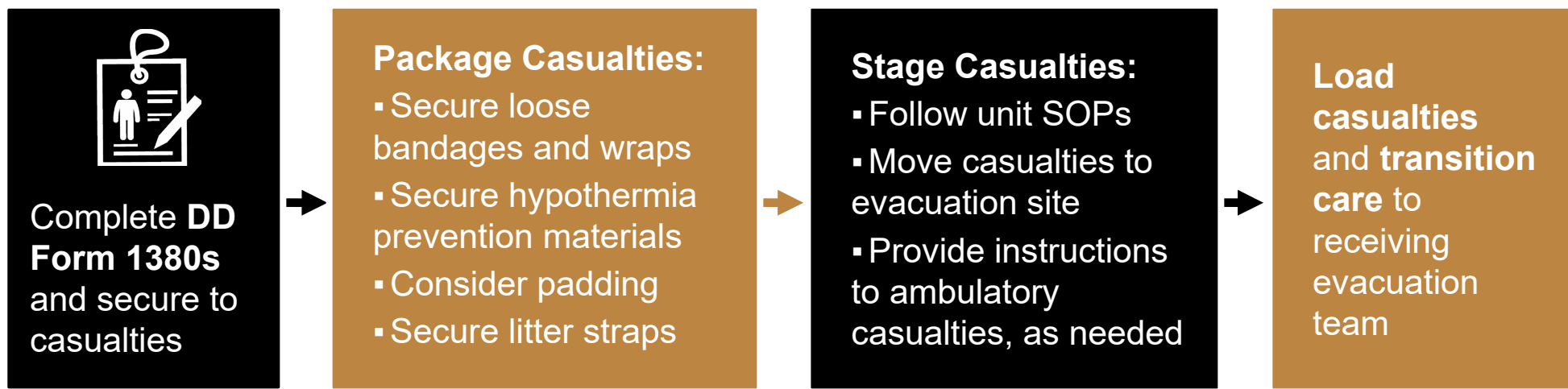
- **26.1** Identify considerations and fundamental procedures for staging casualties for evacuation.
- **26.2** Identify the importance of pre-mission evacuation equipment preparation and rehearsals.
- **26.3** Identify considerations and precautions required for evacuating casualties with suspected spinal injuries.
- **26.4** Identify critical actions and checks to prepare casualties for evacuation.
- **26.5** Identify methods of litter selection and evacuation equipment in Tactical Field Care.
- **26.6** Identify considerations for evacuating ambulatory/walking wounded casualties in Tactical Field Care.
- **26.7** Demonstrate the preparation of a casualty for evacuating in Tactical Field Care.
- **26.8** Identify considerations in the transition of care during Tactical Evacuation Care.
- **26.9** Identify the responsibilities of tactical force personnel in Tactical Evacuation Care
- **26.10** Describe principles and considerations in managing evacuation delays or prolonged care situations.
- **26.11** Identify evacuation platform considerations.
- **26.12** Describe the principles and core functions of planning for and management of tactical evacuation assets.

### 12 x **ENABLING LEARNING OBJECTIVES**

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



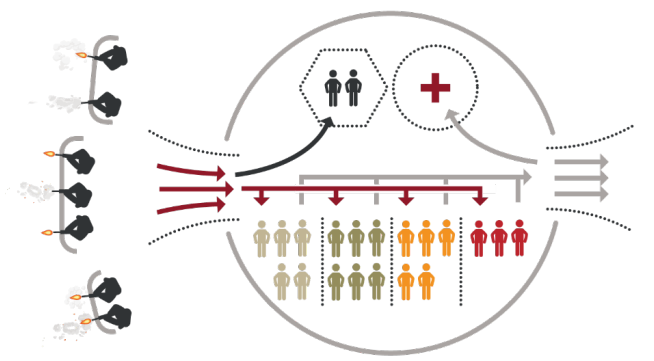
# PREPARE FOR EVACUATION OVERVIEW



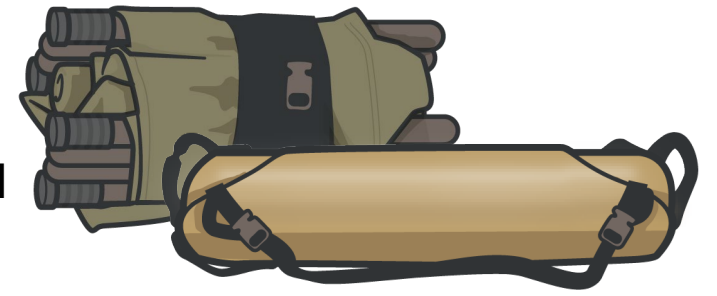
## EVACUATION CHALLENGES

- Insecure tactical environment
- Loud noise conditions
- Physically difficult casualty transfers

