

CPP

TCCC

**COMBAT PARAMEDIC/
PROVIDER**

TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 4: 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

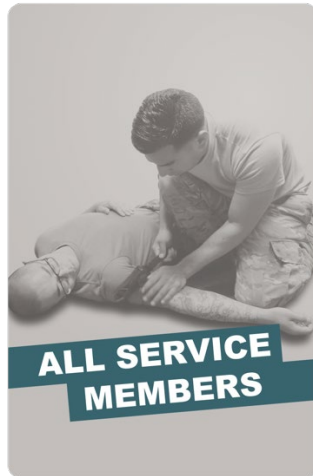
TCCC TIER 4
Combat Paramedic/Provider



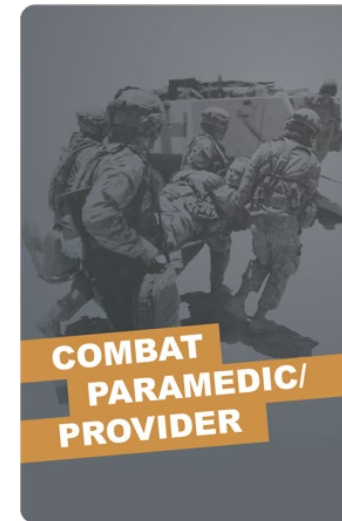
TACTICAL COMBAT CASUALTY CARE ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL
PERSONNEL



MEDICAL
PERSONNEL



▲
YOU ARE HERE

STANDARDIZED JOINT CURRICULUM



Module 4: Principles and Application of TFC

1 x **TERMINAL LEARNING OBJECTIVES**

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

- 4.1 Identify the importance of security and safety in Tactical Field Care.
- 4.2 Identify basic principles of removal/extraction of casualties from a unit-specific platform.
- 4.3 Identify the importance and techniques of communicating casualty information with unit tactical leadership and/or medical personnel.
- 4.4 Identify the relevant tactical and casualty data involved in communicating casualty information.
- ⦿ 4.5 Demonstrate communication of casualty information to tactical leadership and/or medical personnel (in accordance with Service and/or unit standard operating procedures in Tactical Field Care).
- 4.6 Identify triage considerations in Tactical Field Care.
- ⦿ 4.7 Demonstrate the consolidation and triage of casualties in a casualty collection point.
- 4.8 Describe the principles, roles, responsibilities, planning considerations, and management of a casualty collection point.

08 x **ENABLING LEARNING OBJECTIVES**



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Module 4: Principles and Application of TFC

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



PHASE 2: TACTICAL FIELD CARE

After **CARE UNDER FIRE (CUF)**, conduct more deliberate assessments and care following the **MARCH PAWS** sequence

.....

REMEMBER: The Tactical Situation could **REVERT** back to CUF at any time



IMPORTANT CONSIDERATIONS:

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

**TFC IS RENDERED WHEN THERE IS NO LONGER A
DIRECT THREAT OR EFFECTIVE ENEMY FIRE**



CASUALTY REMOVAL/EXTRACTION PRINCIPLES



PRINCIPLE 1:

SAFETY is critical

PRINCIPLE 2:

MARCH still applies. If possible, you may want to initiate lifesaving measures (e.g., applying a TQ before extraction) and continuously monitor the casualty

PRINCIPLE 3:

TRAINING

*Extractions will vary based on the **UNIT**, **MISSION**, and **VEHICLES** located in your area of responsibility*



SECURITY AND SAFETY IN TFC

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 IMMEDIATELY HAVE:

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





SECURITY AND SAFETY IN TFC

Combat Paramedic/Provider (CPP)
and **Combat Medic Corpsmen (CMC)**
should be ready to receive casualties in
an area that provides adequate cover



COMMUNICATE



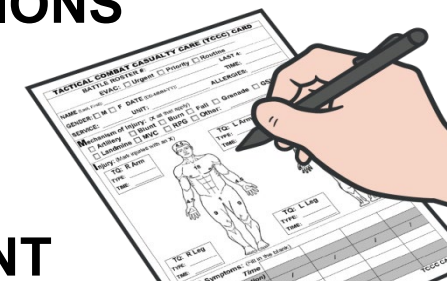
REASSESS



DIRECT ACTIONS



DOCUMENT

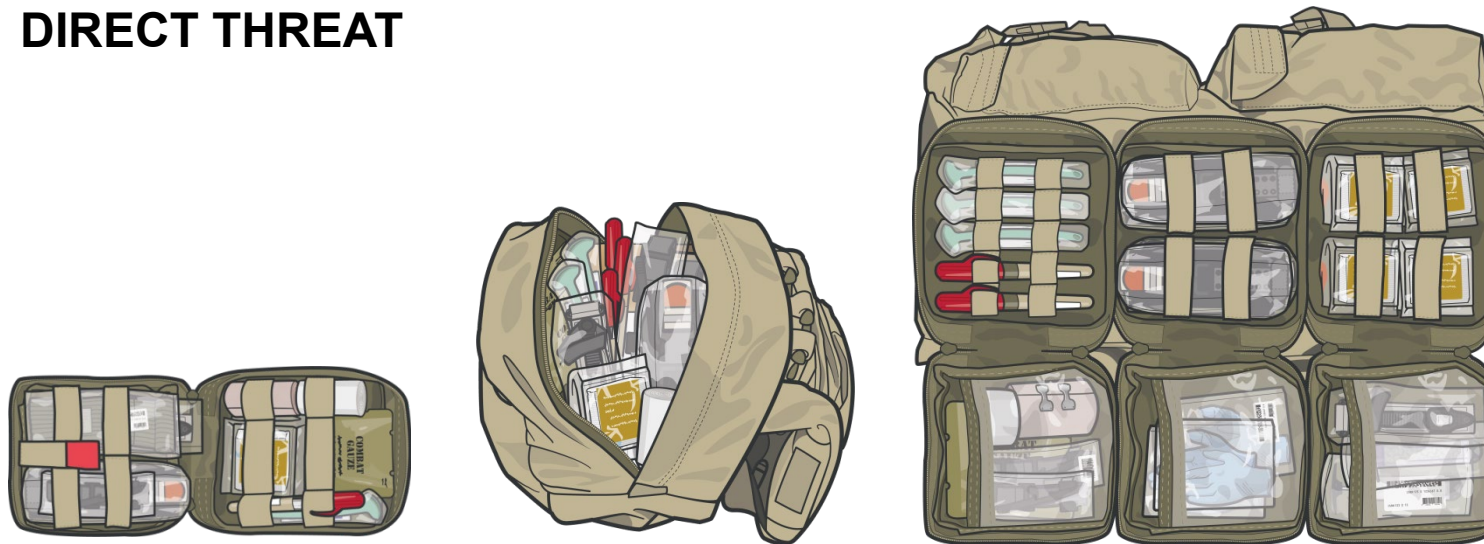




OTHER CONSIDERATIONS IN TFC

OUT OF DIRECT FIRE

TFC is when the casualty and the responder are **NOT UNDER EFFECTIVE ENEMY FIRE OR DIRECT THREAT**



LIMITED SUPPLIES

Medical equipment and supplies are **LIMITED** to what the CPP, CMCs, other unit members, and the casualty carry on the mission



REMEMBER

- Always use the casualty's JFAK **FIRST**
- TFC can turn into a CUF situation **unexpectedly**
- Personnel should **maintain** their situational awareness at all times
- Medical personnel and first responders should be prepared to **move casualties on short notice**



MARCH PAWS

DURING LIFE-THREATENING

M MASSIVE BLEEDING
#1 Priority

A AIRWAY

R RESPIRATION

C CIRCULATION

H HYPOTHERMIA /
HEAD INJURIES

AFTER LIFE-THREATENING

P PAIN

A ANTIBIOTICS

W WOUNDS

S SPLINTING



COMMUNICATION



COMMUNICATE with the casualty, if possible

■ **ENCOURAGE**

■ **REASSURE**

■ **EXPLAIN CARE**

(each step of the way)



COMMUNICATE with **first responders**, other **medical personnel**, and **tactical leadership** about casualty injuries, condition, movement, and ongoing care

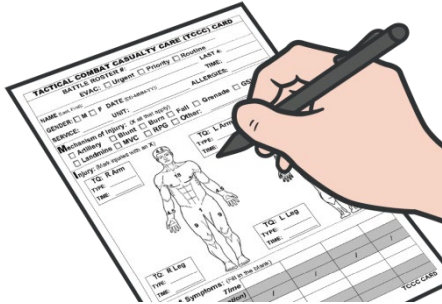


COMMUNICATE with **tactical leadership** **IMMEDIATELY** on evacuation requirements

Continue to communicate with leadership on casualty status as needed



COMMUNICATE RELEVANT CASUALTY INFORMATION



DOCUMENT ALL assessments and medical care (*including interventions and medications*) on the DD Form 1380

Tactical Leadership will **COMMUNICATE** with evacuation assets using:

MEDEVAC request

MIST Report

Mechanism of injury

Injuries

Symptoms

Treatment

Relay casualty information following your unit standard operating procedures

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

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

MIST report may **change** as the **casualty status** changes and in response to **interventions** performed



TRIAGE: PRIORITIZING MULTIPLE CASUALTIES



Multiple casualties may need to be sorted into **prioritized treatment groups**

The CPP may be required to **triage** casualties based on severity of injuries

The CPP will prioritize care for the most urgent casualties

First responder personnel can **assist**, care for less urgent casualties, **monitor** casualties after emergency interventions, and help **prepare** casualties for evacuation



