



**ASM**  
**TCCC** ALL SERVICE MEMBERS

# TACTICAL COMBAT CASUALTY CARE COURSE



Committee on  
Tactical Combat  
Casualty Care  
(CoTCCC)

**TCCC TIER 1**  
All Service Members

**TCCC TIER 2**  
Combat Lifesaver

**TCCC TIER 3**  
Medic/Corpsman

**TCCC TIER 4**  
Combat Paramedic/Provider



## OPENING



# Welcome to the 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 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
- Invest fully in this course: the dividend will be in the lives saved



## CENTRAL OBJECTIVE



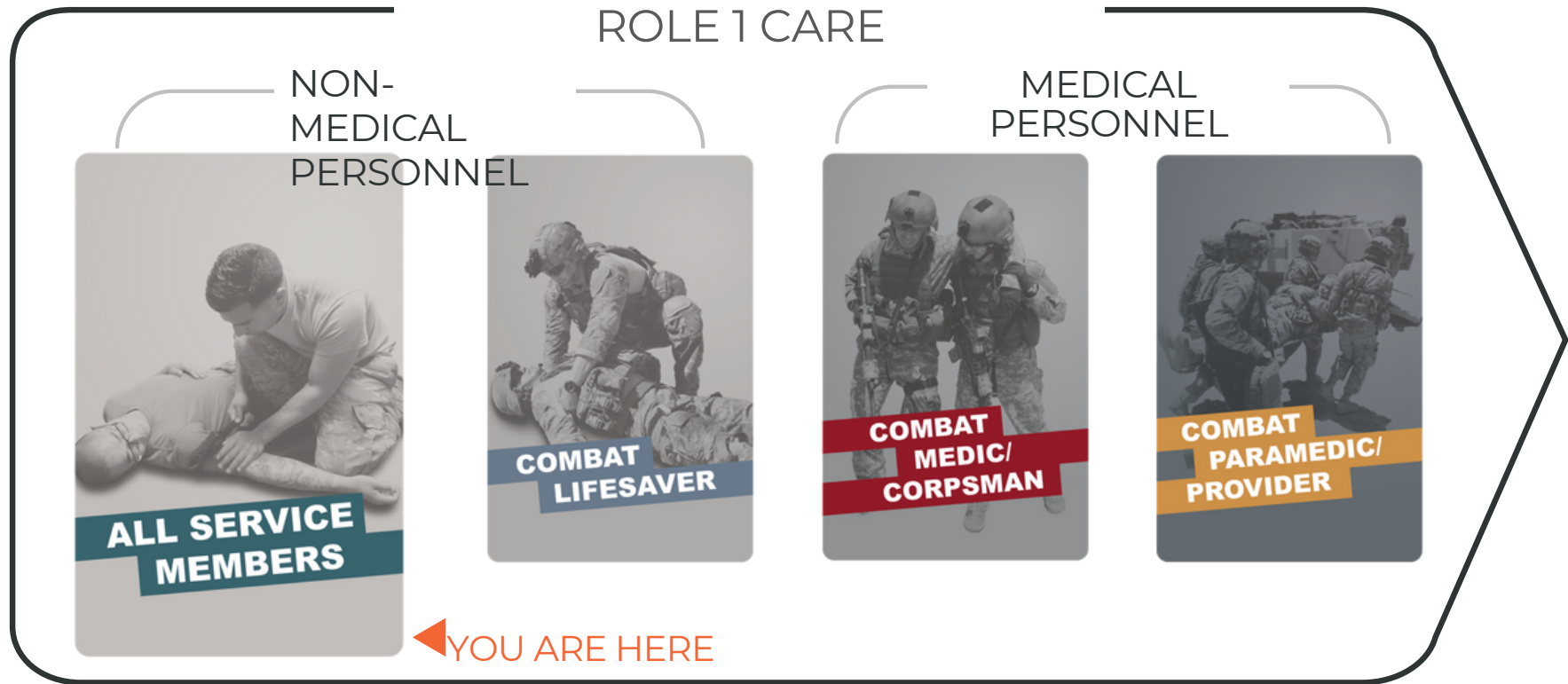
By the end of this course,  
you will know the fundamental concepts of