**ESTABLISH & MAINTAIN**  
security at evacuation point



# PRE-MISSION EQUIPMENT PREP AND REHEARSALS



## PREPARE EVACUATION EQUIPMENT

Unit members should all know:

- How to use evac equipment (set up and actual use)
- Where to find equipment during a mission (storage location)

## PRE-MISSION REHEARSALS

- Primary roles for each member
- Cross-training in other roles
- Comprehensive dress rehearsals with simulated field conditions
  - Establish leadership*
  - Uncover weaknesses*
  - Build confidence*



**CPPs** must inspect & inventory evacuation equipment prior to deployment and every mission



# SUSPECTED SPINAL INJURY CONSIDERATIONS

C-spine stabilization is NOT necessary for casualties who have sustained only penetrating trauma

Spinal immobilization is NOT a primary objective of Care Under Fire or Tactical Field Care


If the tactical situation allows, consider addressing in preparation for Tactical Evacuation Care

**CONSIDER SPINAL INJURY** in casualty with:

- Blunt trauma with spinal pain
- Visible hematoma/swelling along spine
- Radiating pain, unexplained sensory loss

**USE RIGID LITTER** with adequate support to protect the spinal cord from sustaining secondary injury

**CONSIDER USING MALLEABLE SPLINT** to form C-collar, if cervical injury is suspected and no commercial C-collar is available

 Long spine boards and immobilization materials usually not available – consider requesting with **MEDEVAC Request**





# CRITICAL ACTIONS TO PREPARE CASUALTIES

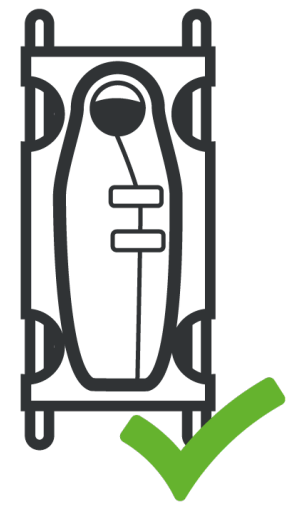


**Complete and secure**  
DD Form 1380 to  
the casualty

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




**Secure all loose ends**  
of bandages and  
wraps, and equipment



**Secure hypothermia**  
prevention wraps,  
blankets, & straps



**Secure litter straps,**  
consider additional  
padding

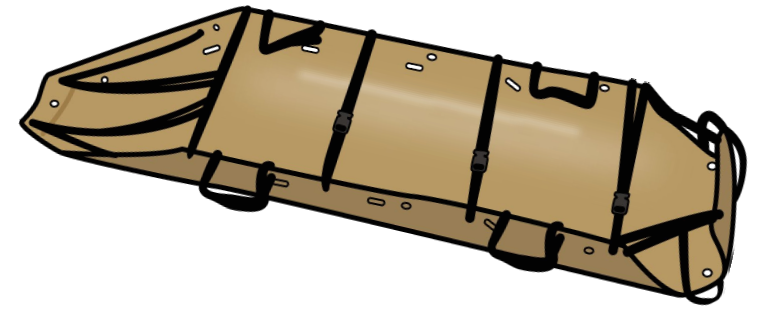
 Ensure casualty's weapons and equipment have been secured, as appropriate



# LITTER SELECTION AND EVACUATION EQUIPMENT

## Evacuation equipment determinants:


- Unit standard operating procedures
- Deployed mission environment (tactical situation, terrain, weather, and evacuation assets)



**DO NOT DELAY** getting casualties onto litters

Hypothermia is easier to prevent **off the ground**

Easier to move casualty on litter

 Train on unit equipment, but familiarize yourself with as many different types as feasible

