

CPP

TCCC

**COMBAT PARAMEDIC/
PROVIDER**

TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 3: CARE UNDER FIRE/THREAT



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 OBJECTIVE**

03 Given a combat or noncombat scenario, perform Care Under Fire in accordance with CoTCCC Guidelines.

- 3.1 Describe the role of fire superiority and threat containment and the impact of tactical environment on Tactical Combat Casualty Care.
- 3.2 Describe the actions required before engaging with a casualty, to prevent harm or additional casualties in accordance with CoTCCC Guidelines.
- 3.3 Identify appropriate actions and priorities to treat and move casualties in Care Under Fire.
- 3.4 Identify the importance of early application of limb tourniquets to control life-threatening bleeding.
- ⊗ 3.5 Demonstrate one-handed tourniquet application to self in Care Under Fire.
- ⊗ 3.6 Demonstrate two-handed tourniquet application to a casualty in Care Under Fire.
- 3.7 Describe the principles, advantages, and disadvantages of one-person drag/carry or two-person drag/carry in Care Under Fire.
- ⊗ 3.8 Demonstrate the one-person drags and carries of a casualty in Care Under Fire.
- ⊗ 3.9 Demonstrate the two-person drags and carries of a casualty in Care Under Fire.

9 x **ENABLING LEARNING OBJECTIVES**

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

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**



YOU ARE HERE

CARE UNDER FIRE / THREAT OVERVIEW

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**

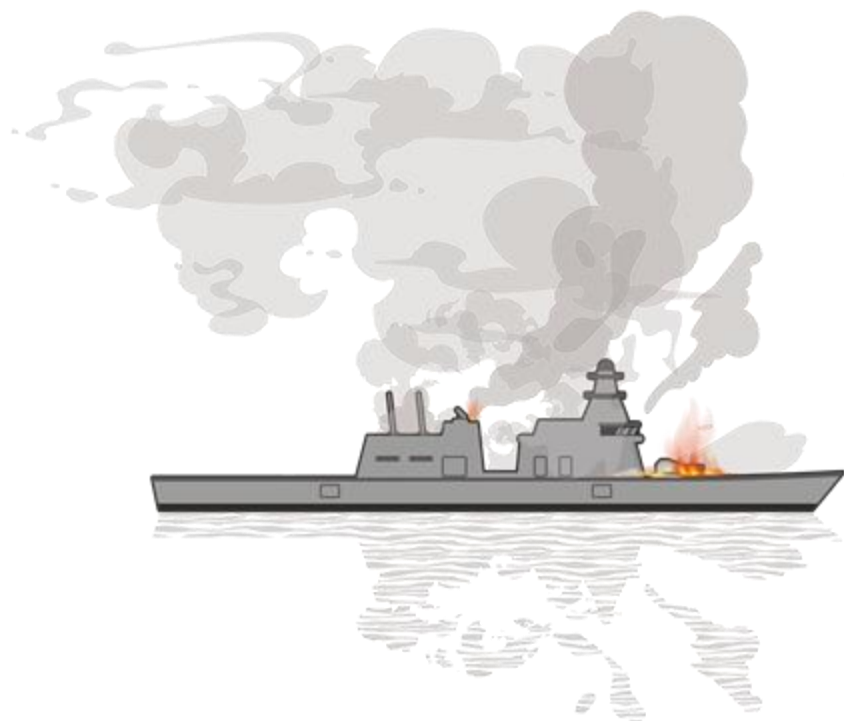
**HAVE CASUALTY
MOVE TO COVER
AND APPLY SELF-AID**
(if able)

**KEEP CASUALTY
FROM SUSTAINING
ADDITIONAL
WOUNDS**

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

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

CARE UNDER FIRE / **THREAT** OVERVIEW



Principles of Threat Containment

Fundamentally, the principles of TCCC apply whether in ground tactical combat, aboard a sea vessel, at a deployed staging base, or even at home station facilities.