TACTICAL COMBAT  
CASUALTY CARE  
and be able to perform

5 LIFESAVING SKILLS

*at a basic competency level*

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



STANDARDIZED JOINT CURRICULUM

# 10 TERMINAL LEARNING OBJECTIVES (TLOs)

<p><b>01</b> Describe the practice of TCCC</p> <p>●●●●●</p>	<p>Describe the use of a first aid kit</p> <p>●●</p>	<p>Perform a rapid casualty assessment</p> <p>●●●●●</p>	<p><b>02030405</b> Demonstrate basic care for a casualty with massive bleeding with</p> <p>●●●●●●●●●●</p>	<p>Demonstrate basic care for a casualty with a compromised airway or in respiratory distress</p> <p>●●●●●</p>
<p><b>06</b> Describe the basic care of burns</p> <p>●●●●</p>	<p><b>07</b> Describe the basic care of fractures</p> <p>●●</p>	<p><b>08</b> Describe the basic care of an eye injury</p> <p>●●</p>	<p><b>09</b> Identify a head injury</p> <p>●●●</p>	<p><b>10</b> Describe point of injury communication strategies and casualty care documentation</p> <p>●●</p>

**37 ENABLING LEARNING OBJECTIVES (ELOs)** ● = Cognitive ELOs ● = Performance ELOs

You MUST be able to perform these  
**LIFESAVING SKILLS:**

BLEEDING CONTROL AIRWAY &



Rapid  
Casualty  
Assessment



Tourniquet  
Application



Hemostatic  
Dressing



Pressure  
Dressing

BREATHING



Airway  
Maneuvers

# Three PHASES of TCCC

are born out of years of war and lives lost:

## 1 CARE UNDER FIRE / 2 TACTICAL FIELD CARE / 3 TACTICAL EVACUATION

### NOT SAFE SAFER CARE

Quick decision-making:

- § Ensure scene safety
- § Move casualty to safety
- § Identify and control life-threatening bleeding

Quick decision-making:

- § Provide medical aid

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 OR THREATS

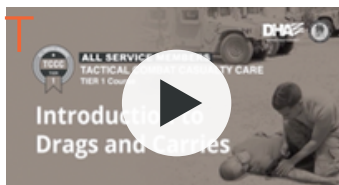


## SCENE SAFETY

- 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



## COMMUNICATION

- Check the casualty for responsiveness and reassure
- Seek help

## 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



## PHASE 2: TACTICAL FIELD CARE

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



- M** MASSIVE BLEEDING  
(#1 Priority)
  - A** AIRWAY
  - R** RESPIRATION/BREATHING
  - C** CIRCULATION
  - H** HYPOTHERMIA
- ...then, tend to other injuries