### Collapsible litter pros/cons:

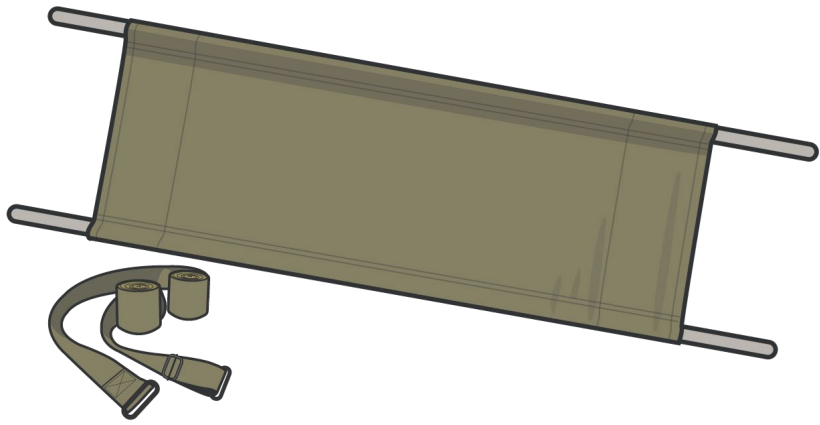
- Most common litters
- Rigid poles/grips aid in transport/rough terrain
- Integrated litter straps
- Collapsible handles support H-60 MEDEVACs

### Sled type litters pros/cons:

- No rigid poles – difficult grip over long distances
- Integrated straps
- Some hoist-certified
- Plastic – supports sliding on smooth surfaces
- Needs good padding




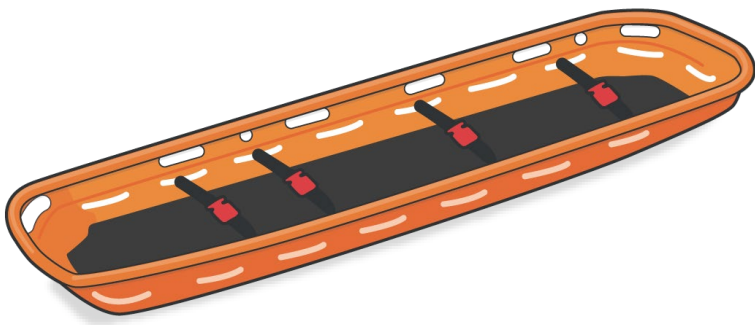
# LITTER SELECTION AND EVACUATION EQUIPMENT (cont.)



### “Army standard litter” pros/cons:

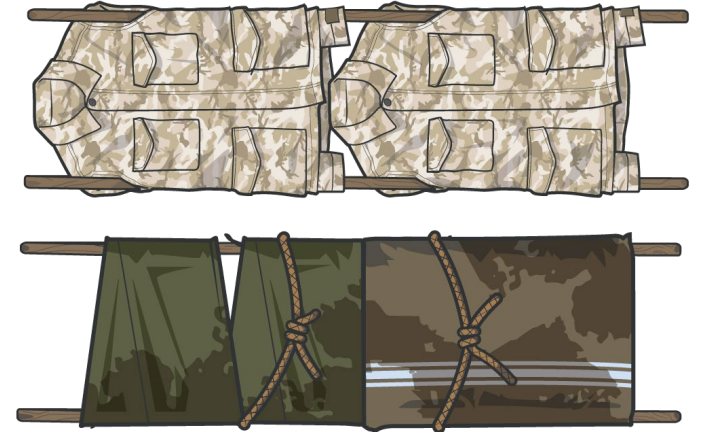
- Poles don't collapse
- Requires external litter straps
- Commonly seen in multinational operations

 Significant variation exists within NATO litter standards



### Basket type litter pros/cons:

- Usually found in rescue units
- Some (not all) litters fit inside basket
- Can be dragged
- Generally, preferred litter for hoisting