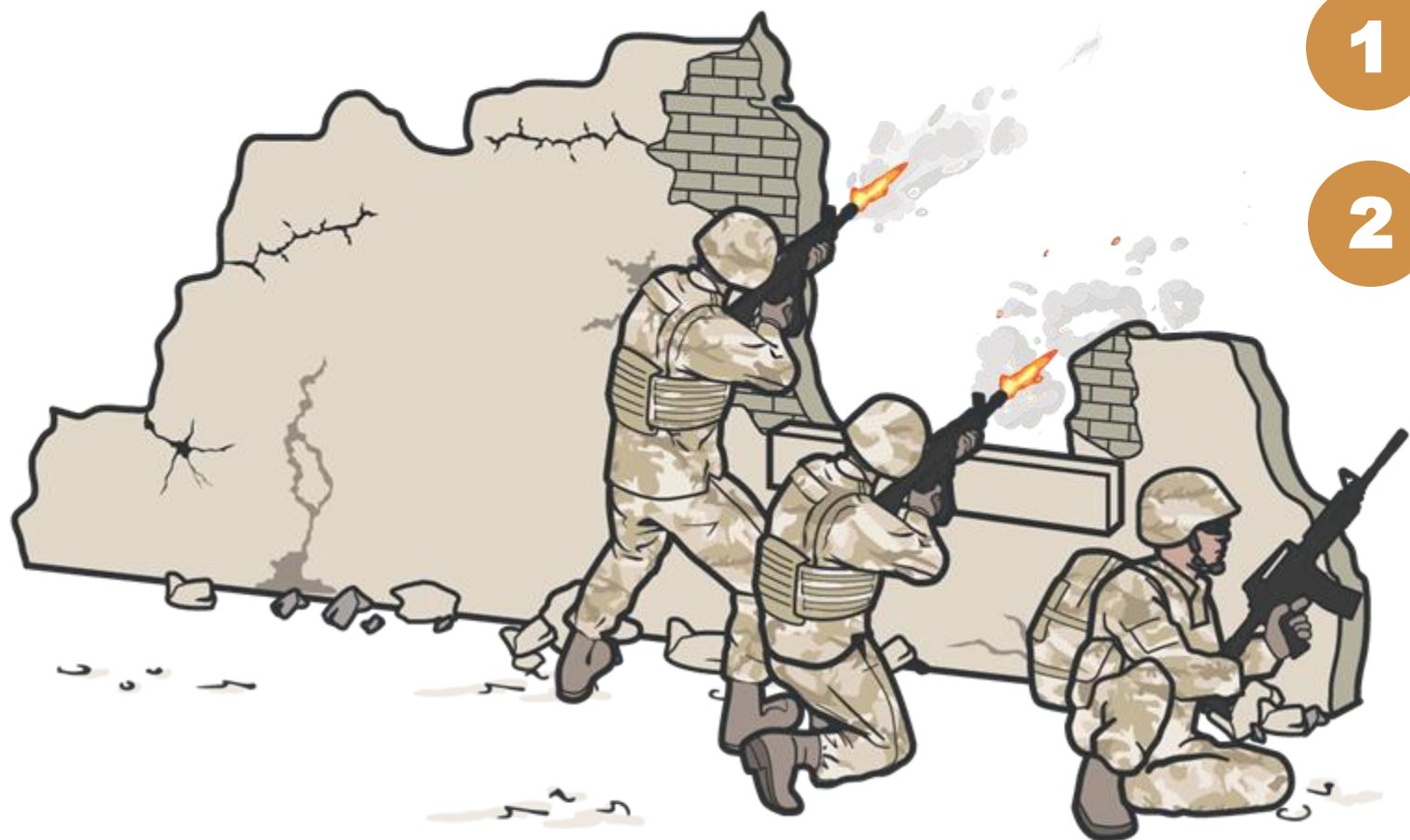
The principle of first suppressing enemy fire, subduing an active shooter, extinguishing a shipboard fire, or reducing life threats prior to rendering medical treatment.



IMPORTANT CONSIDERATION:

Controlling immediate life-threatening hemorrhage remains the only recommended medical intervention until the threat is suppressed or controlled.

ROLE OF FIRE SUPERIORITY THREAT CONTAINMENT



- 1** Return fire and take cover
- 2** Gain fire superiority



POINT OF INJURY (POI)

FIRE SUPERIORITY

CASUALTY CARE PRINCIPLES



ORDER OF ACTIONS will be dictated by the tactical situation

SCENE SAFETY

CASUALTY MOVEMENT direct casualty to move to cover and apply self-aid

Stop **LIFE-THREATENING EXTERNAL HEMORRHAGE**

COMMUNICATE with casualty and other personnel in the immediate area

CARE UNDER FIRE / THREAT OVERVIEW OF TREATMENT PRIORITIES AND ACTIONS

1

CASUALTY EXTRACTION from burning vehicles or buildings (if applicable)

.....

2

Apply tourniquet to control **LIFE-THREATENING EXTERNAL HEMORRHAGE** (if tactically feasible)

.....

3

CASUALTY MOVEMENT
Drag or carry based on **tactical situation**



CARE UNDER FIRE / THREAT

TREATMENT PRIORITY – CASUALTY EXTRACTION

CASUALTIES SHOULD BE EXTRACTED AND MOVED to places of relative safety



DO WHAT IS NECESSARY TO STOP THE BURNING PROCESS!