TRIAGE CONSIDERATIONS

This would be an example of your immediate

#1

**Massive
Bleeding**

#1 Priority

#2

**Airway
Compromise**

#3

**Respiratory
Distress**

#4

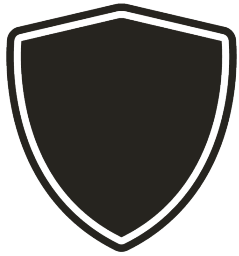
**Altered
Mental
Status**

#5

**HEMORRHAGIC
SHOCK**



CASUALTY COLLECTION POINT SELECTION CRITERIA



SECURITY



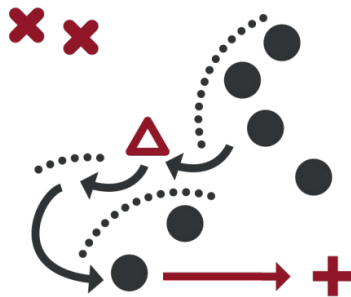
COMMAND and
CONTROL



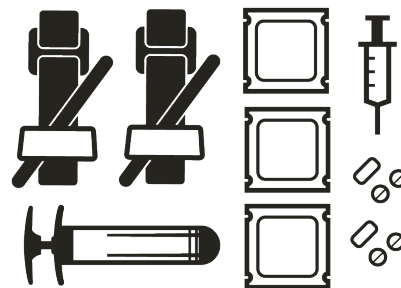
Appropriate **TRIAGE AND**
MEDICAL TREATMENT



Situational
AWARENESS



ORGANIZATION



Control of **EQUIPMENT**
and **SUPPLIES**



ACCOUNTABILITY



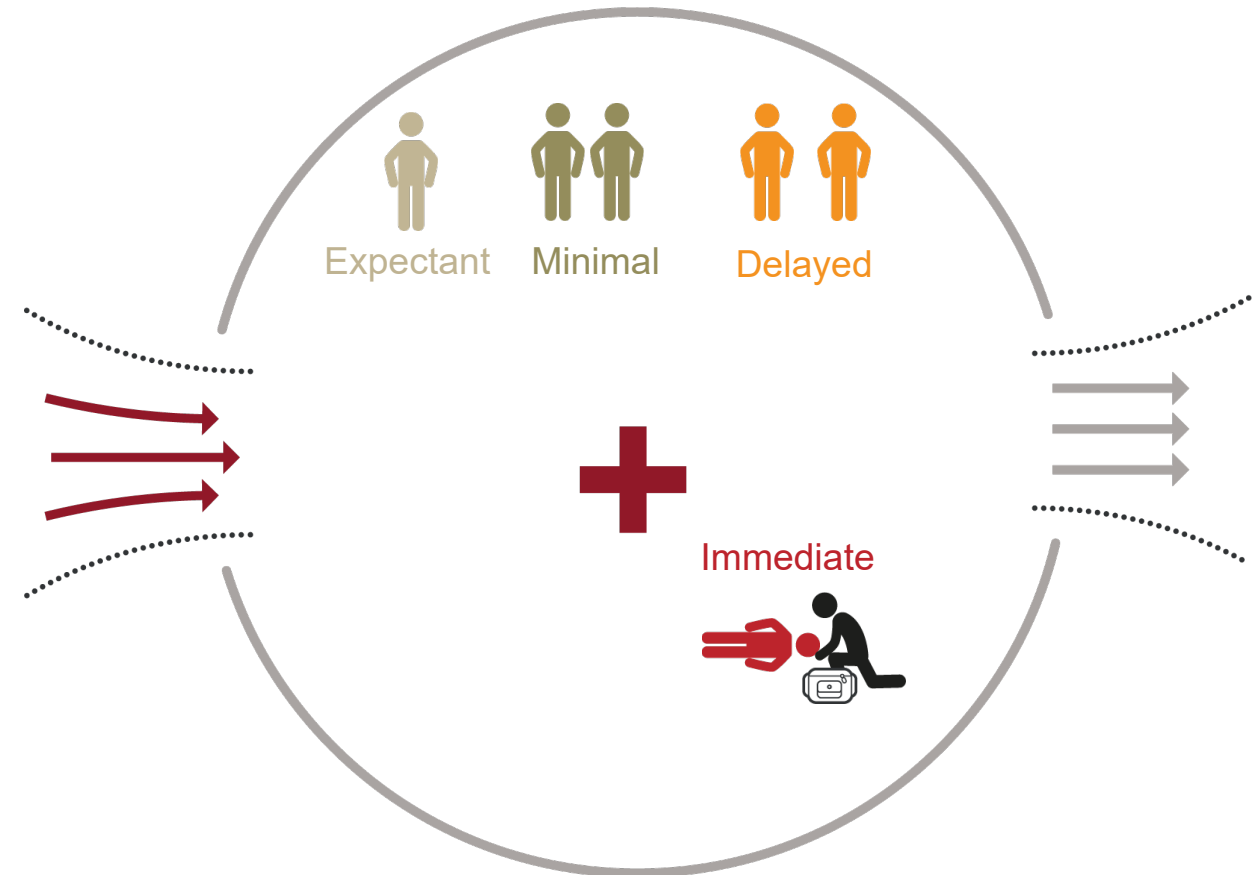
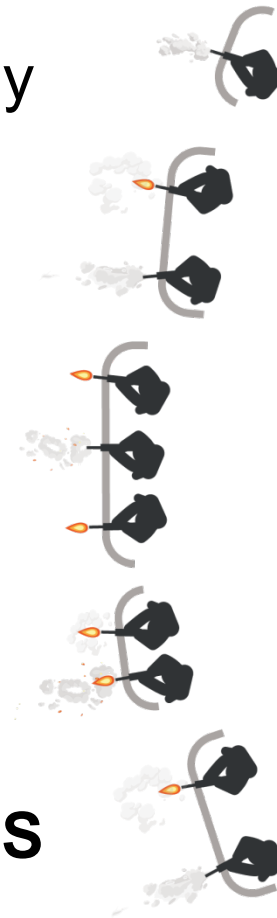
CASUALTY COLLECTION POINT PRINCIPLES

Locate **CCP** reasonably close to the fight

Locate near natural "lines of drift"

Offer **COVER** and **CONCEALMENT** from the enemy

Have **ACCESS TO EVACUATION ROUTES**



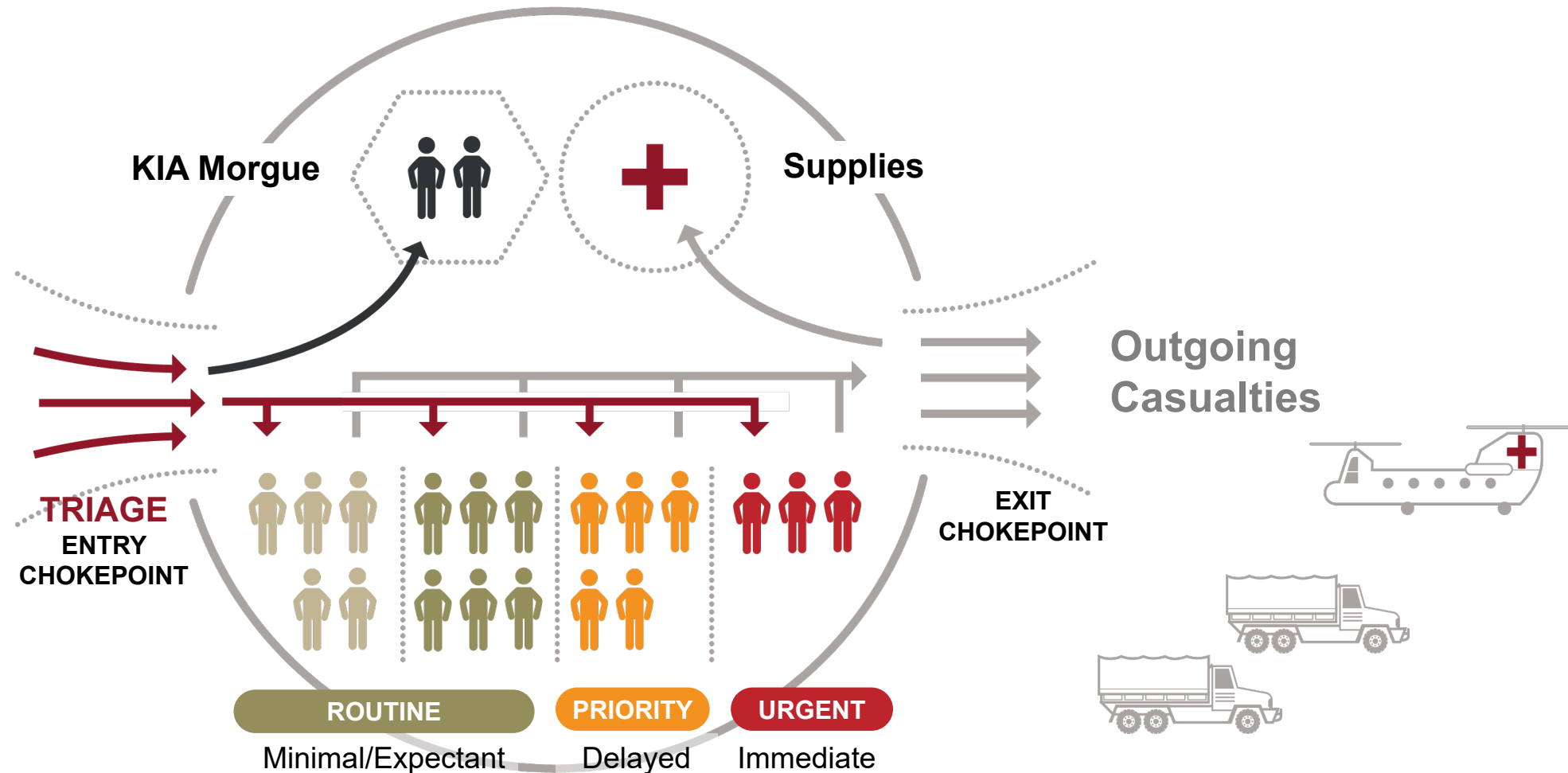


CASUALTY COLLECTION POINT ROLES/RESPONSIBILITIES

UNIT LEADERSHIP	MEDICAL PERSONNEL
<ul style="list-style-type: none">• Security• Command and Control• Battlefield Situational Awareness• Casualty Flow and Movement• Everything outside of the CCP	<ul style="list-style-type: none">• Triage• Casualty treatment and monitoring• Casualty packaging and staging for evac• Assistance requests from other units• Provide guidance to leadership on casualty management and evac• Manage medical equipment and supplies