### Improvised litter pros/cons:

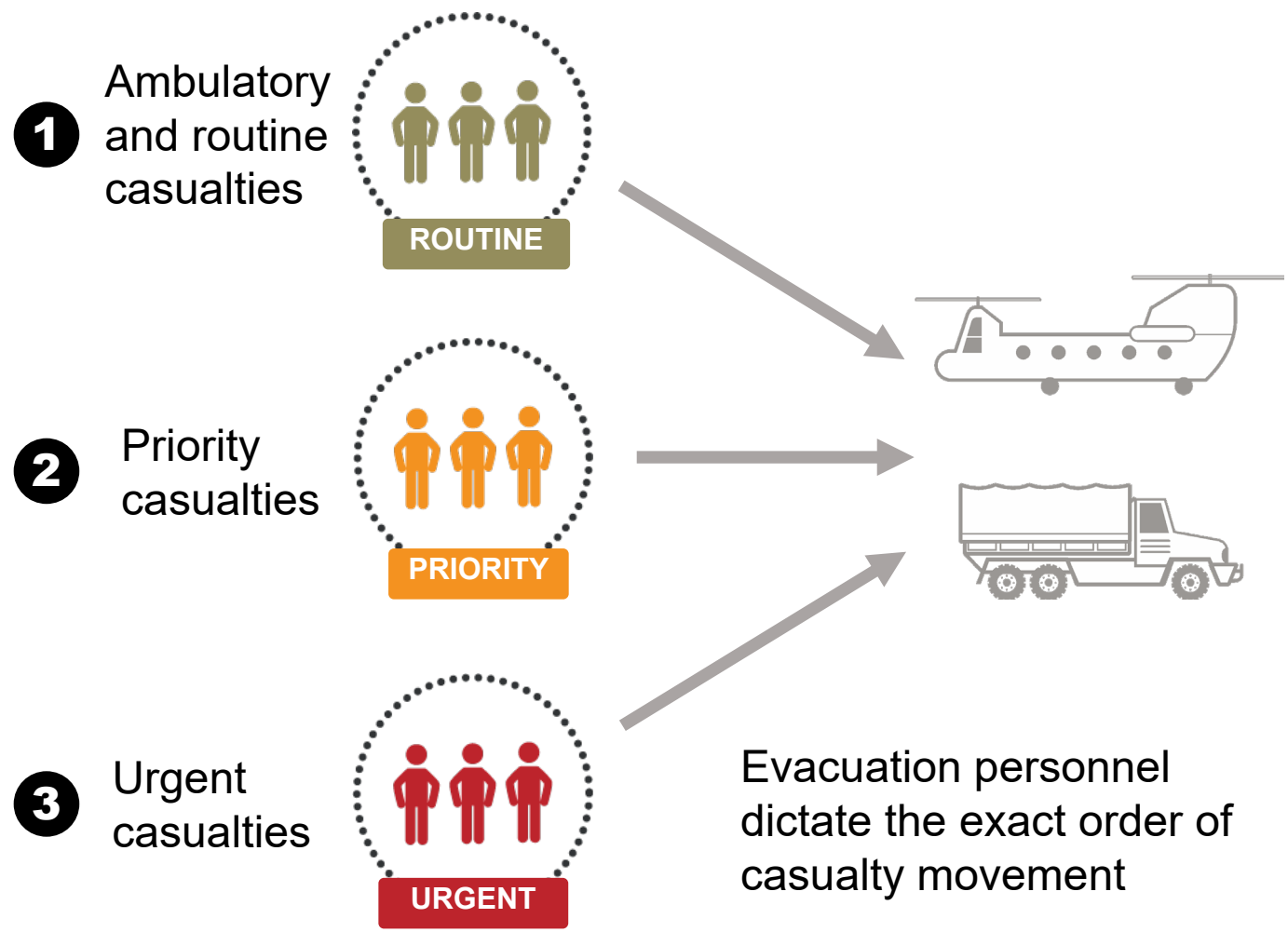
- Rigid pole materials often difficult to locate
- Can be made with rope, blankets or jackets
- Potential to harm casualty, if not properly constructed



# CASUALTY EVACUATION STAGING

- STAGE** in close proximity to the evacuation site
- If not at treatment site, **MOVE TO STAGING AREA** when evac assets are en route
- PROTECT CASUALTIES** from environmental elements
- MONITOR** for hypothermia and dehydration
- ARRANGE CASUALTIES IN ORDER** of loading precedence (usually routine first and urgent last)

 Periodically reassess tourniquets, dressings, IV lines or other interventions





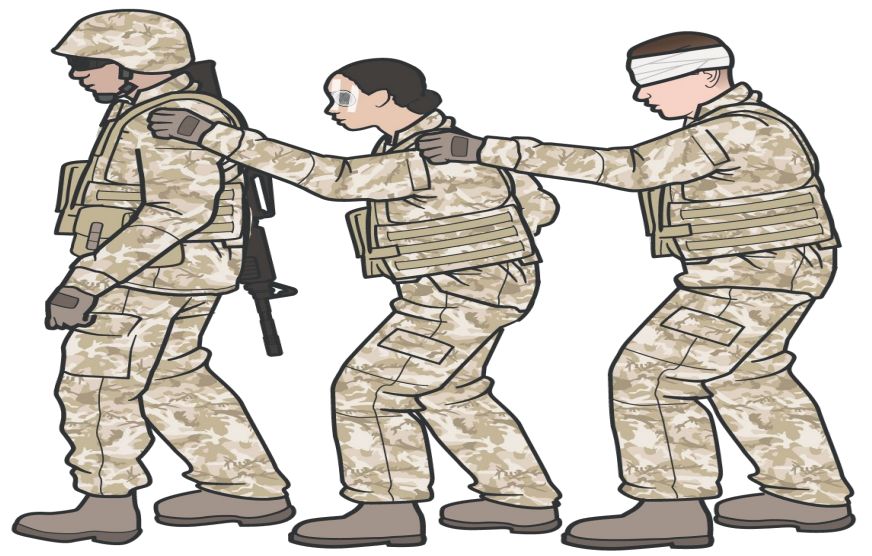
# AMBULATORY CASUALTY CONSIDERATIONS

- Can the ambulatory casualty help?
- Are they capable of providing security?
- Could they help lift a littered casualty?
- Can they help other ambulatory casualties?