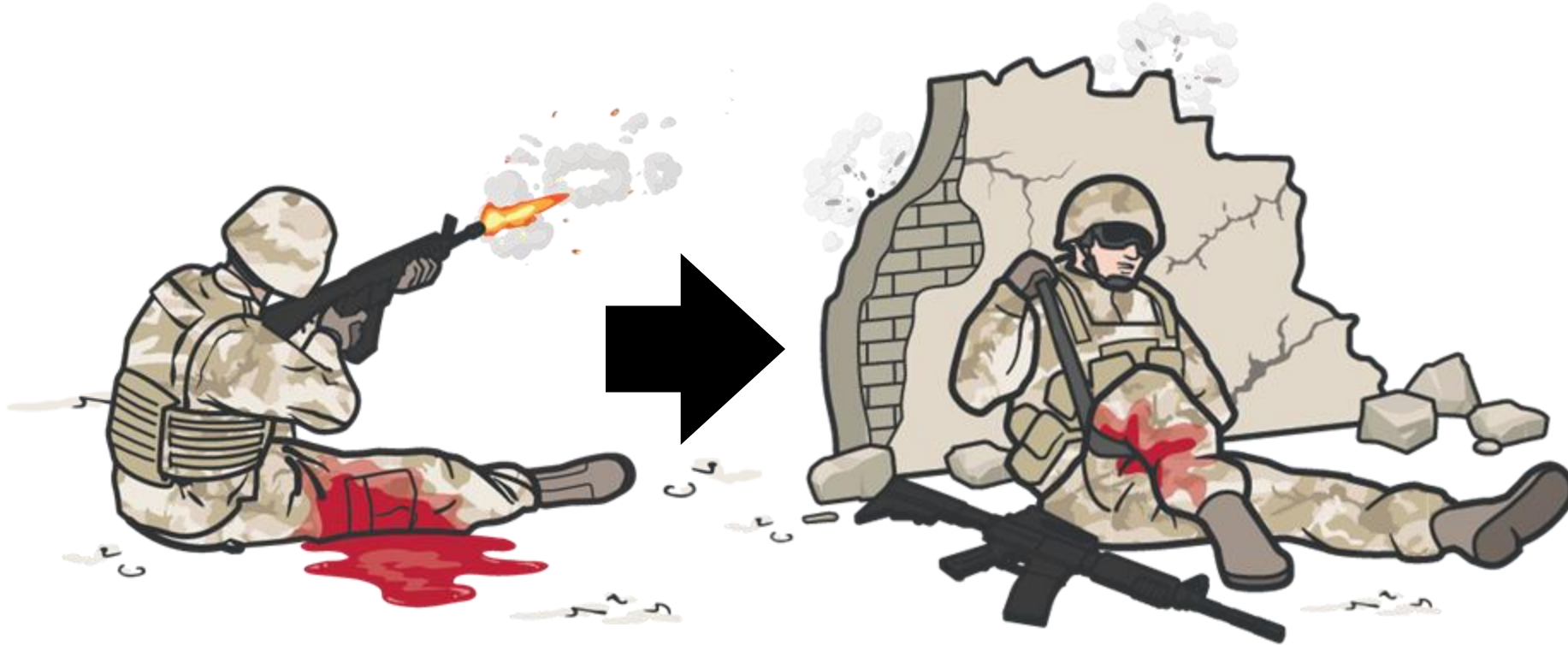
STOP LIFE-THREATENING EXTERNAL HEMORRAGE (if tactically feasible)



IMPORTANT CONSIDERATION:

Continuously assess risks and make a plan before moving a casualty

CUF / THREAT TREATMENT PRIORITY CASUALTY SELF-AID WHEN ABLE TO MOVE



DIRECT casualty to return fire, **if able**

Have casualty **move to cover** and **apply self-aid**



For life-threatening bleeding, place a tourniquet (TQ) "high and tight" above the wound

CARE UNDER FIRE / THREAT

TREATMENT PRIORITY – HEMORRHAGE CONTROL



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



- Direct casualty to apply their own
tourniquet from JFAK, if able
- Use CoTCCC-recommended limb
tourniquets
- Apply the tourniquet over the uniform
clearly proximal to the bleeding site(s)
- If the site is not readily apparent, place
the tourniquet “high and tight” on the
injured limb



IMPORTANT CONSIDERATION:

Continuously assess risks and make a plan before moving a casualty

IF CASUALTY IS UNABLE TO MOVE

IF CASUALTY IS UNABLE TO MOVE to COVER, when **tactically feasible** (ideally, **after** fire superiority has been **obtained**), devise and execute a plan to get them out of the kill zone



IMPORTANT CONSIDERATION



Consider using items such as **rope and dragging straps** to avoid making responders leave cover to care for the casualty