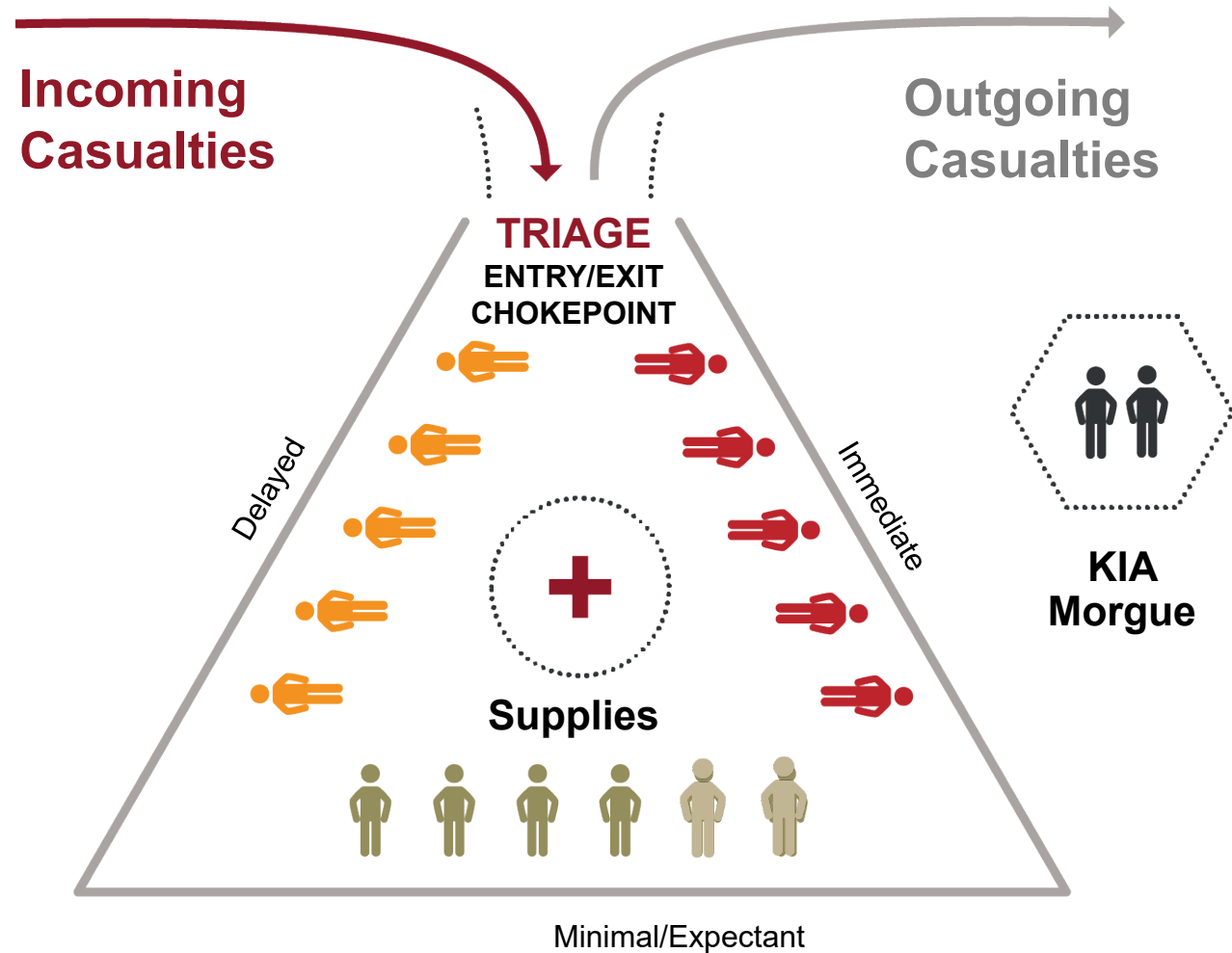
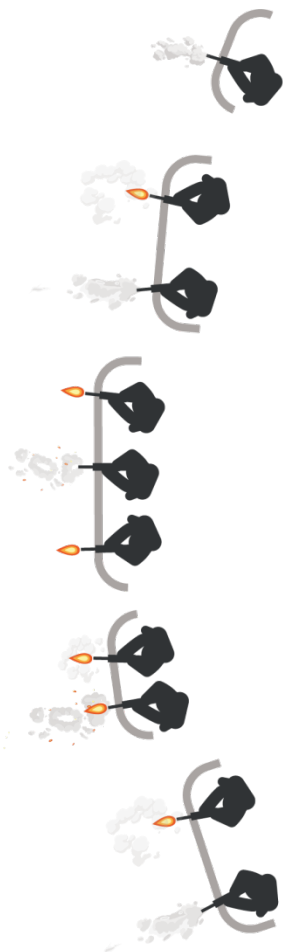