# 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



MARCH

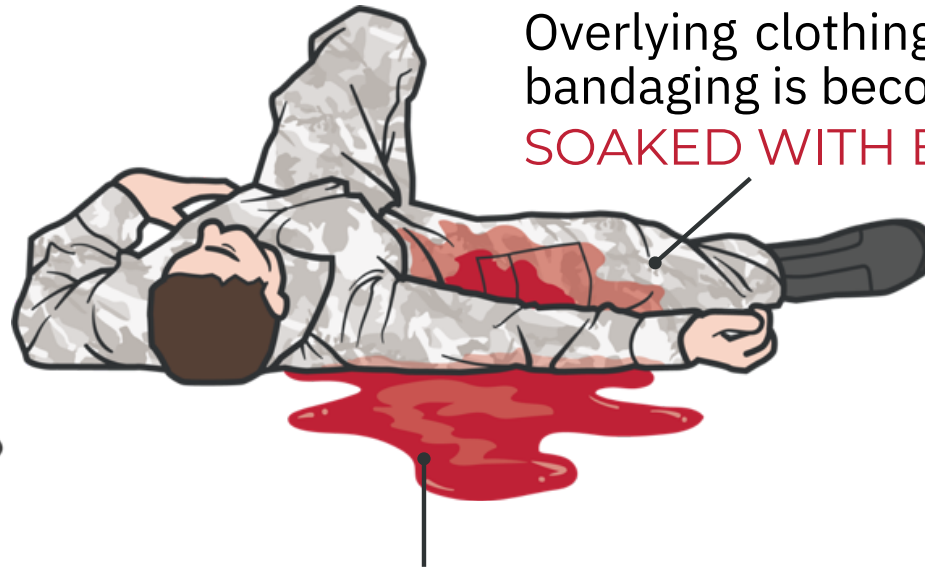
MASSIVE BLEEDING

# 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

Three tools in your first aid kit can be used to  
**CONTROL MASSIVE BLEEDING!**



TOURNIQUET



HEMOSTATIC  
DRESSING



PRESSURE  
BANDAGE

MARCH

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)

MARCH

# 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

APPLY A  
TOURNIQUET AND  
STOP BLEEDING  
WITHIN



**M**ARCH

## 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

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**)

# COMMON ERRORS WHEN PERFORMING TOURNIQUET APPLICATION

#1

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

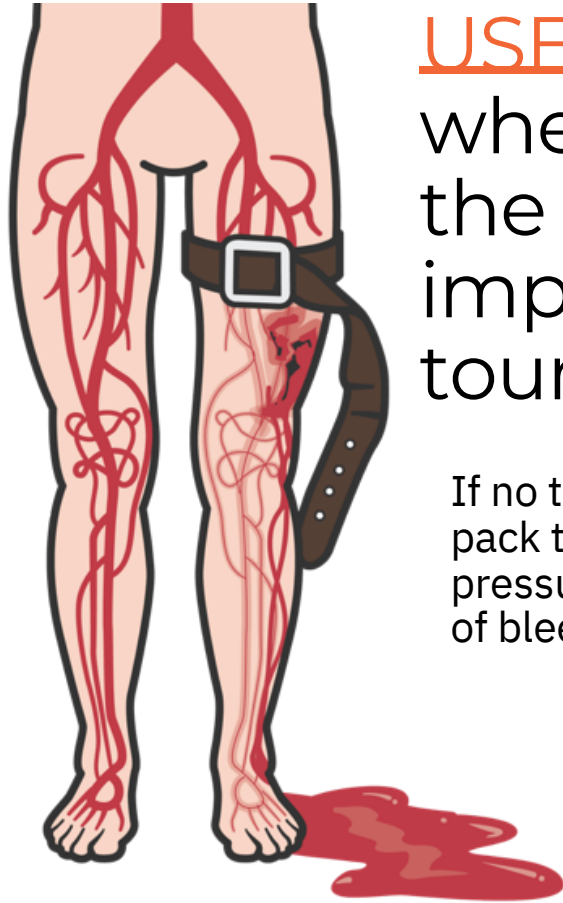
#2

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)





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

MARCH

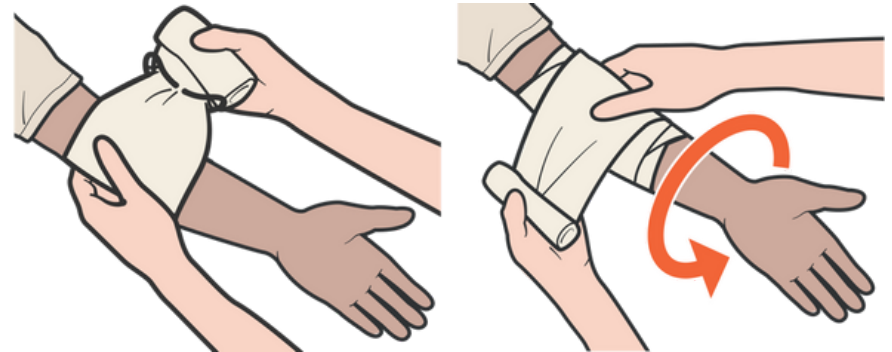
# APPLY DIRECT PRESSURE WRAP BANDAGE tightly AND PACK WOUND around injured extremity