CPP

TCCC

CARE UNDER FIRE / THREAT OVERVIEW



Video can be found on deployedmedicine.com



MASSIVE HEMORRHAGE

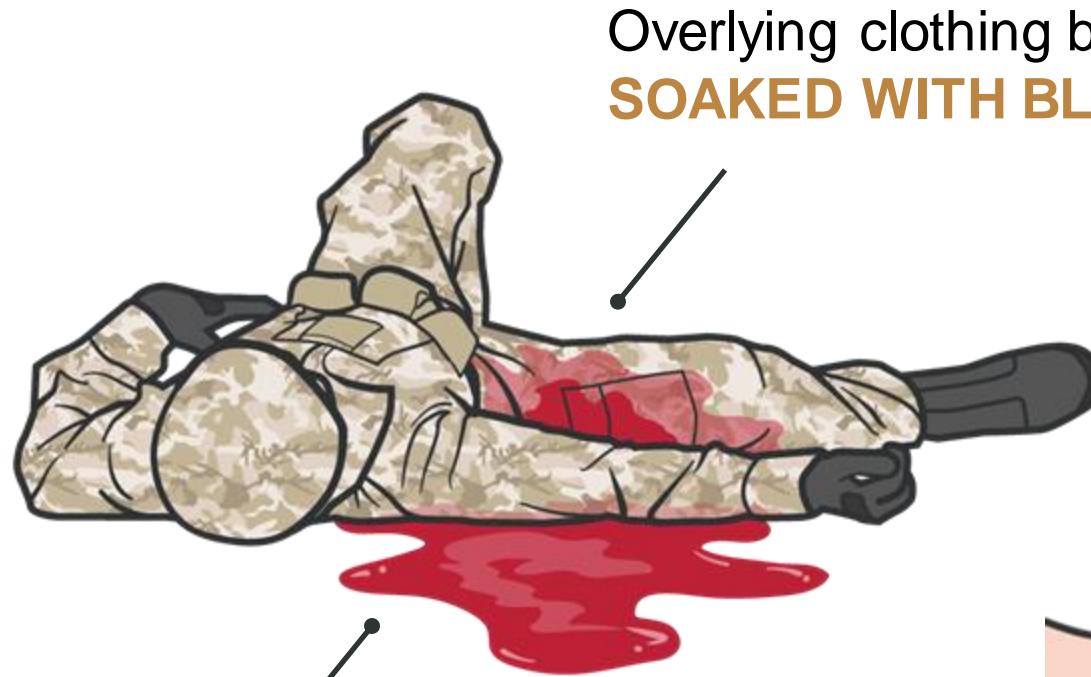
in CARE UNDER FIRE

IDENTIFY LIFE-THREATENING BLEEDING

VISUAL BLOOD SWEEP



Traumatic
AMPUTATION of
the **ARM** or **LEG**



BRIGHT RED BLOOD
pooling on the ground

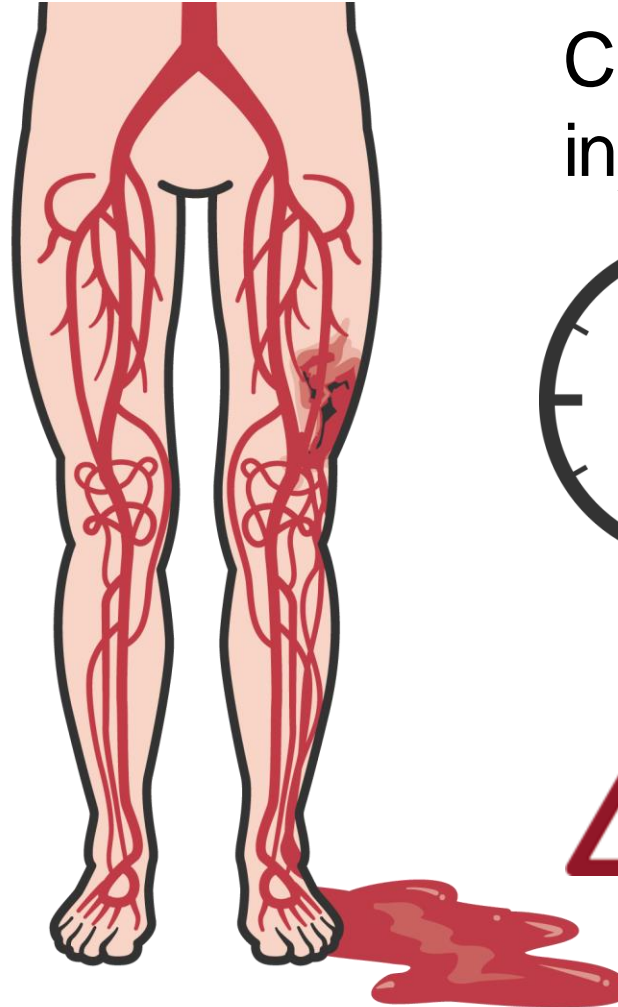
Overlying clothing becoming
SOAKED WITH BLOOD

PULSING or
STEADY BLEEDING
from the wound



TIME TO BLEED OUT

How long does it take to **BLEED TO DEATH** from a **MAJOR ARTERY**?