### Assign uninjured unit member as POC:

- Answer questions for ambulatory casualties
- Periodically reassess ambulatory casualties

Disoriented or visually impaired casualties **require supervision** during evacuation



When moving, line up casualties and have each place their hand on the shoulder of the casualty in front of them

 Instruct casualties to repeatedly check their wounds and dressings & ensure that bleeding remains controlled

# TRANSITIONING CARE TO EVACUATION PERSONNEL



**GOOD casualty care management transfers improve outcomes**

- Have accurate, completed DD Form 1380s
- Have MIST report prepared for each casualty
- Identify the receiving care provider
- Make direct contact (visual, verbal, etc.)
- Establish method of communication (radio, verbal, written)
- Relay MIST report(s)
- Answer any questions

**NEGATIVE IMPACTS on transition of care:**

- Hostility threats in exposed environments
- Reduced ground time (fuel limits, etc.)
- Engine noise and rotor wash



# TACTICAL FORCE PERSONNEL RESPONSIBILITIES

**Tactical force** personnel are responsible for:

- Identifying an evacuation site
- Marking and preparing the evacuation site
- Securing the evacuation site

**Leadership** is tasked with:

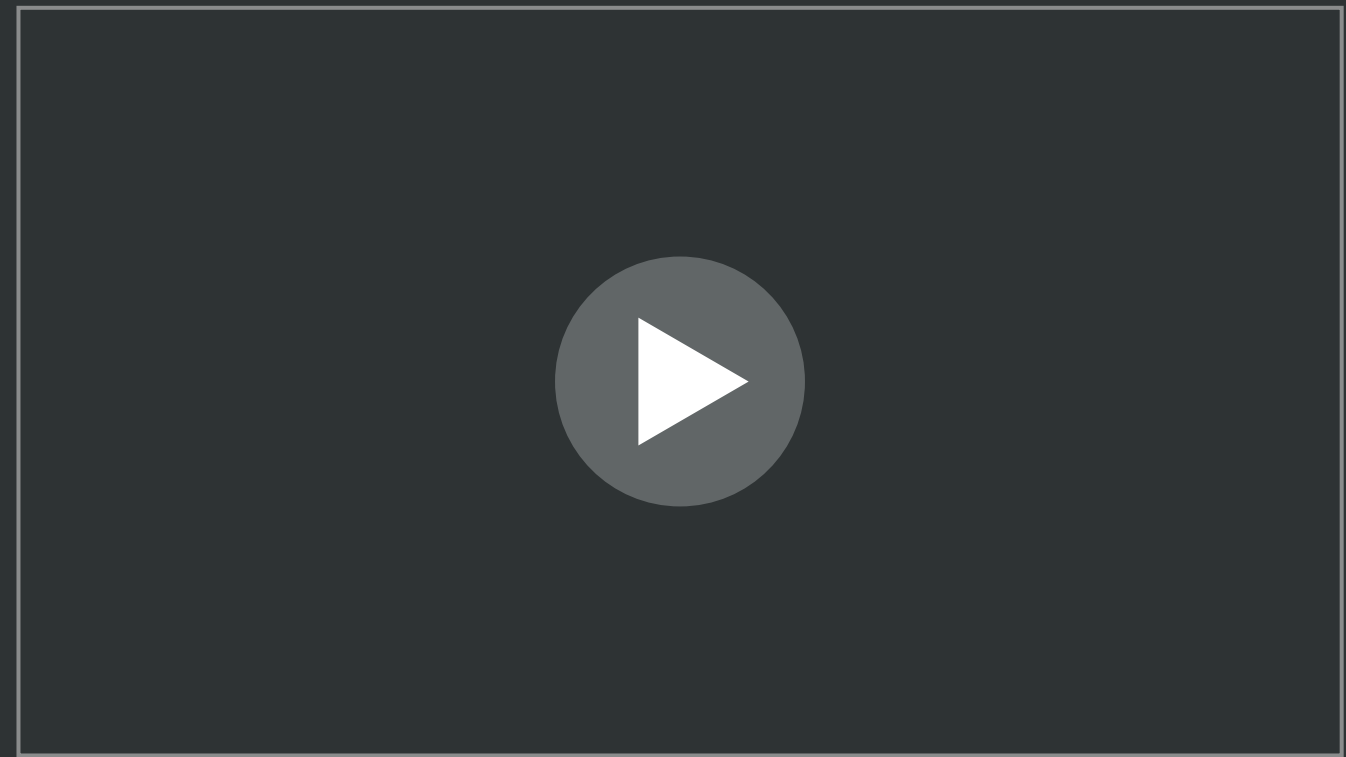
- Ensuring the safety of casualties
- Ensuring the safety of tactical personnel
- Maintaining awareness of potential hostile threats that could impact the success of the evacuation



