Perform Tactical Combat Casualty Care
All Service Members (TCCC-ASM)
Please direct your attention to the video.
TACTICAL COMBAT CASUALTY CARE COURSE FOR ALL SERVICE MEMBERS (TCCC ASM)

- SECDEF has directed ALL service members be trained and proficient in basic lifesaving TCCC skills.

TCCC ASM Course

- Replaces the current military first aid courses.
- This evidence-based training reflects the casualty care lessons of nearly two decades of war and has the potential to significantly reduce preventable prehospital trauma-related deaths.
- The dividend in this course will be in the lives saved.
OVERVIEW

❖ Three Phases of TCCC
- Care Under Fire / Threat
- Tactical Field Care (M.A.R.C.H.)
- Tactical Evacuation

❖ Other Secondary Injuries
- Eye Trauma
- Head Injury
- Burns
- Fractures

❖ First Aid Kits
- Individual First Aid Kit (IFAK)
- Shipboard First Aid Box
OVERVIEW (Cont.)

By the end of this course, you will know the fundamental concepts of

- Tactical Combat Casualty Care - All Service Members (TCCC-ASM)

and be able to perform

- 5 LIFESAVING SKILLS

at a basic competency level
Tactical Combat Casualty Care (TCCC)
# LEARNING OBJECTIVES

## STUDENT LEARNING OBJECTIVES

### 10 TERMINAL LEARNING OBJECTIVES (TLOs)

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<td>Describe the practice of TCCC</td>
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<td>Describe the use of a first aid kit</td>
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<td>Perform a rapid casualty assessment</td>
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<td>04</td>
<td>Demonstrate basic care for a casualty with massive bleeding</td>
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<td>Demonstrate basic care for a casualty with a compromised airway or in respiratory distress</td>
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<td>Describe the basic care of burns</td>
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<td>Describe the basic care of an eye injury</td>
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<td>Describe point of injury communication strategies and casualty care documentation</td>
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### 37 ENABLING LEARNING OBJECTIVES (ELOs)

- **Cognitive ELOs**
- **Performance ELOs**

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PERFORMANCE EVALUATION

LIFESAVING SKILLS

You MUST be able to perform these LIFESAVING SKILLS:

- Rapid Casualty Assessment
- Tourniquet Application
- Hemostatic Dressing
- Pressure Dressing
- Airway Maneuvers

BLEEDING CONTROL

AIRWAY & BREATHING
The student must pass the **Skills Assessment** of the TCCC ASM Course.

**Written examination will be performed in Moodle.**
QUESTIONS
Three PHASES of TCCC

are born out of years of war and lives lost:

1. CARE UNDER FIRE/THREAT
   - NOT SAFE
   - Quick decision-making:
     - Ensure scene safety
     - Move casualty to safety
     - Identify and control life-threatening bleeding

2. TACTICAL FIELD CARE
   - SAFER
   - Quick decision-making:
     - Provide medical aid

3. TACTICAL EVACUATION CARE
   - Care provided during transport to advanced medical care, wherever appropriate depending on the trauma scenario
   - NOTE: This is covered in more advanced TCCC training!
PHASE 1 - Care Under Fire

PHASE 1: CARE UNDER FIRE OR THREATS

SCENE
SAFETY
Using available resources, ensure scene safety
Never attempt to rescue a casualty until the scene is SAFE

CASUALTY
MOVEMENT
PLAY VIDEO

HASTY
TOURNIQUET
For life-threatening bleeding, place a TQ "high and tight" on the wounded extremity

IMPORTANT
CONSIDERATIONS
Order of actions will be dictated by the situation
A casualty may be able to perform self aid
Constantly assess risks/threats and make a plan before moving a casualty

COMMUNICATION
Check the casualty for responsiveness and reassure
Seek help

Please direct your attention to the video.
PHASE 2: TACTICAL FIELD CARE

Use the MARCH sequence to guide you through a RAPID CASUALTY ASSESSMENT:

- MASSIVE BLEEDING (#1 Priority)
- IRWAY
- ESPIRATION/BREATHING
- CIRCULATION
- HYPOThERMIA — then, tend to other injuries
PHASE 2 - Tactical Field Care

MASSIVE BLEEDING
PHASE 2 - Tactical Field Care

MASSIVE BLEEDING

HOW TO RECOGNIZE MASSIVE, LIFE-THREATENING BLEEDING

BRIGHT RED BLOOD is pulsing, spurting or steady bleeding from the wound

Overlying clothing or ineffective bandaging is becoming SOAKED WITH BLOOD

IMPORTANT! Casualties with severe injuries can bleed to death in as little as 3 minutes

BRIGHT RED BLOOD is pooling on the ground

AMPUTATION of the arm or leg

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PHASE 2 - Tactical Field Care

MASSIVE BLEEDING

Three tools in your first aid kit can be used to control massive bleeding!