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



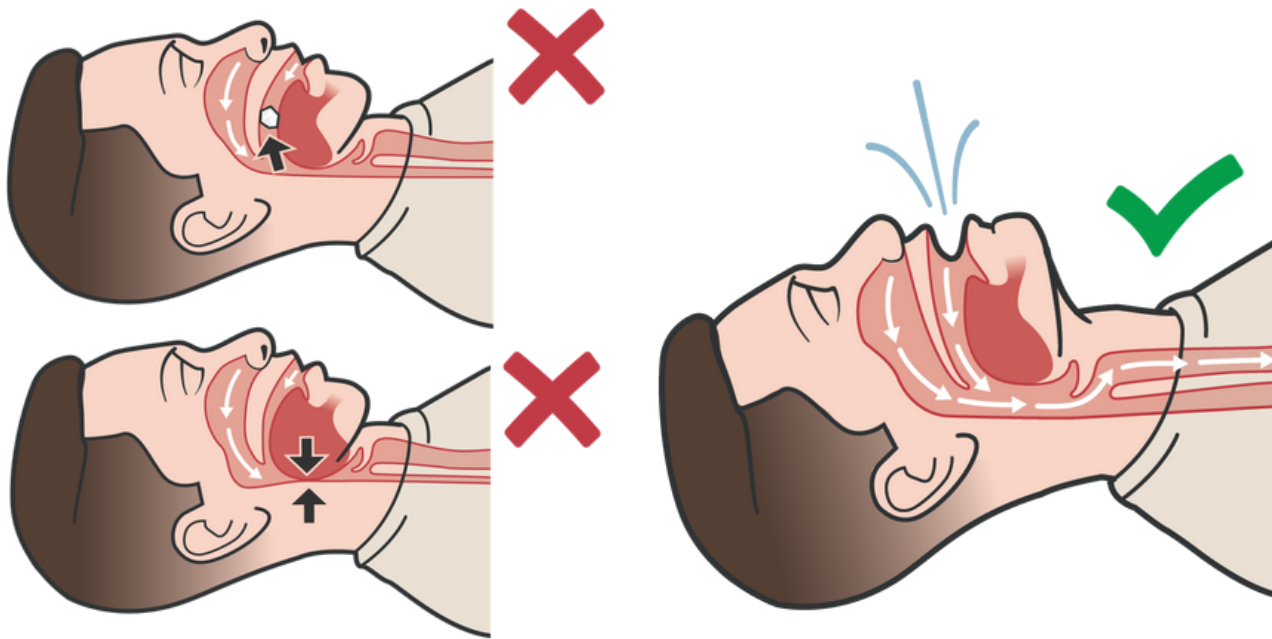
APPLY using short tugs evenly around the extremity while maintaining continuous tension on the bandage so pressure is maintained