Casualties with such an injury can bleed to death in



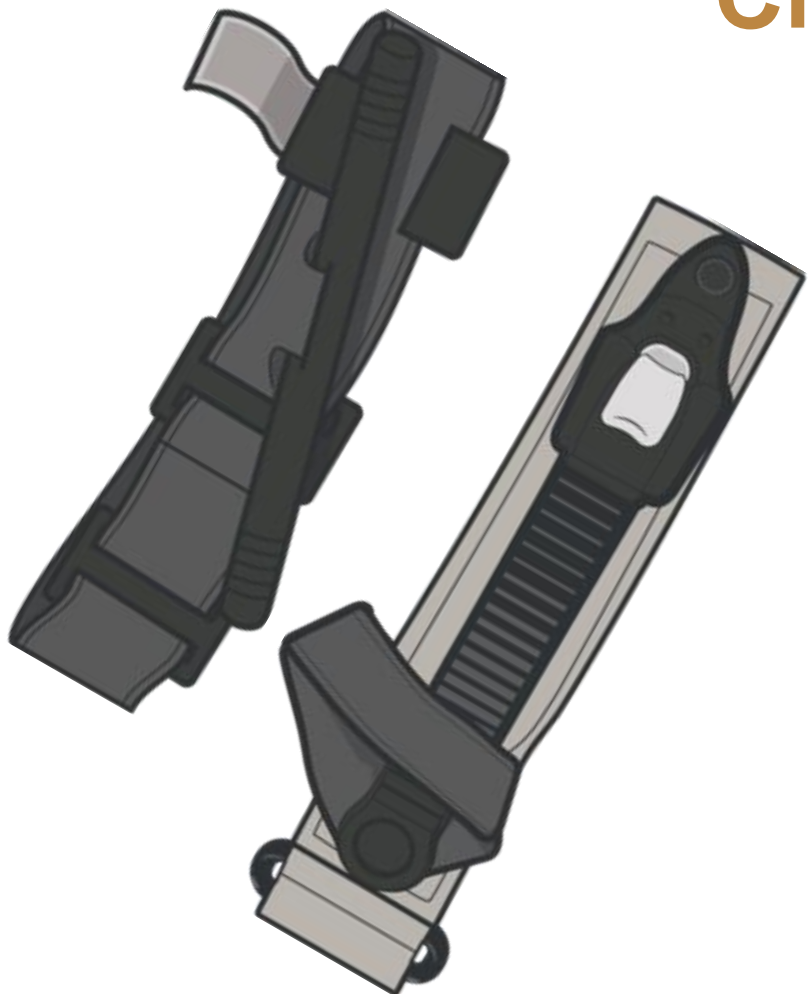
**THREE
MINUTES**
or less



**LIFE-THREATENING
BLEED SUSPECTED,
TREAT IT!**

TOURNIQUET APPLICATION

CRITICAL POINTS



- TQs are used to control massive or life-threatening hemorrhage on extremities
- TQs are **effective** and can be **applied quickly**
- TQs are the most important lifesaving item in the JFAK and should be kept **near the top** of your Aid Bag
- Some TQs tighten using a **windlass device**, while others use a **ratchet device**
- Always** use the **casualty's TQ first**

KNOW WHERE TO FIND A TOURNIQUET

QUICK ACCESS IS KEY!

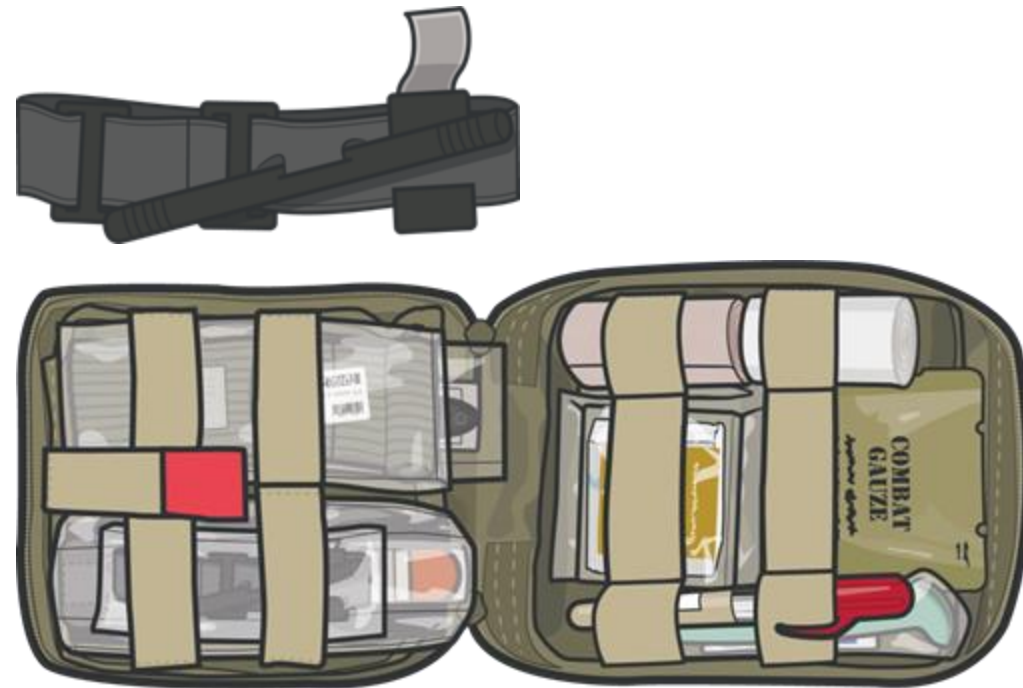
DO NOT leave your TQ at the bottom of your pack!