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT



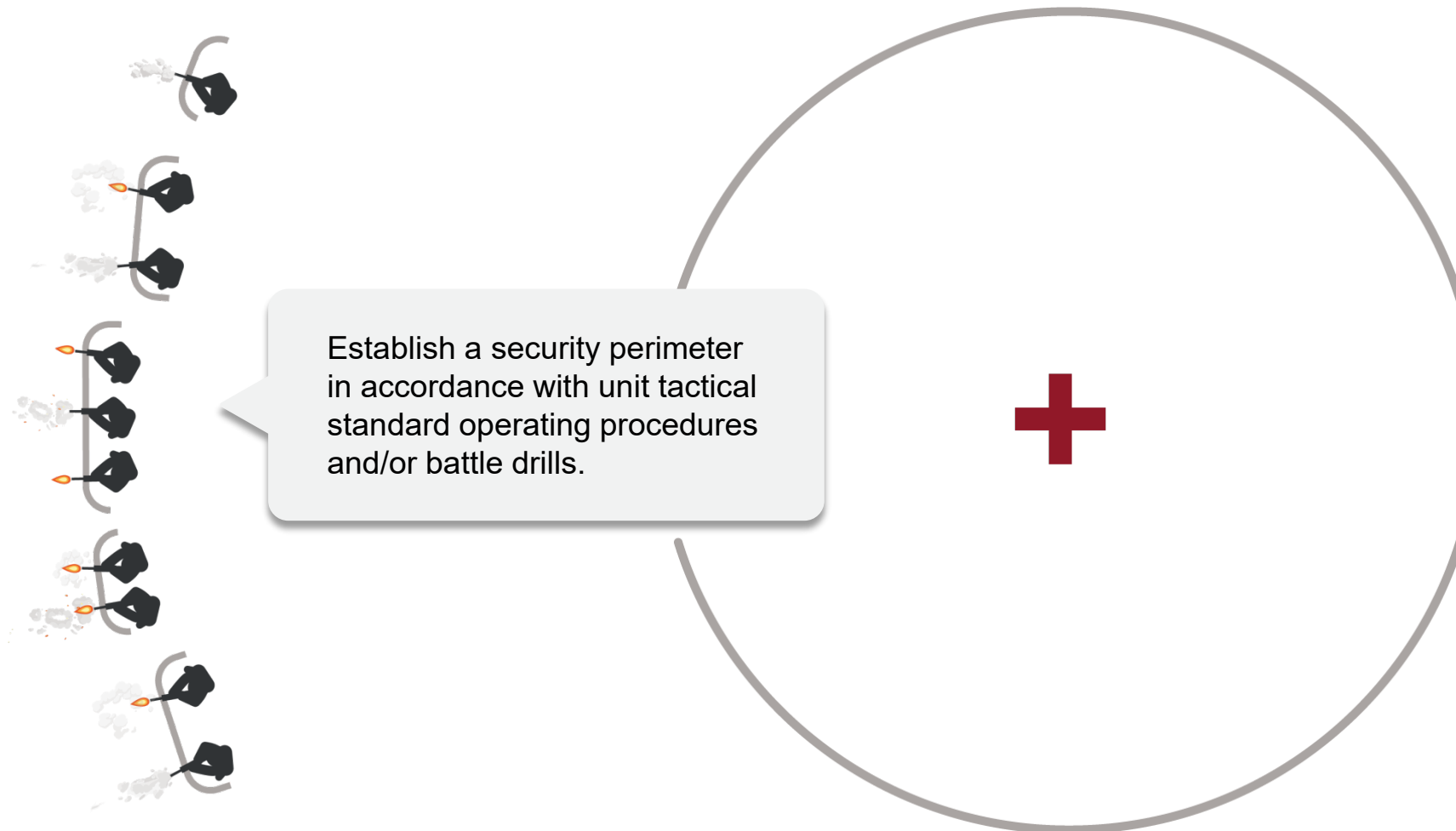


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



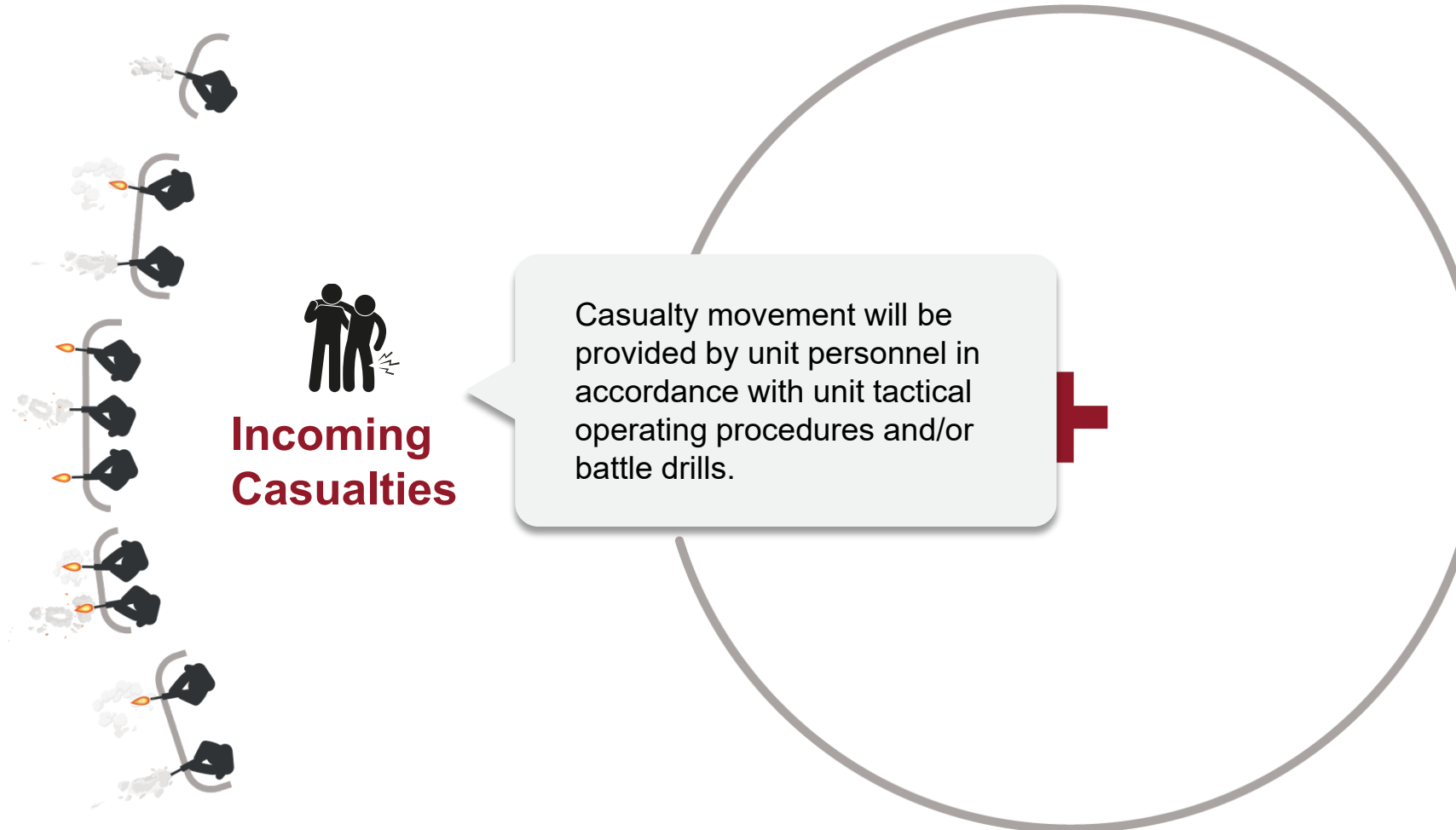


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