MARCH

MARCH

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

MARCH

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**



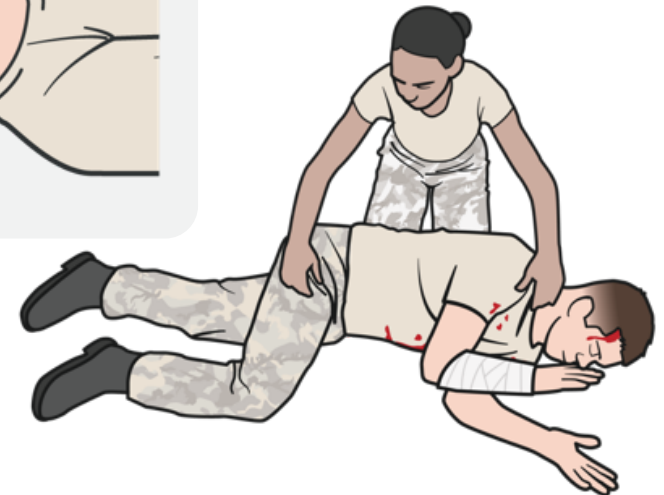
HEAD-TILT CHIN LIFT



JAW-THRUST



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



MARCH

M A R C H

RESPIRATION

# ASSESS FOR RESPIRATORY DISTRESS



LOOK - LISTEN - FEEL

## 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

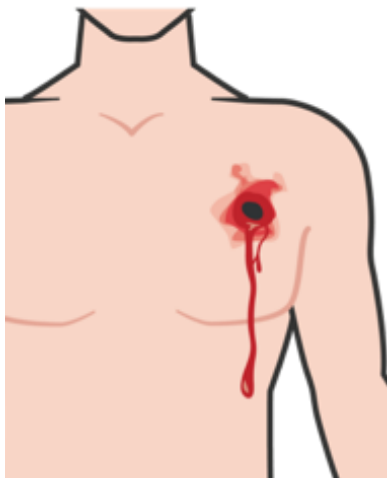


IMPORTANT! REPORT findings of *Respiratory Distress* to medical personnel at the scene

MARCH

# ASSESS FOR POTENTIAL LIFE-THREATENING CHEST INJURIES

## TYPES OF CHEST INJURY

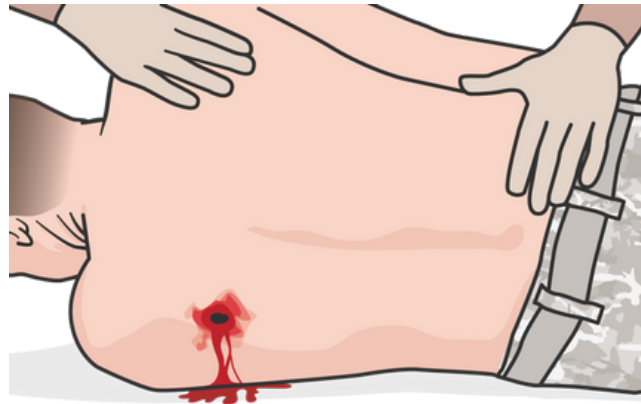


Penetrating  
Wounds



Blast  
Injury

ROLL TO EXAMINE FRONT  
AND BACK FOR SIGNIFICANT  
TORSO TRAUMA



MARCH



IMPORTANT

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

REPORT  
severe CHEST  
INJURY  
medical personnel  
immediately





# CIRCULATION

# 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

MARCH

## SIGNS AND SYMPTOMS OF SHOCK INCLUDE:

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



M A R C H

HYPOTHERMIA

PREVENT/ADDRESS HYPOTHERMIA  
worsened by MASSIVE BLOOD  
LOSS\*

\* This is not hypothermia due to cold weather



SOME SIGNS OF HYPOTHERMIA:



Slurred  
speech or  
mumbling



Slow  
breathing &  
drowsiness



Shivering

M A R C H



PREVENT HYPOTHERMIA:

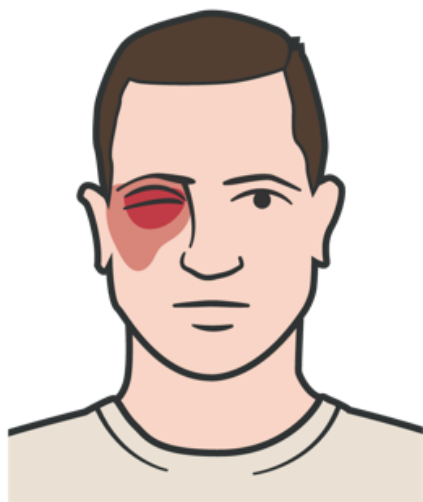
- Keep clothing on the casualty unless its extremely wet, then remove
- Cover the casualty with blankets, poncho liners, sleeping bags, or anything that will retain heat
- Keep casualty off the ground (*increases loss of body heat*)