CASUALTY'S JFAK FIRST

When helping a casualty, use the **TQ** in the **casualty's JFAK first**

If the casualty is **missing** their **TQ**, then use the **next available option**

As a CPP, you're expected to have immediate access to medical equipment



INDIVIDUAL Joint First Aid Kit (JFAK)

SELF-APPLICATION, ONE-HANDED TOURNIQUET



ONE-HANDED APPLICATION

The one-handed application is normally used to apply a *CoTCCC-recommended* windlass or ratchet TQ to the **upper extremity**

WINDLASS and RATCHET TQs

Use the **windlass or ratchet** TQ from the JFAK

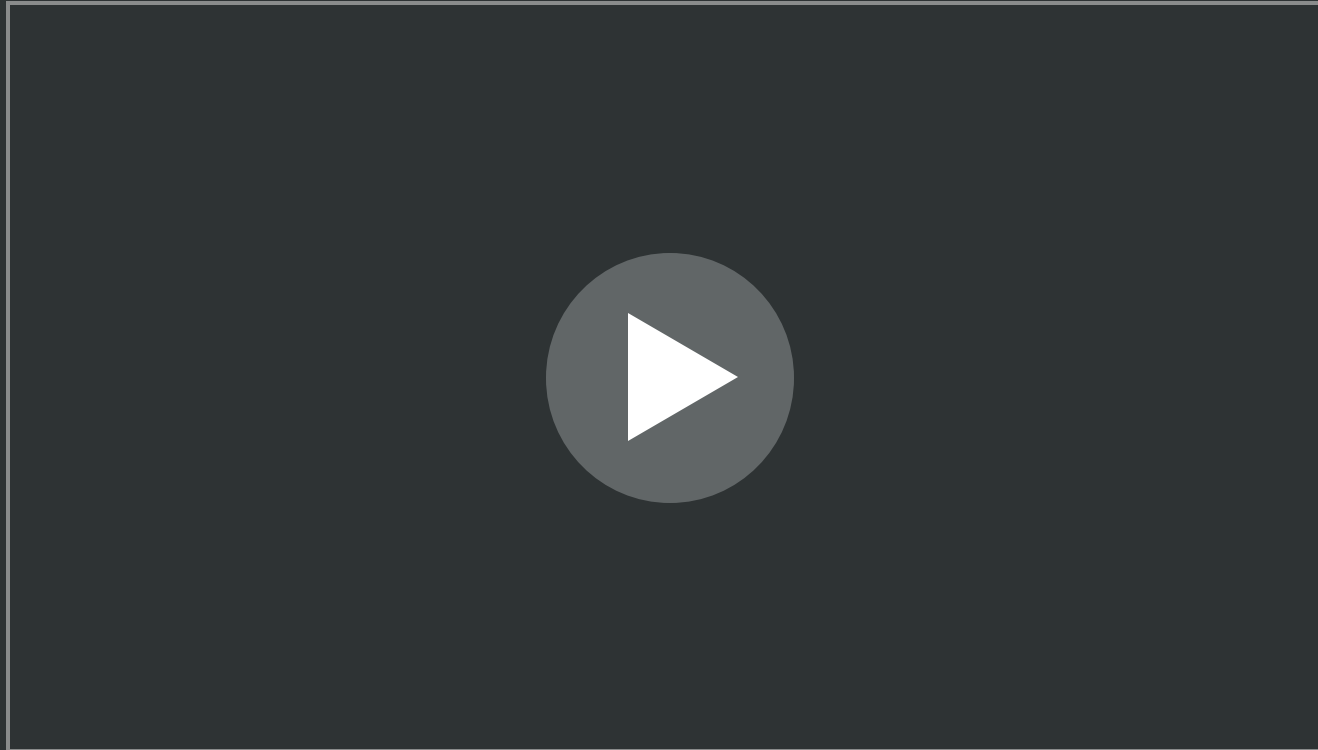
They are **effective** and can be **applied quickly**

ONE-HANDED WINDLASS TOURNIQUET APPLICATION



Video can be found on deployedmedicine.com

ONE-HANDED RATCHET TOURNIQUET APPLICATION



Video can be found on deployedmedicine.com

CASUALTY SUPPORT WHEN UNRESPONSIVE OR UNABLE TO MOVE



EXERCISE CAUTION in approaching the casualty to avoid creating additional casualties