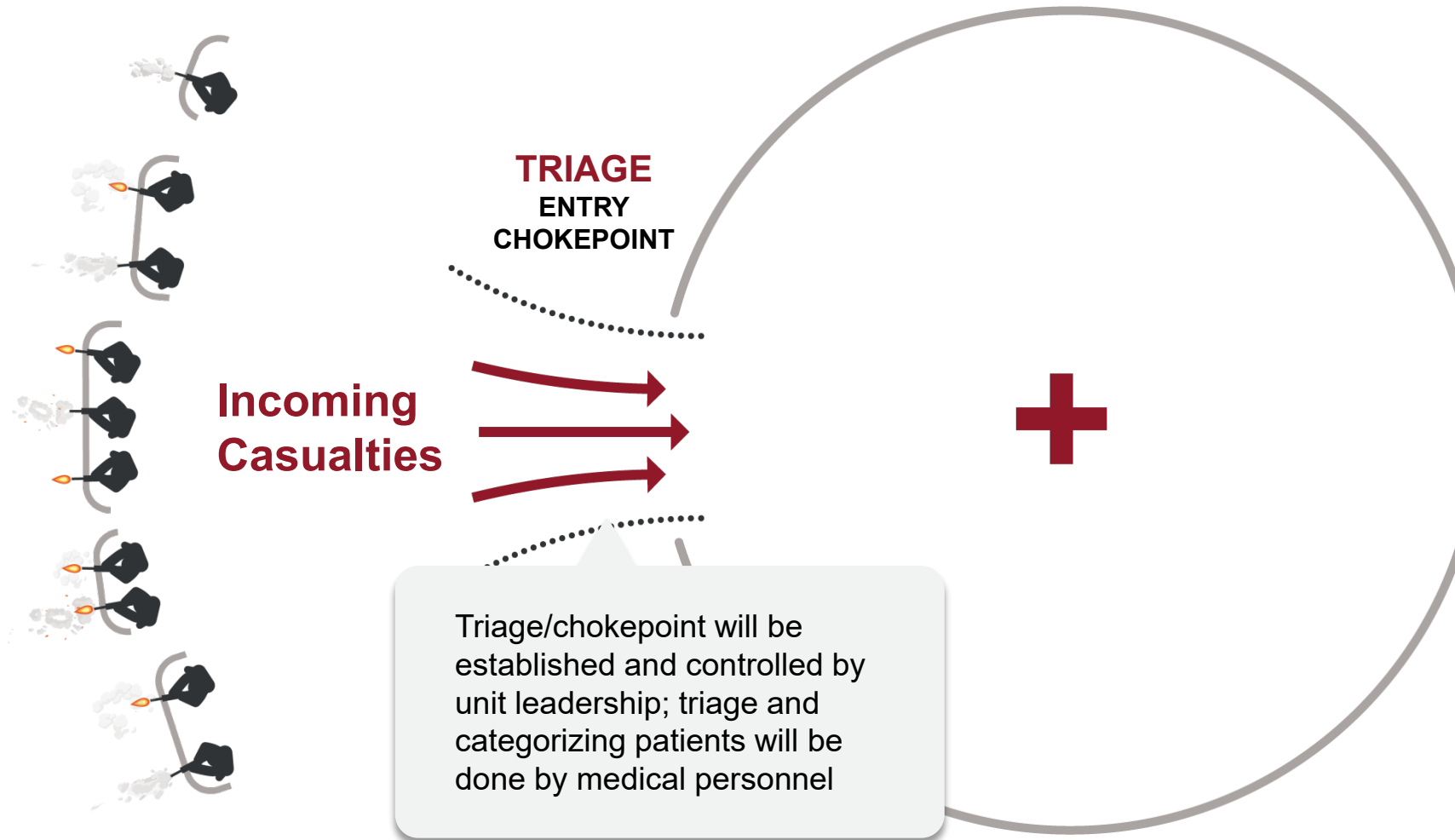


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



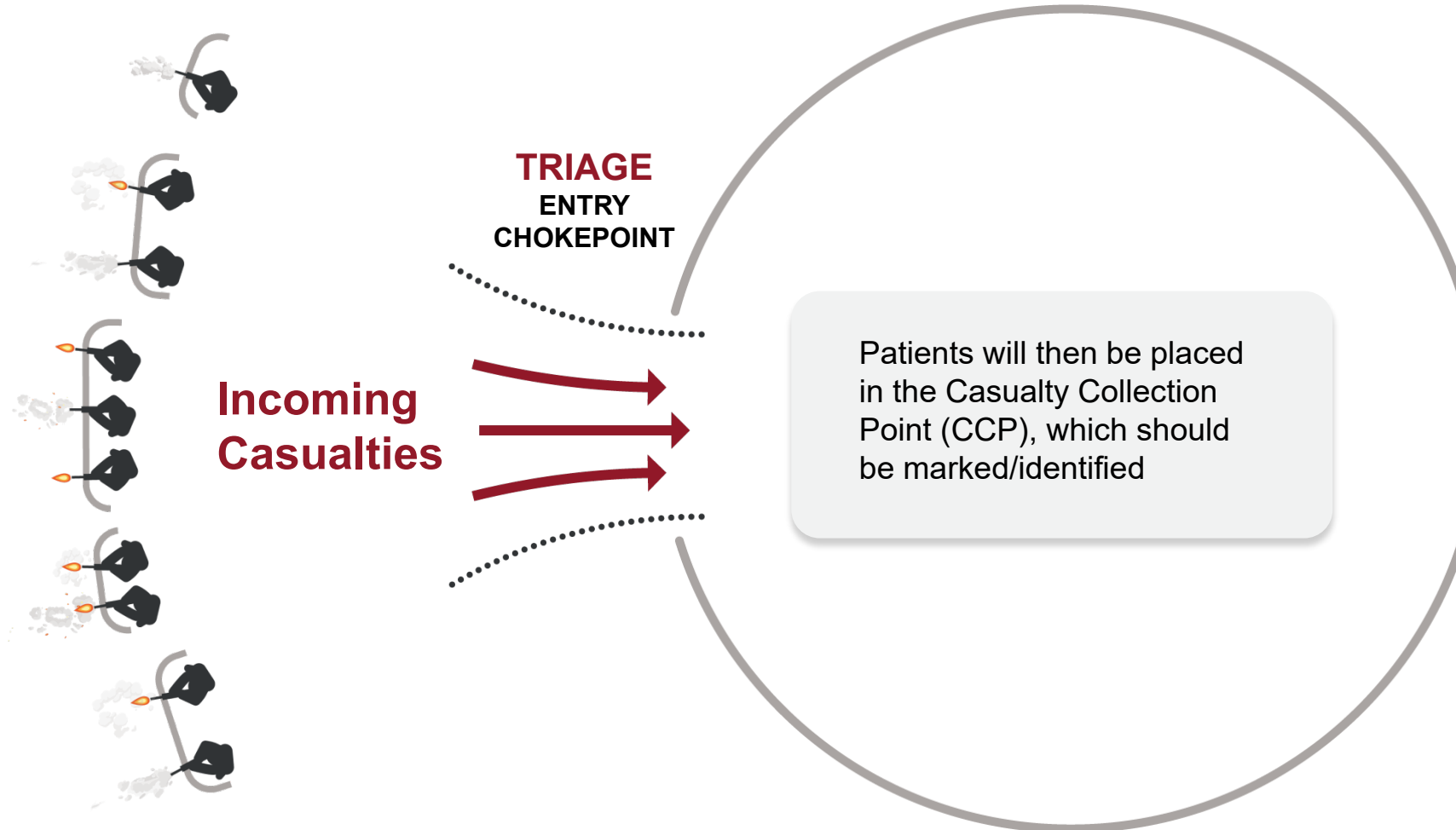


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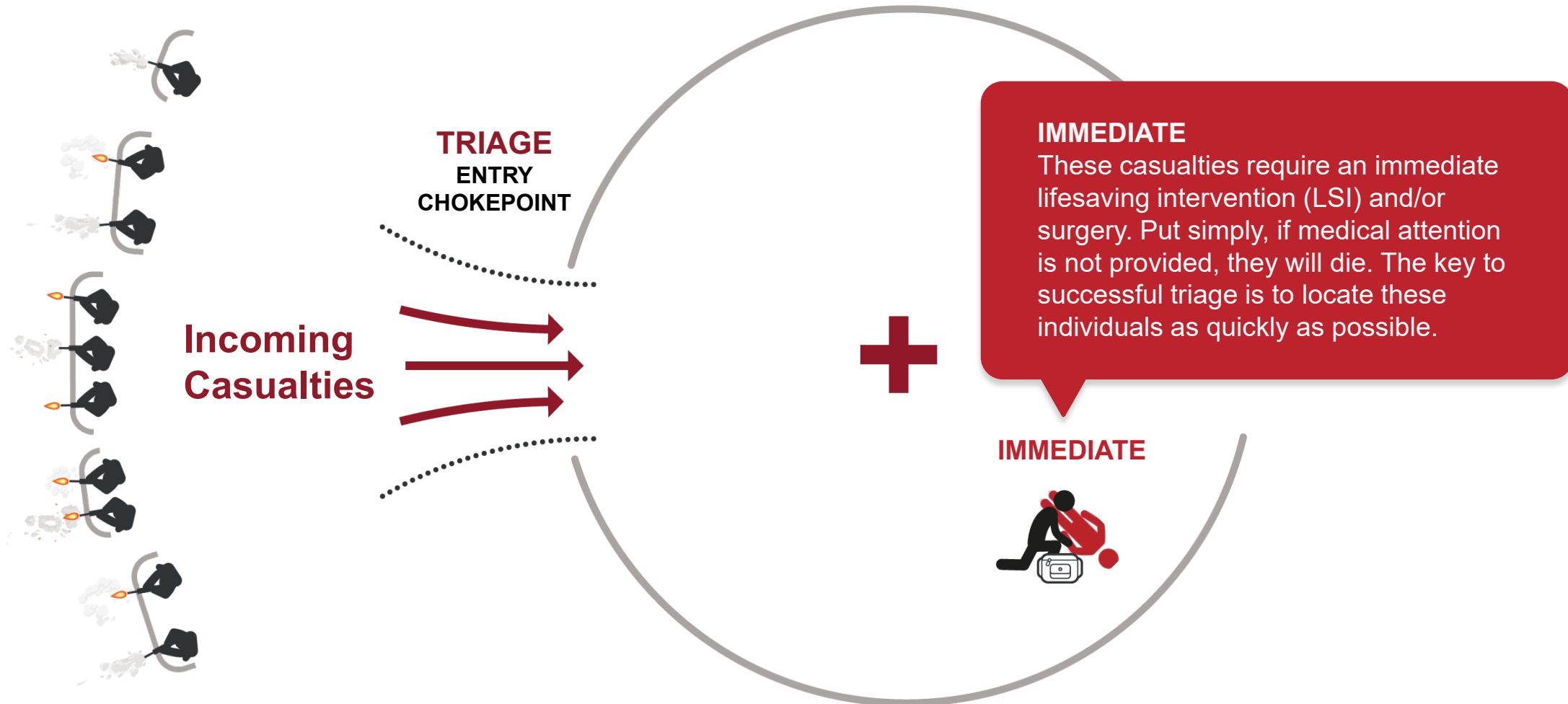