In addition to

M A R C H

you may need to address  
other injuries

## SECONDARY INJURIES



eye trauma



head injury

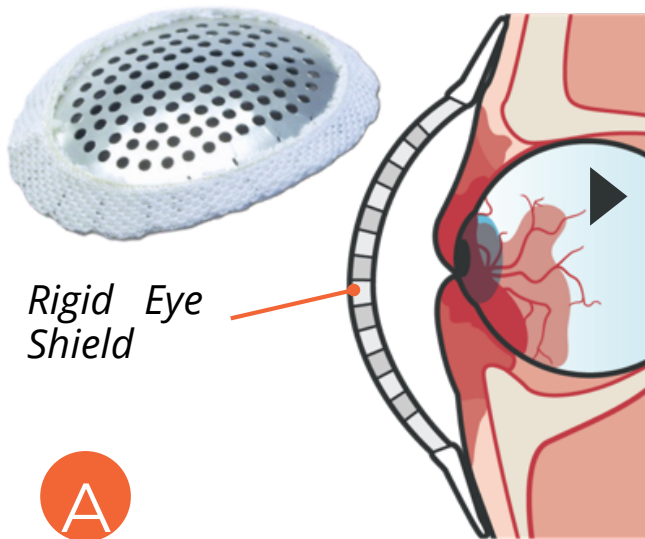


burns



fractures

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



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

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

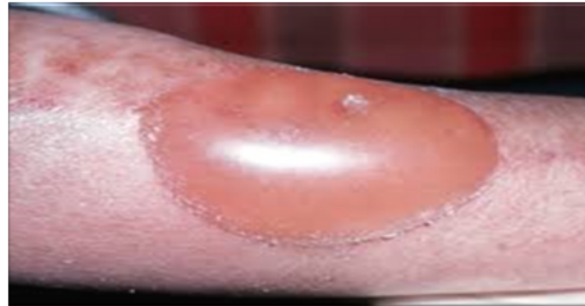
## ASSESS FOR BURNS

BURNS ARE CLASSIFIED BY THE DEPTH OF THE WOUND.



### SUPERFICIAL

1<sup>ST</sup> DEGREE BURNS  
are just like a sunburn, with  
a reddened appearance of  
the skin



### PARTIAL THICKNESS

2<sup>ND</sup> DEGREE BURNS  
will also have blisters



### FULL THICKNESS

3<sup>RD</sup> DEGREE BURNS  
may appear dry, stiff, and  
leathery, and/or it can also  
be white, brown, or black



## 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.

# ASSESS FOR A FRACTURE



CLOSED FRACTURE



OPEN 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)

## APPLICATION OF A SPLINT



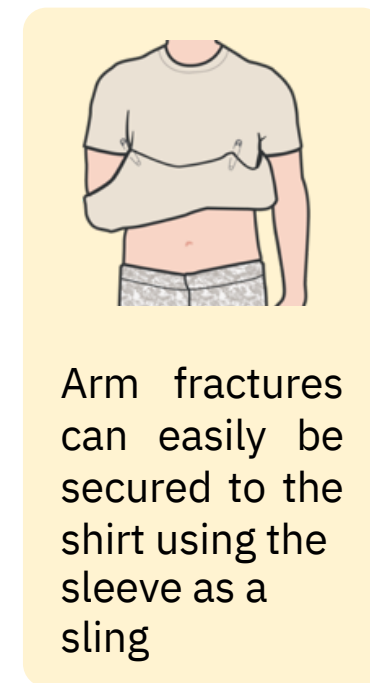
A splint is used to prevent movement and hold an injured arm/leg in place. Use a semirigid splint (like a SAM splint) or improvise using rigid or bulky materials (e.g., boards, boxes, tree limbs, and even weapons):