**The entire unit**, including medical personnel, should be prepared to support security requirements







# PREPARE FOR EVACUATION VIDEO



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



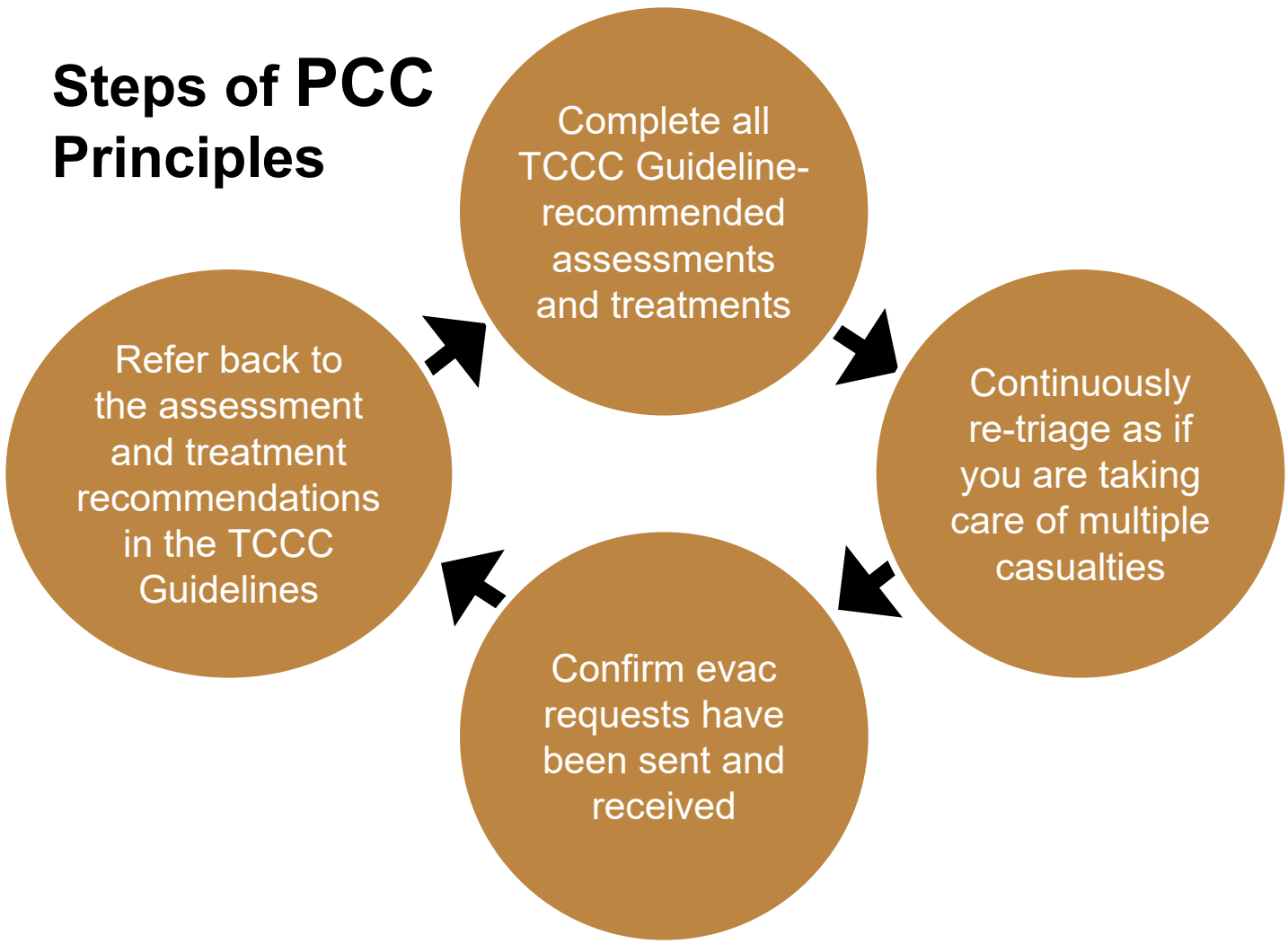
# PREPARE FOR EVACUATION SKILL STATION

-  Litter Selection
-  Casualty Preparation
-  Casualty Staging
-  Transition of Care