Conduct a **VISUAL BLOOD SWEEP**, looking for major bleeding

If extremity bleeding is observed, apply a hasty "**high and tight**" TQ using the **two-handed method**



IMPORTANT CONSIDERATION:

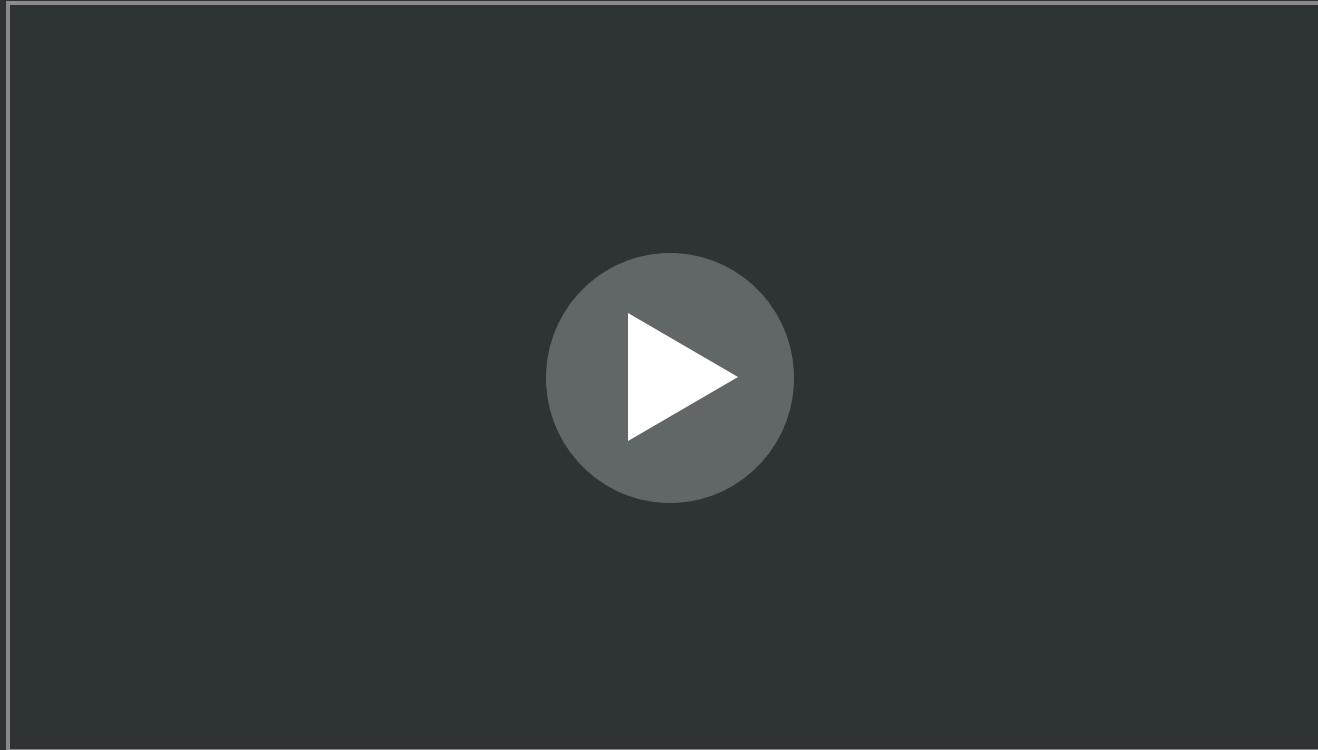
When helping a casualty, use the TQ in the **casualty's JFAK first**

TWO-HANDED WINDLASS TOURNIQUET APPLICATION



Video can be found on deployedmedicine.com

TWO-HANDED RATCHET TOURNIQUET APPLICATION



Video can be found on deployedmedicine.com

SKILL STATION

CUF Tourniquet Skills



**One-Handed (Windlass)
TQ Application in CUF**



**One-Handed (Ratchet)
TQ Application in CUF**



**Two-Handed (Windlass)
TQ Application in CUF**



**Two-Handed (Ratchet)
TQ Application in CUF**

DRAGS AND CARRIES

CRITICAL OBJECTIVES

- If you must move in CUF, **quickly** develop a casualty movement rescue plan
- From the point of injury, you must move the casualty to the **closest position** of cover
- Once bleeding is controlled, move the casualty to cover using a **one or two-person** drag/carry
- When moving casualties, **spinal injuries** are **NOT** a priority during CUF

One-person drags	Two-person carries
Advantages: Only one person exposed to enemy fire	Advantages: They are useful in situations where drags do not work well and are quicker than most one-person carries
Disadvantages: They are difficult to perform, and the rescuer can tire quickly	Disadvantages: Gives the rescuer a higher silhouette and are harder to accomplish with the added weight of rescuer's and/or the casualty's equipment