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



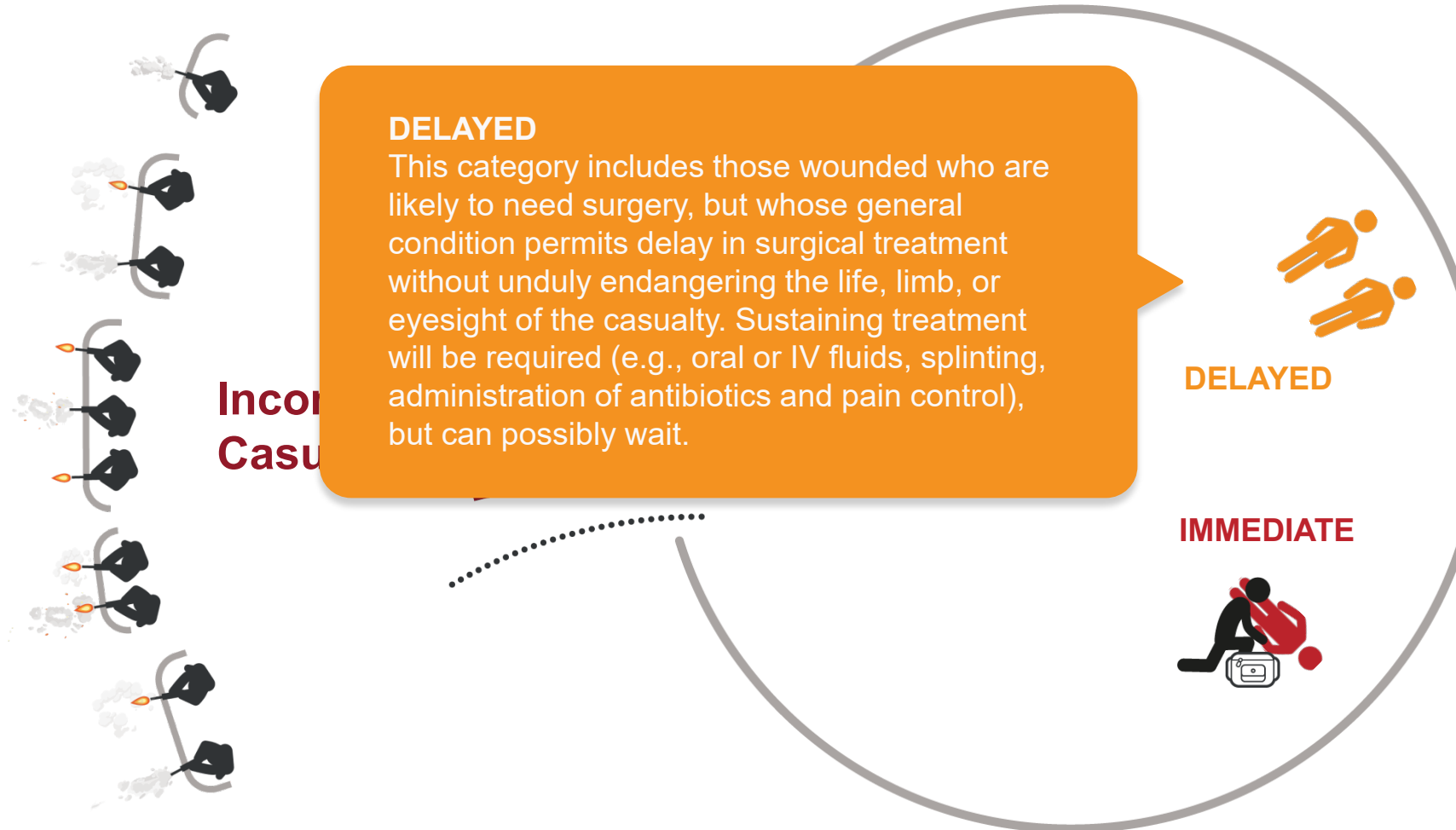


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



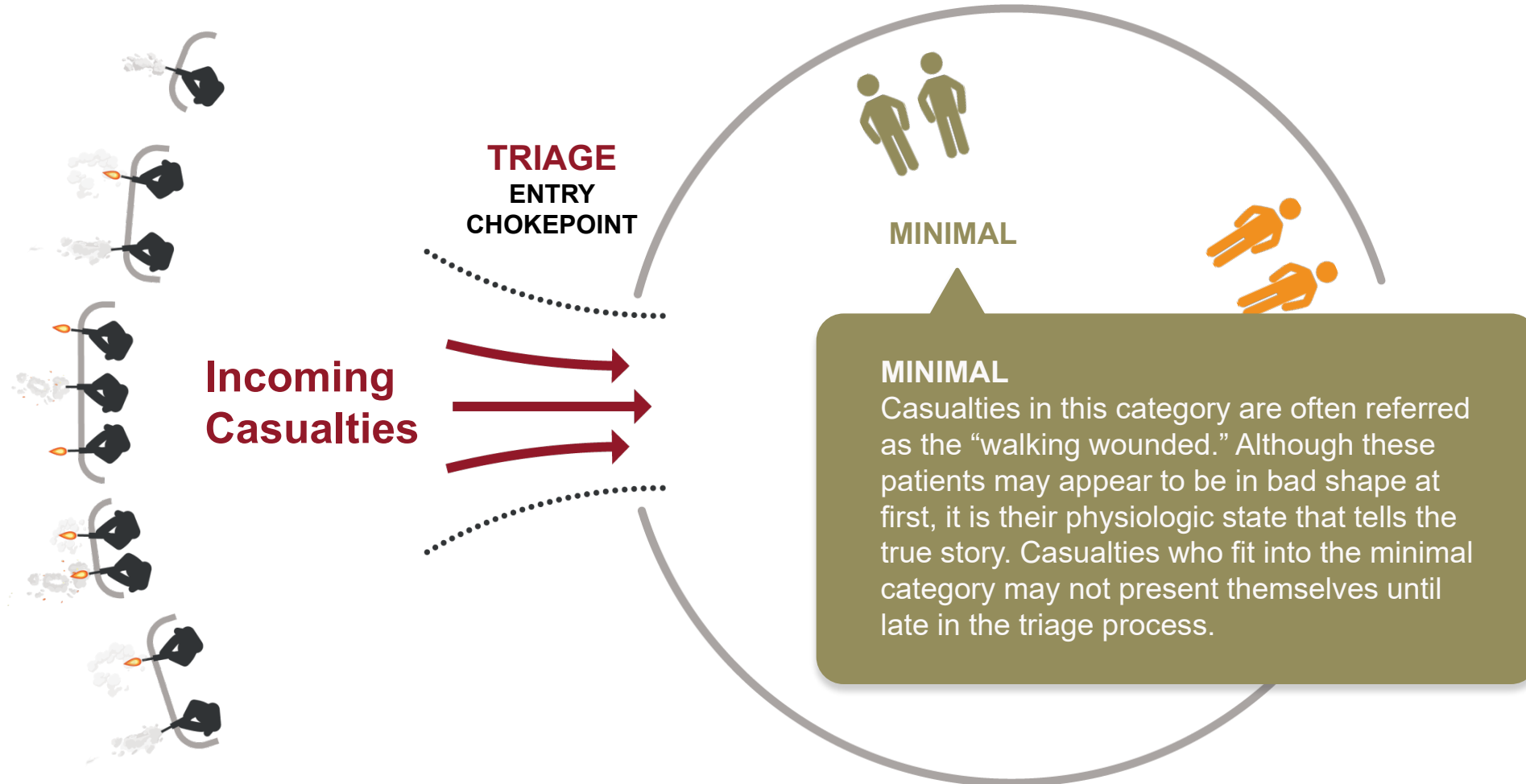


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



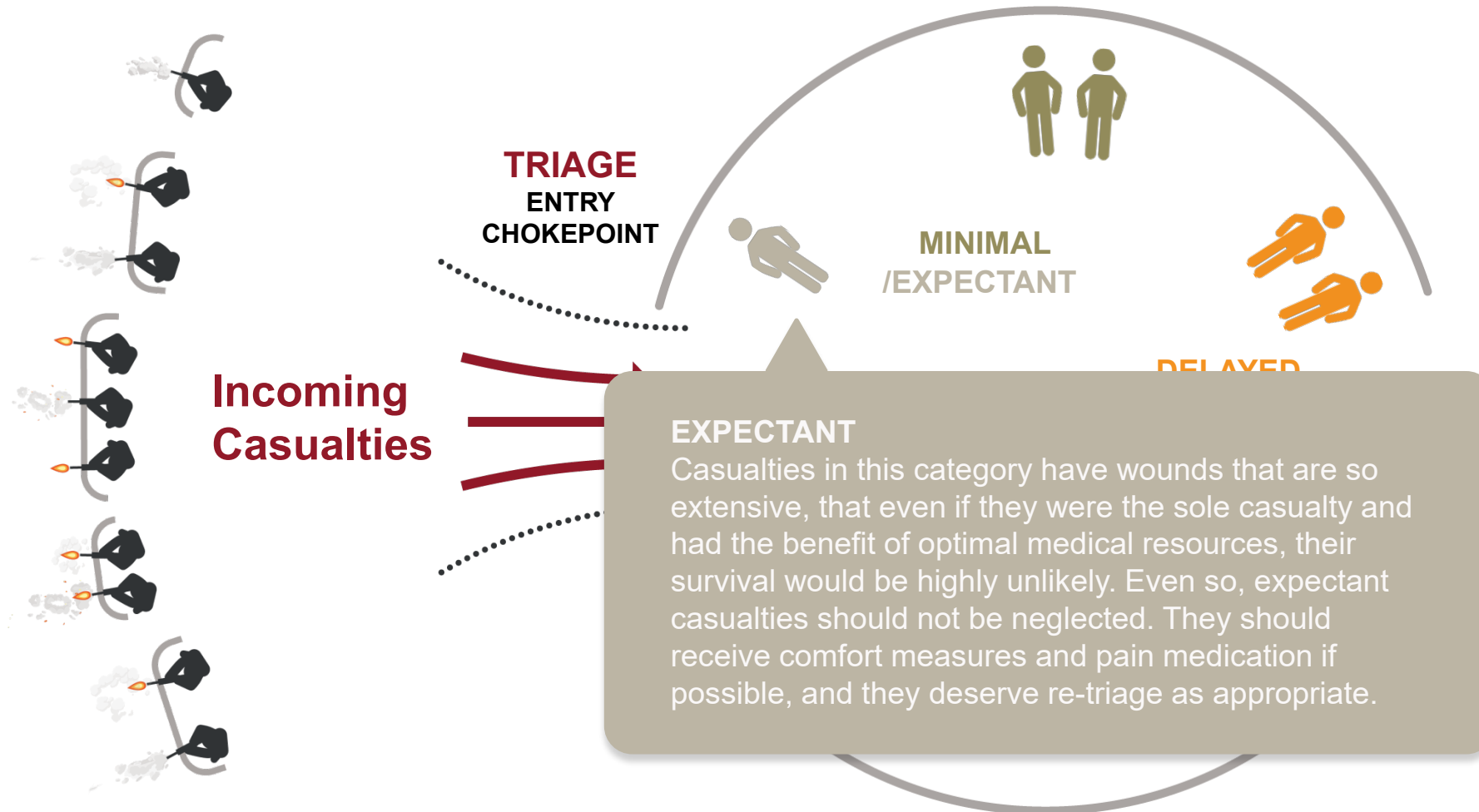


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



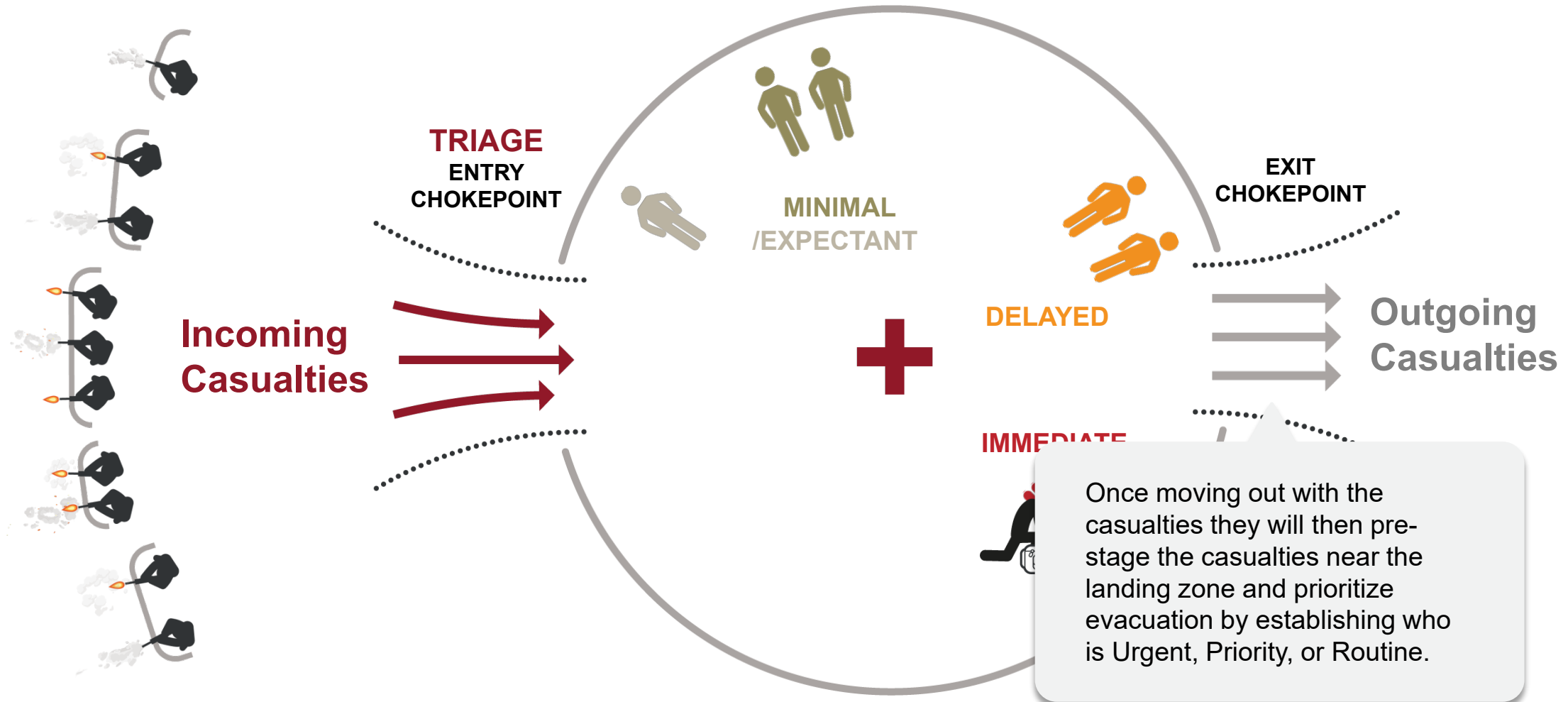


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



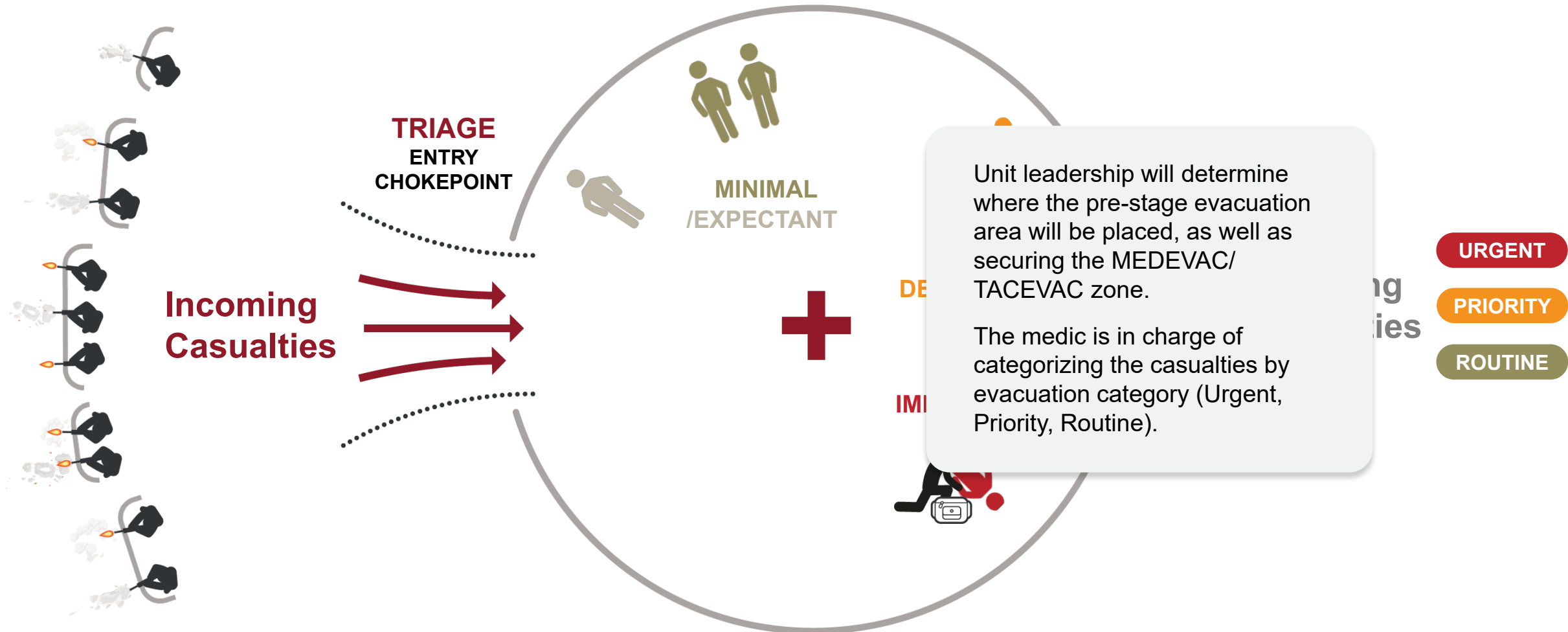


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



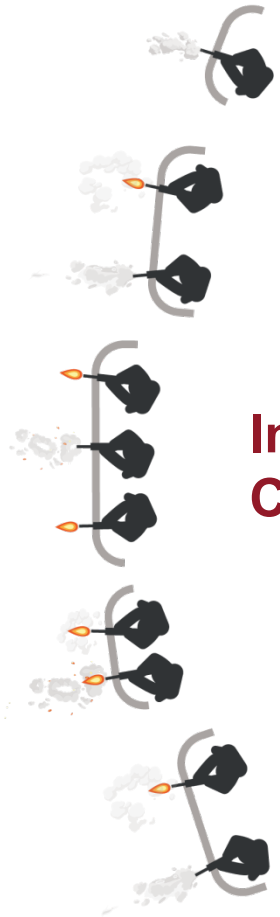


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*





CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



**Incoming
Casualties**

URGENT

Evacuation within 2 hours, denotes a critical, life-threatening injury. Suggestions for different injury patterns in this category are:

- Significant injuries from a dismounted IED attack
- Gunshot wound or penetrating shrapnel to chest, abdomen, or pelvis
- Blunt chest, abdominal, or pelvic trauma with suspected noncompressible hemorrhage
- Ongoing airway difficulty
- Ongoing respiratory difficulty
- Unconscious casualty
- Known or suspected spinal injury
- Hemorrhagic shock
- External bleeding that is difficult to control
- Extremity injury with absent distal pulses
- Moderate/severe TBI
- Burns greater than 20% TBSA