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



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



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

## 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, stab wounds, fragmentation from explosives

## BLUNT AND PENETRATING HEAD TRAUMA

### SIGNS AND SYMPTOMS OF HEAD INJURY INCLUDE:

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



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

## 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*

**TACTICAL COMBAT CASUALTY CARE (TCCC) CARD**

BATTLE ROSTER #: \_\_\_\_\_

EVAC:  Urgent  Priority  Routine

NAME (Last, First): \_\_\_\_\_ LAST 4: \_\_\_\_\_

GENDER:  M  F DATE (DD-MMM-YY): \_\_\_\_\_ TIME: \_\_\_\_\_

SERVICE: \_\_\_\_\_ UNIT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**Mechanism of Injury:** (X all that apply)  
 Artillery  Blunt  Burn  Fall  Grenade  GSW  IED  
 Landmine  MVC  RPG  Other: \_\_\_\_\_

**Injury:** (Mark injuries with an X)

TQ: R Arm TYPE: \_\_\_\_\_ TIME: \_\_\_\_\_

TQ: L Arm TYPE: \_\_\_\_\_ TIME: \_\_\_\_\_

TQ: R Leg TYPE: \_\_\_\_\_ TIME: \_\_\_\_\_

TQ: L Leg TYPE: \_\_\_\_\_ TIME: \_\_\_\_\_

**Signs & Symptoms:** (Fill in the blank)

	Time			
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

DD Form 1380, JUN 2014 TCCC CARD

▲ DD Form 1380

## 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*

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 squirting 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



Using the

TCCC

...following the

M A R C H

...and providing

LIFESAVING  
SKILLS

standard of care in  
Prehospital Battlefield  
Medicine

sequence to perform a  
RAPID CASUALTY  
ASSESSMENT

YOU can  
SAVE A LIFE!



# 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



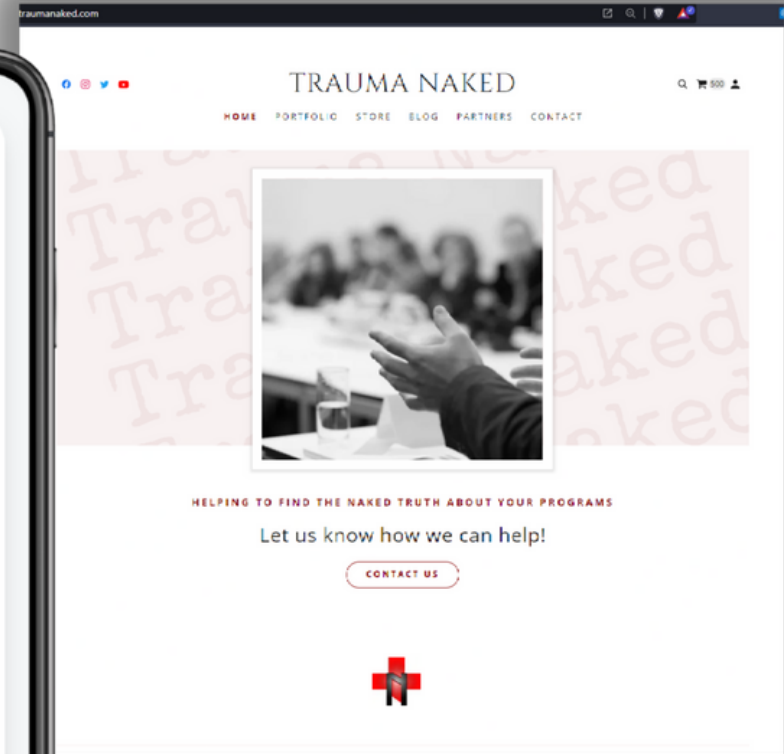


KEEP LEARNING



USE THE **TRAUMANAKED** WEBSITE TO ACCESS TRAINING MATERIALS AND INSTRUCTIONAL VIDEOS TO SUSTAIN KNOWLEDGE AND SKILLS.

**WWW.TRAUMANAKED.COM**



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