TOURNIQUET

HEMOSTATIC DRESSING

PRESSURE BANDAGE

MARCH
PHASE 2 - Tactical Field Care

MASSIVE BLEEDING

MOST COMMON
COMBAT APPLICATION TOURNIQUET

WINDLASS
ROD

WINDLASS
CLIP

SINGLE
ROUTING
BUCKLE

WINDLASS
SAFETY STRAP

C-A-T® G7 NSN
6515-01-521-7976
(Combat Application
Tourniquet)
PHASE 2 - Tactical Field Care

MASSIVE BLEEDING

TOURNIQUET APPLICATION

A TOURNIQUET cuts off blood flow to an arm or leg past the application site; this is the best method to control massive bleeding.

WHEN AND HOW TO APPLY A TOURNIQUET (TQ):

- CARE UNDER FIRE/THREAT
- HASTY TQ “High and Tight” on the wounded extremity or when the bleeding source is uncertain

APPLY A TOURNIQUET AND STOP BLEEDING WITHIN 1 MIN

TACTICAL FIELD CARE

- DELIBERATE TQ applied 2-3 inches above the wound
- Apply a SECOND TQ if bleeding is not stopped with one properly applied TQ (Note: a severe bleeding wound to the thigh frequently requires a SECOND TQ)
PHASE 2 - Tactical Field Care

MASSIVE BLEEDING

COMMON ERRORS WHEN PERFORMING TOURNIQUET APPLICATION

#1
Self-adhering strap not pulled tight enough at onset of application

#2
Windlass rod not twisted tight enough to stop bleeding

#3
Tourniquet not applied fast enough (bleeding stopped at 1 minute; fully secured at 3 minutes)
IMPROVISED TOURNIQUET

USE CAUTION when considering the use of an improvised tourniquet!

If no tourniquet is available, pack the wound and hold direct pressure over the main source of bleeding

RISKS ASSOCIATED WITH IMPROVISED TOURNIQUETS:

- **DAMAGE** may occur to skin if the band is too narrow
- Bleeding may **WORSEN**
- Bleeding **MAY NOT BE COMPLETELY CONTROLLED**
- An improvised tourniquet may likely **LOosen** over time from not being properly secured

M A R C H

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PHASE 2 - Tactical Field Care

WOUND PACKING AND PRESSURE BANDAGE

APPLY DIRECT PRESSURE AND PACK WOUND

WRAP BANDAGE tightly around injured extremity

PACK tightly using a HEMOSTATIC Dressing that contains a special agent that promotes blood clotting or a clean cloth, if dressing not available

APPLY FIRM, DIRECT PRESSURE for at least 3 mins or until the bleeding stops

APPLY using short tugs evenly around the extremity while maintaining continuous tension on the bandage so pressure is maintained

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PHASE 2 - Tactical Field Care
PHASE 2 - Tactical Field Care

CLEARING THE AIRWAY

Ensure AIRWAY IS NOT BLOCKED

SIGNS AND SYMPTOMS AIRWAY MAY BE BLOCKED:

- Casualty is in distress and indicates they can’t breathe properly
- Casualty is making snoring or gurgling sounds
- Visible blood or foreign objects are present in the airway
- Severe trauma to the face

IMPORTANT! Remove any visible objects, but do not perform a blind finger sweep
PHASE 2 - Tactical Field Care

OPENING THE AIRWAY

In a **CASUALTY without** an airway obstruction, you can perform the following maneuvers:

Assist a conscious casualty by helping them assume any comfortable sitting-up position that **ALLOWS THEM TO BREATHE EASILY**

**HEAD-TILT CHIN LIFT**

**JAW-THRUST**

For an unconscious casualty not in shock, place them into the **RECOVERY POSITION**

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PHASE 2 - Tactical Field Care

M A R C H

RESPIRATION
PHASE 2 - Tactical Field Care

ASSESS FOR RESPIRATORY DISTRESS

SIGNs OF RESPIRATORY DISTRESS INCLUDE:

- Difficulty breathing
- Struggling to get air in and out
- Breathing is too weak to be effective (less than 6 times per minute)
- Rapid breathing (greater than 20 times per minute)

THESE SIGNs MAY ALSO INDICATE A PENETRATING CHEST WOUND INJURY

IMPORTANT! REPORT findings of Respiratory Distress to medical personnel at the scene
PHASE 2 - Tactical Field Care

RESPIRATION/BREATHING

ASSESS FOR POTENTIAL LIFE-THREATENING CHEST INJURIES

TYPES OF CHEST INJURY

Penetrating Wounds
Blast Injury

ROLL TO EXAMINE FRONT AND BACK FOR SIGNIFICANT TORSO TRAUMA

M A R C H

IMPORTANT

DO NOT pack chest wounds with a hemostatic (or other) dressing

REPORT a severe CHEST INJURY to medical personnel immediately

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PHASE 2 - Tactical Field Care
CIRCULATION/SHOCK

PREVENT SHOCK by controlling bleeding

#1 - Reassess all bleeding control measures are still effective. Ensure tourniquets remain tight.

Option: Consider elevating both legs higher than the casualty's heart, if their airway tolerates lying flat on their back.

Check radial pulse

IMPORTANT! Alert medical personnel for signs of shock

Rapid breathing
Losing focus and having difficulty engaging
Sweaty, cool, clammy skin
Pale/gray skin

M A R C H

SIGNS AND SYMPTOMS OF SHOCK INCLUDE:

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PHASE 2 - Tactical Field Care

M A R C H

HYPOTHERMIA
PHASE 2 - Tactical Field Care

HYPOTHERMIA PREVENTION

PREVENT/ADDRESS HYPOTHERMIA worsened by MASSIVE BLOOD LOSS*

* This is not hypothermia due to cold weather

PREVENT HYPOTHERMIA:
- Keep clothing on the casualty unless it's extremely wet, then remove
- Cover the casualty with blankets, poncho liners, sleeping bags, or anything that will retain heat
- Keep casualty off the ground (increases loss of body heat)

SOME SIGNS OF HYPOTHERMIA:
- Slurred speech or mumbling
- Slow breathing & drowsiness
- Shivering

M A R C H
PHASE 2 - Tactical Field Care

Using the TCCC standard of care in Prehospital Battlefield Medicine

...following the MARCH sequence to perform a RAPID CASUALTY ASSESSMENT

...and providing LIFESAVING SKILLS

YOU can SAVE A LIFE!
QUESTIONS
Radio Report a Tactical Evacuation:

The **9-Line / Z-MIST** (MEDEVAC Report) is a standard NATO format used by the Armed Forces for coordinating the evacuation of casualties. Evacuation request transmissions should be by the most direct communications means available to the unit controlling evacuation assets.

The information must be clear, concise, and easily transmitted using of numerical brevity codes.

(The MEDEVAC Report is covered in-depth within the Radio Communications Class)
Medical Care provided during a Tactical Evacuation:

Is covered in the more advanced classes of TCCC.
QUESTIONS
In addition to MARCH, you may need to address other injuries.
OTHER INJURIES

SECONDARY INJURIES

CAN BE ONE OR MORE OF THE FOLLOWING

- eye trauma
- head injury
- burns
- fractures
OTHER INJURIES

SECONDARY INJURIES

IF A PENETRATING EYE INJURY IS NOTED OR SUSPECTED, SHIELD THE INJURED EYE

A
Cover the eye with a RIGID EYE SHIELD, not a pressure patch. Place the shield over the injured eye (not both eyes) and tape in place

B
If no rigid eye shield is available, TACTICAL EYEWEAR can also be used to protect the eye
OTHER INJURIES

SECONDARY INJURIES

ASSESS FOR **BURNS**

**BURNS ARE CLASSIFIED BY THE DEPTH OF THE WOUND.**

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**SUPERFICIAL**

1\(^{ST}\) DEGREE BURNS are just like a sunburn, with a reddened appearance of the skin

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**PARTIAL THICKNESS**

2\(^{ND}\) DEGREE BURNS will also have blisters

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**FULL THICKNESS**

3\(^{RD}\) DEGREE BURNS may appear dry, stiff, and leathery, and/or it can also be white, brown, or black
OTHER INJURIES