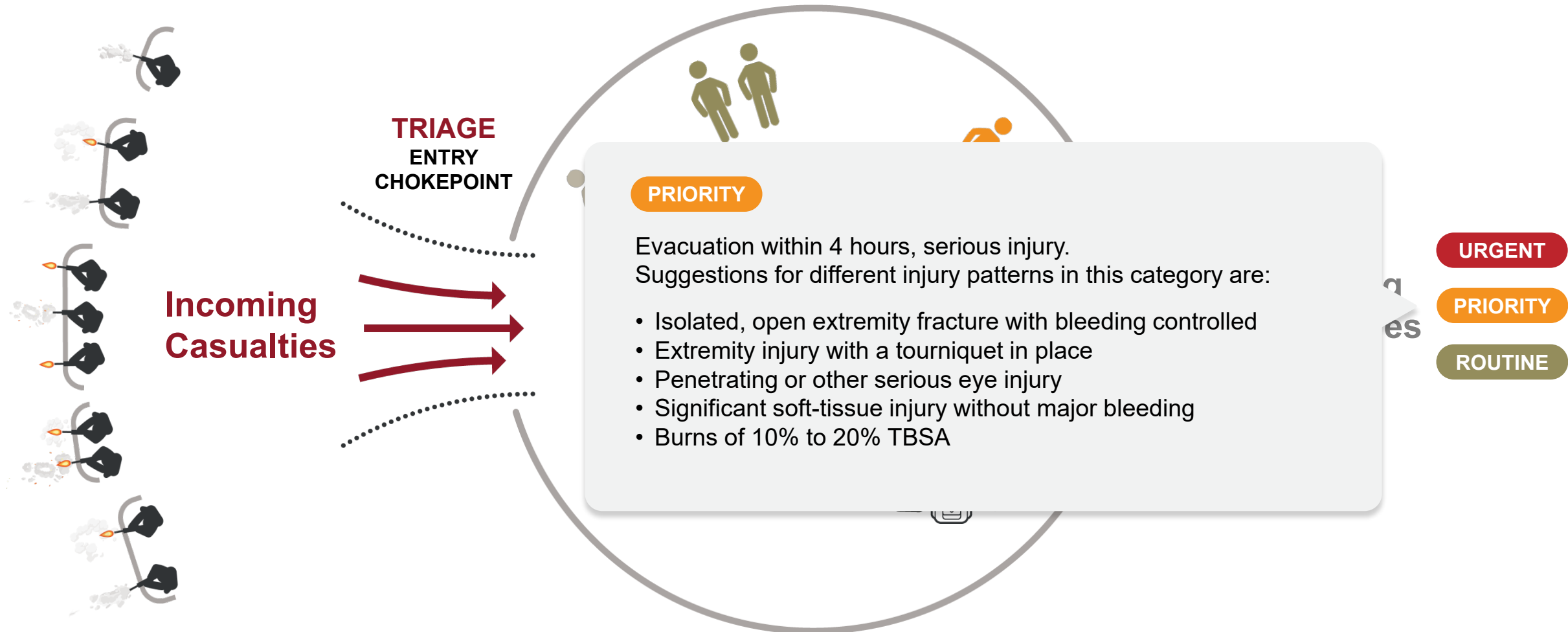
URGENT

PRIORITY

ROUTINE

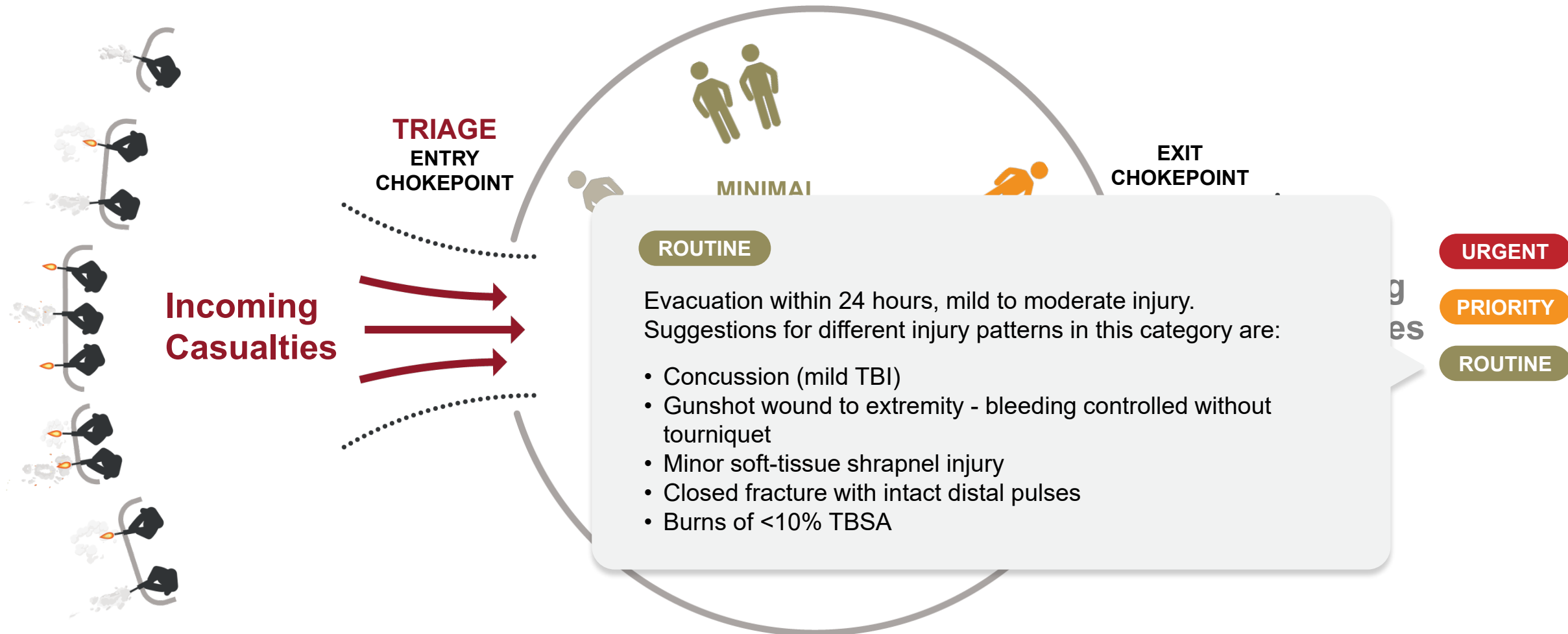


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*



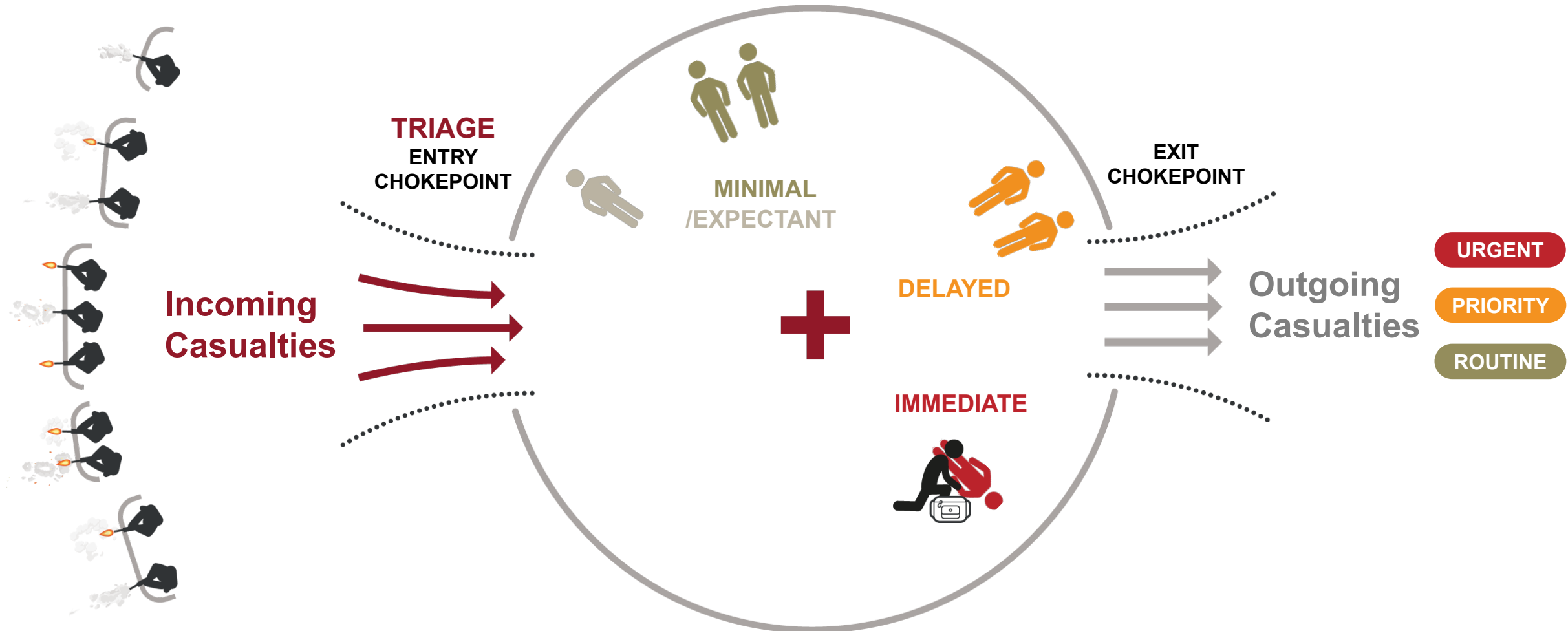


CASUALTY COLLECTION POINT LAYOUT AND MANAGEMENT *(cont.)*





CASUALTY COLLECTION POINT LAYOUT AND RESPONSIBILITY considerations





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Module 8: Respiration Assessment & Management in TFC

SKILL STATIONS



Communication of Casualty Information



Tactical Field Care Casualty Collection Point (CCP)



SUMMARY

Knowledge Topics

- Importance of security and safety in TFC
- Basic principles of removal/extraction of casualties from a unit specific platform
- Identify the relevant tactical and casualty data involved in communicating casualty information
- Triage consideration in TFC
- Roles, Responsibilities, planning considerations, and management of a CCP

Skills and Abilities

- Communication of casualty information to tactical leadership and medical personnel
- Consolidation and triage of casualties in a CCP



CHECK ON LEARNING



What is the difference between TFC and CUF?



True or False: During TFC, the tactical situation could change back to CUF again at any time?



What is MARCH PAWS?



What is triage?



What is a CCP?

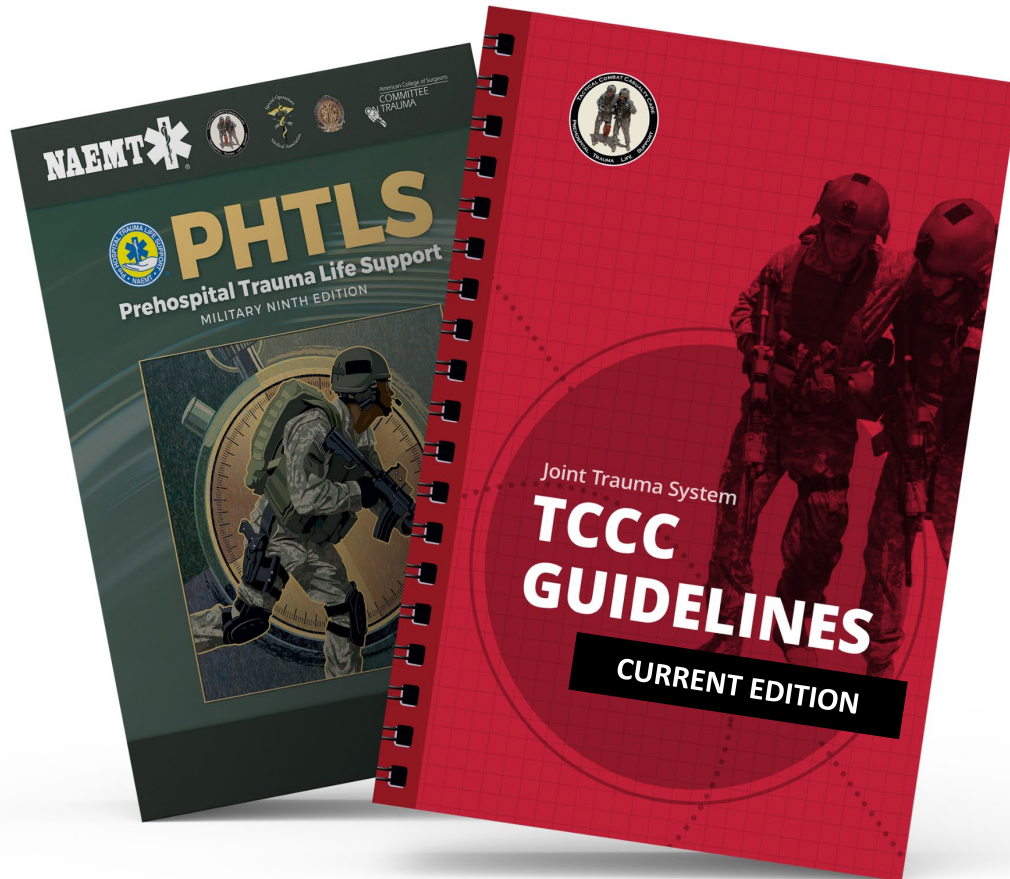


ANY QUESTIONS?





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 Chapters 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.