# MANAGING EVACUATION DELAYS AND PROLONGED CASUALTY CARE SITUATIONS

## Steps of PCC Principles

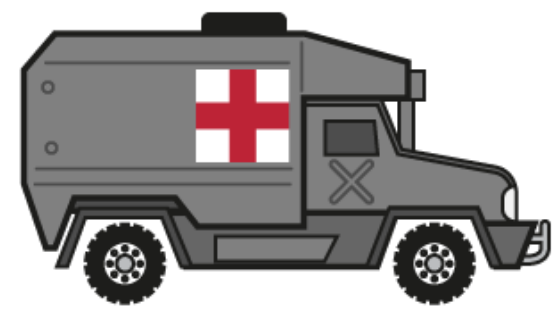
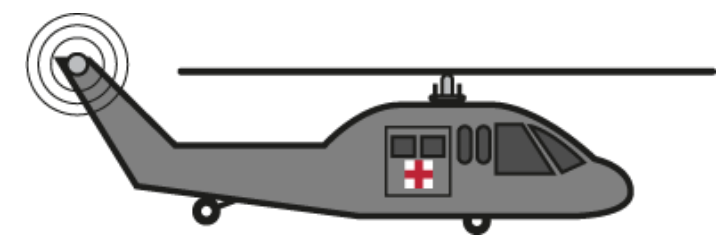



1. Perform initial care using TCCC Guidelines
2. Delineate roles and responsibilities
3. Perform comprehensive history and exam; develop problem list and care plan
4. Record and trend vital signs
5. Perform a teleconsultation
6. Create a nursing care plan
7. Implement team wake, rest, chow plan
8. Anticipate resupply and electrical issues
9. Perform periodic mini rounds assessments
10. Obtain and interpret lab studies
11. Perform necessary surgical procedures
12. Prepare for transportation or evacuation
13. Prepare documentation for handover



# EVACUATION PLATFORM CAPABILITIES AND CONSIDERATIONS

Evacuation Mode	Dedicated Evac Assets	Evac Assets of Opportunity
<b>Ground</b>	M997 Ambulance M1035 Ambulance M113 Ambulance Others	Carries, drags, and litters Non-med wheeled vehicles Non-med tracked vehicles Local civilian ground assets
<b>Rotary-Wing</b>	UH-60Q Black Hawk	CH-46 Sea Knight CH-47 Chinook CH-53 Super Sea Stallion MV-22 Osprey Others
<b>Fixed-Wing</b>	None	C-130 C-17 KC-135 Others
<b>Sea</b>	Naval Hospital Ships	LHDs Others



 Training and exercising on the platforms your unit will most likely encounter is essential




# PLANNING FOR AND MANAGING TACTICAL EVACUATION ASSETS

## Actively Participate in Evacuation Planning

- Integrate into the planning team
- OR**
- Seek out and work with medical planners

Evacuation Plan	Evacuation Asset
<b>P</b> Primary	Military ground ambulance
<b>A</b> lternate	Military wheeled vehicle
<b>C</b> ontingency	Civilian ground ambulance
<b>E</b> mergency	Civilian wheeled vehicle

 Develop a PACE plan for each phase of the evacuation process


## Be Part of Tactical Evacuation Management

### Large-scale operation with dedicated assets

- Variable supporting roles
- Possibly involved in decision-making process

### Smaller operations with assets of opportunity

- Initiate the evacuation process
- Provide ops personnel necessary information on destination and transport considerations
- Coordinate with receiving medical facility
- Coordinate med or non-medical attendants

 Work with operations personnel prior to and during deployment to be a known part of their process



# SUMMARY

## Knowledge Topics

- Overview of preparation and staging casualties for evacuation
- Pre-mission training and evacuation equipment preparation
- Considerations for evacuation of casualty with suspected spinal injury
- Litter and evacuation equipment selection
- The casualty staging process
- Considerations for evacuation of ambulatory casualties
- Effective transition of care to evacuation personnel