ONE-PERSON DRAGS AND CARRIES



SUPPORT CARRY

Used **only** for a conscious casualty



KIT OR ARM DRAG

Grab the **complete kit** or use the body armor **drag handle**, no additional equipment is required



PACK-STRAP CARRY

Best option for moderate distances, with unconscious casualty



NECK DRAG

Best option for limiting the casualty and rescuer from enemy fire exposure

ONE-PERSON CASUALTY DRAG/CARRY



Video can be found on deployedmedicine.com

TWO-PERSON DRAGS AND CARRIES



TWO-PERSON SUPPORTING CARRY

Can be used in transporting both conscious and unconscious casualties



KIT OR ARM DRAG

Can cause injury to either the rescuer or casualty; keep safety in mind



FORE AND AFT CARRY

Exposes both rescuers and casualty to hostile fire

TWO-PERSON CASUALTY DRAG/CARRY



Video can be found on deployedmedicine.com

SKILL STATION

Drag/Carry Skills



One-Person Drag/Carry



Two-Person Drag/Carry

SUMMARY

Knowledge Topics

- What is Care Under Fire / Threat?
- The importance of fire superiority
- Casualty Treatment Priorities in CUF
- Massive Hemorrhage Control in CUF
- Advantages and disadvantages of one- and two-person drag/carry methods

Skills and Abilities

- One-Person Drag/Carry
- Two-Person Drag/Carry

CHECK ON LEARNING



What is CUF / THREAT?



What are the signs of life-threatening bleeding?



How long does it take to bleed to death from a complete femoral artery and vein disruption?



What are the advantages and disadvantages of one-person drags?

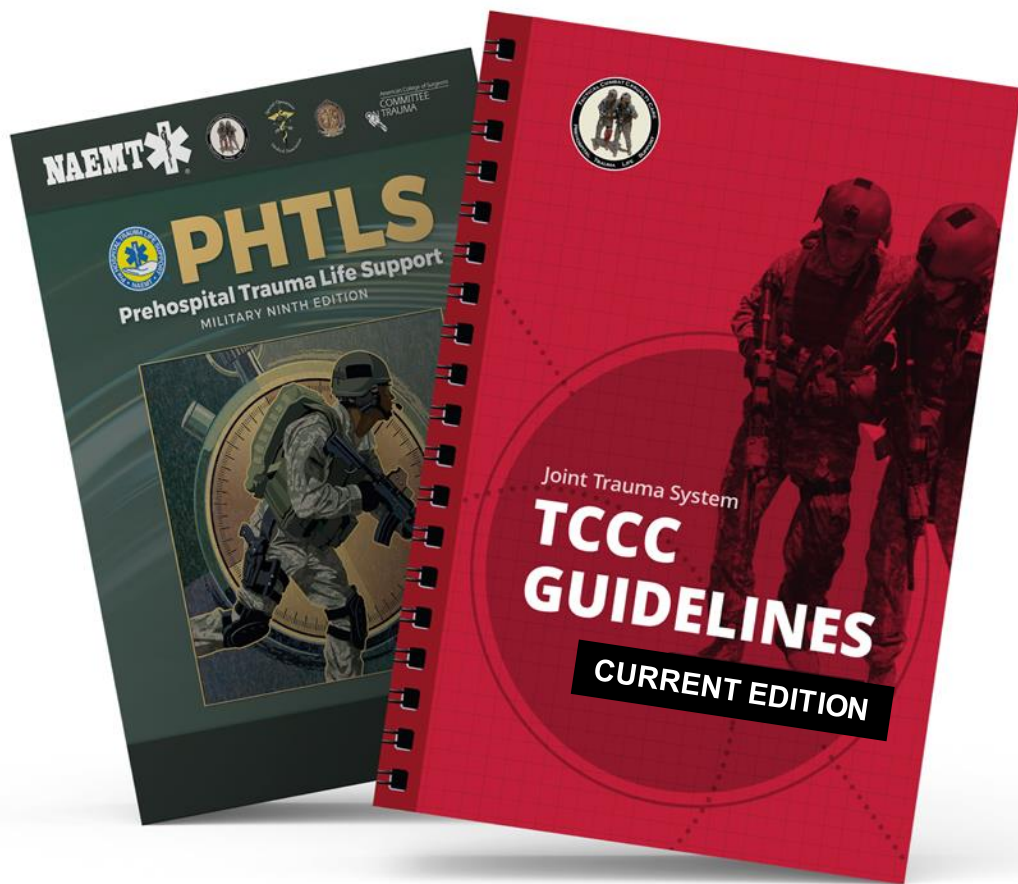


What are the advantages and disadvantages of two-person carries?



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

by NAEMT

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