SECONDARY INJURIES

BURN CARE

COVER the burn area with dry, sterile dressings

COVER the casualty to prevent heat loss and keep the casualty dry

IN CASE OF ELECTRICAL INJURY

Secure the power, if possible. Otherwise, remove the casualty from the electrical source using a nonconductive object such as a wooden stick. Move the casualty to a safe place.
OTHER INJURIES

SECONDARY INJURIES

ASSESS FOR A FRACTURE

WARNING SIGNS OF A FRACTURE:
- Significant pain and swelling
- An audible or perceived “snap”
- Different length or shape of limb
- Loss of pulse or sensation in the injured arm or leg
- Crepitus (hearing a crackling or popping sound under the skin)

CLOSED FRACTURE

OPEN FRACTURE
OTHER INJURIES

SECONDARY INJURIES

APPLICATION OF A SPLINT

A splint is used to prevent movement and hold an injured arm/leg in place. Use a semirigid splint (like a SAM splint) or improvise using rigid or bulky materials (e.g., boards, boxes, tree limbs, and even weapons):

- Incorporate the joint ABOVE AND BELOW the fracture
- SECURE THE SPLINT with an ace wrap, cravats, belts, or duct tape (if available)
- Try to SPLINT before moving the casualty and minimize movement of the fractured extremity

IMPORTANT! If the bandage is too tight, it can decrease circulation to the fingers or toes

Arm fractures can easily be secured to the shirt using the sleeve as a sling
OTHER INJURIES

SECONDARY INJURIES

ASSESS FOR HEAD INJURY

Result of blunt force, acceleration, or deceleration forces (i.e., explosion or blast events, motor vehicle collision or roll-overs, fall or sports injury)

Usually gunshot wounds, stabbings, or fragmentation from explosives

BLUNT AND PENETRATING HEAD TRAUMA

IMPORTANT! REPORT signs and symptoms of a head injury to medical personnel at the scene

SIGNS AND SYMPTOMS OF HEAD INJURY INCLUDE:

- Altered consciousness
- Disorientation or dizziness
- Headache
- Ear ringing
- Amnesia
- Nausea/vomiting
- Double vision
OTHER INJURIES

COMMUNICATION AND DOCUMENTATION

COMMUNICATE:
1. WITH THE CASUALTY
   Encourage, reassure, and explain care

2. WITH TACTICAL LEADERSHIP
   Provide leadership with the casualty status and location

3. WITH MEDICAL PERSONNEL
   Discuss the casualty’s injuries and symptoms, as well as any medical aid provided with the responding medics

DOCUMENT:
1. CASUALTY ASSESSMENT FINDINGS
2. MEDICAL AID RENDERED
3. CHANGES IN CASUALTY STATUS

Attach the DD Form 1380 to the casualty’s belt loop, or place it in their upper left sleeve or the left trouser cargo pocket

DD Form 1380

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QUESTIONS
FIRST AID KITS

THESE ARE THE MEDICAL SUPPLIES YOU WILL NEED TO PROVIDE AID:

- Tourniquet
- Hemostatic Dressing
- Pressure Bandage/
  Emergency Trauma Dressing
- DD Form 1380/
  Tactical Combat Casualty Care Card

PERSONAL

Joint First Aid Kit (JFAK)

Individual First Aid Kit (IFAK)

SERVICE-SPECIFIC

EXAMPLE:
Shipboard First Aid Box
YOUR JOB as a First Responder is to TAKE ACTION:

PROVIDE 5 TCCC LIFESAVING SKILLS until medical personnel arrive at the scene

DOCUMENT medical aid

ASSIST with evacuation
You have encountered an active shooter situation. An unconscious casualty has sustained multiple gunshot wounds.

Your assessment reveals the following: two open chest wounds from apparent gunshots, and bright red blood squirming from the lower right thigh. The casualty is in respiratory distress.

What is the **most important** priority in the care of this casualty?

1. Airway maneuvers
2. Wound packing of the right thigh
3. Tourniquet to the right thigh
4. Pressure dressing to the right thigh
QUESTIONS
SUMMARY

♦ Three Phases of TCCC
  - Care Under Fire / Threat
  - Tactical Field Care (M.A.R.C.H.)
  - Tactical Evacuation

♦ Other Secondary Injuries
  - Eye Trauma
  - Head Injury
  - Burns
  - Fractures

♦ First Aid Kits
  - Individual First Aid Kit (IFAK)
  - Shipboard First Aid Box
BACK UP SLIDE
Use the Deployed Medicine website and free mobile app to access training materials and instructional videos to sustain knowledge and skills.

www.deployedmedicine.com