## Knowledge Topics





- Responsibilities of tactical force personnel
- Managing evacuation delays and prolonged field care
- Evacuation platform capabilities and considerations
- Planning for and managing evacuation assets

## Skills and Abilities

- Preparation of a casualty for evacuating in Tactical Field Care

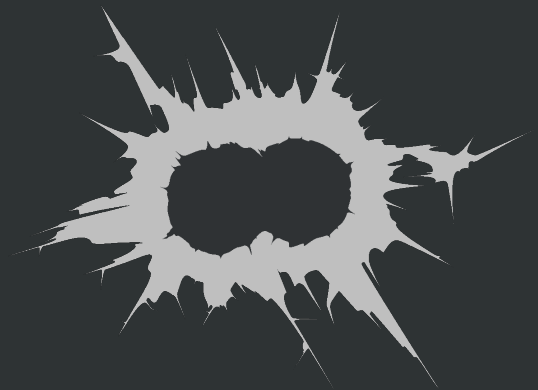


# CHECK ON LEARNING

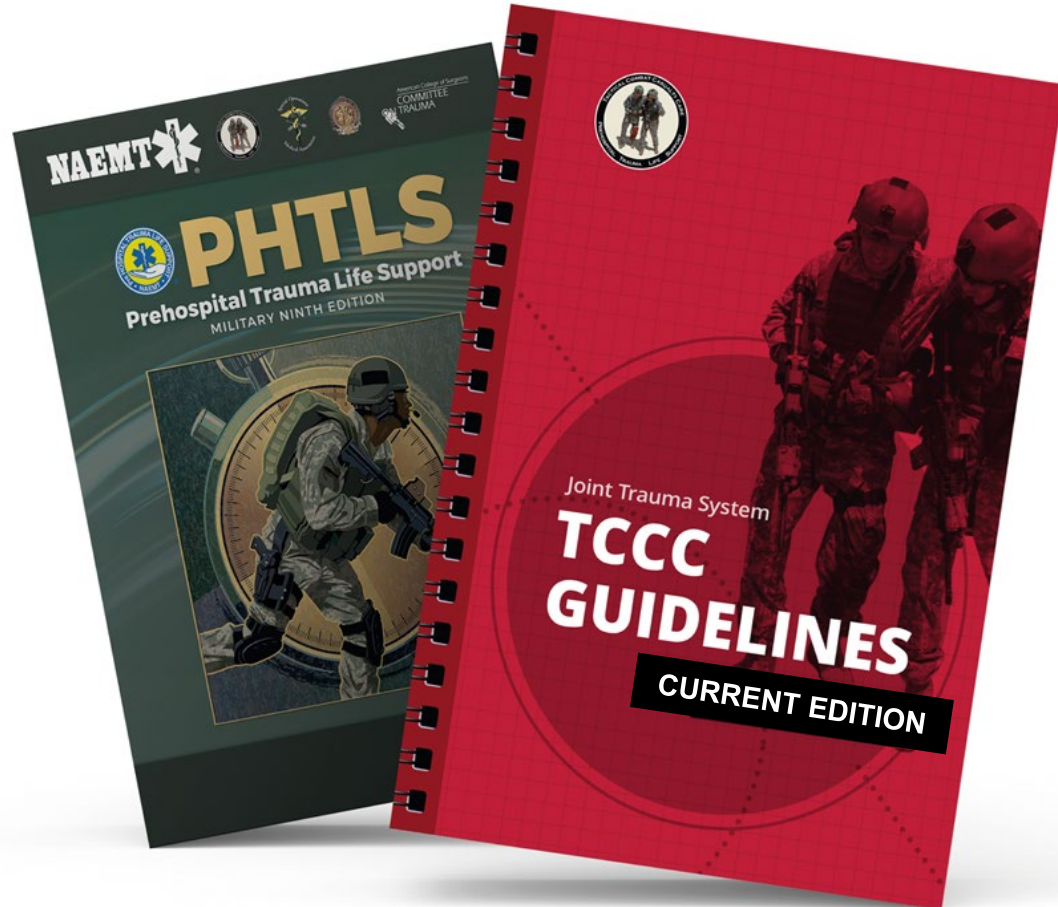
-  Why is it important to perform pre-mission rehearsals of preparation for evacuation?
-  What goes into selecting a litter?
-  Name three critical actions in preparing a casualty for evacuation
-  How should you arrange casualties when staging them at the evacuation site?



**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.