



INTRODUCTION TO TCCC





OVERVIEW



- History of TCCC
- Principles of TCCC
- Phases of TCCC



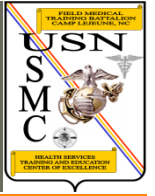
LEARNING OBJECTIVES

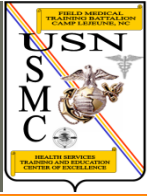
Please Read Your

Terminal Learning Objectives

And

Enabling Learning Objectives





HISTORY OF TCCC



HISTORY OF TCCC

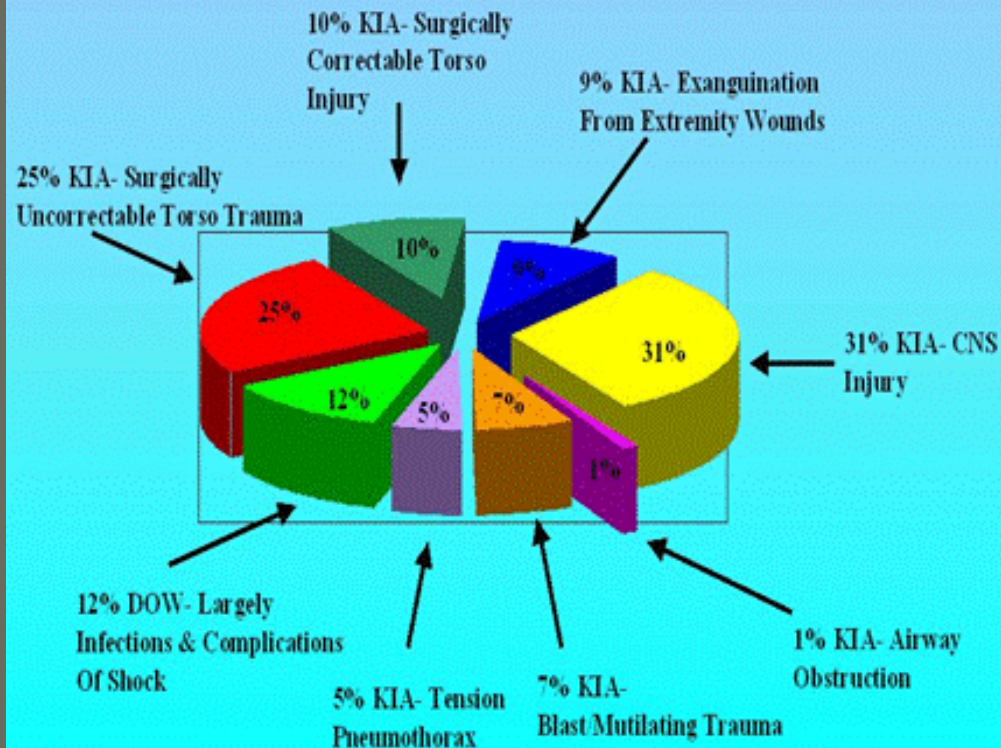


- Committee on Tactical Combat Casualty Care (CoTCCC)
 - Established 2001
 - Originally a Special Operations research project
- TCCC Guidelines
 - Published every 4 years in Prehospital Trauma Life Support manual
 - National Association of Emergency Medical Technicians posts updates on their website as they are approved



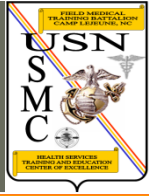
HISTORY OF TCCC

How People Die In Ground Combat (From COL Ron Bellamy)

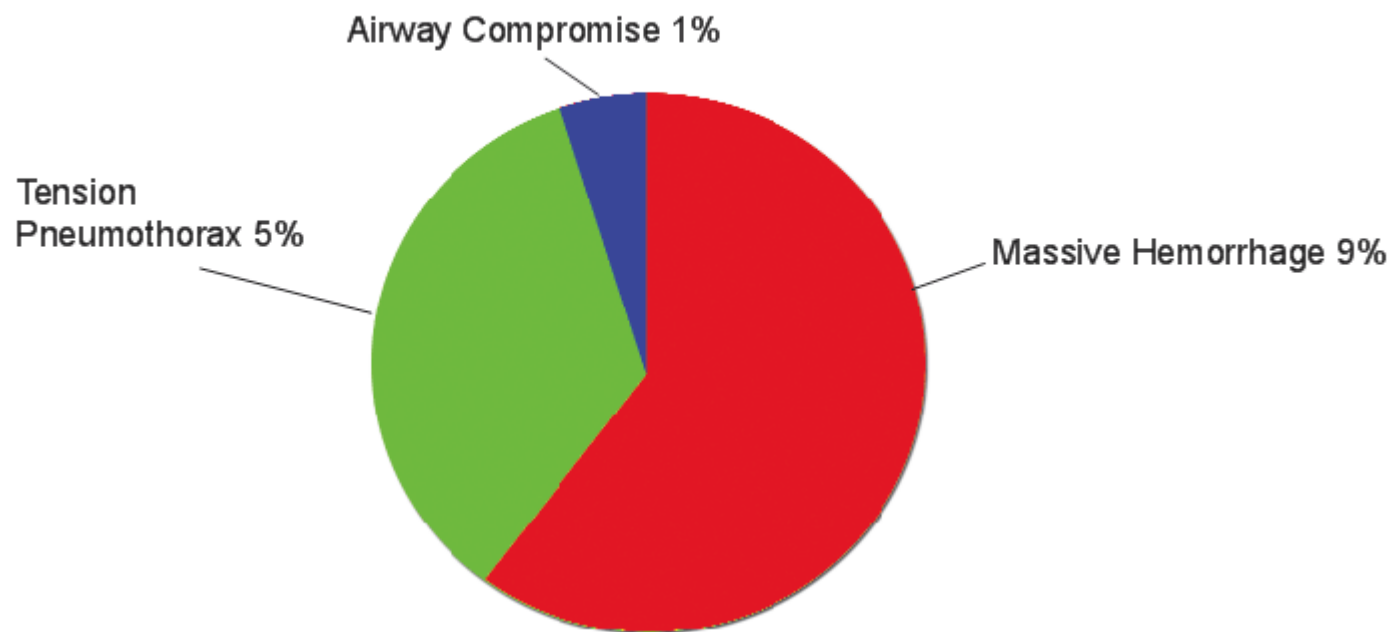


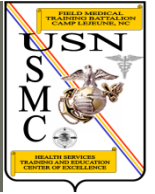


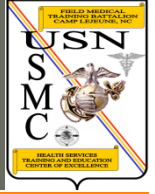
HISTORY OF TCCC



Preventable Death in Ground Combat Casualty Care Tactical Combat Casualty Care







PRINCIPLES OF TCCC

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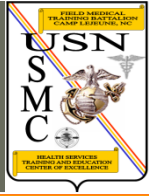
- Fundamentally different than civilian medicine
 - Unique wounds
 - Tactical conditions



- “Good medicine may be bad tactics”

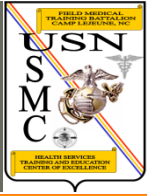


PRINCIPLES OF TCCC



- Three primary goals:
 - 1) Treat the casualty
 - 2) Prevent additional casualties
 - 3) Complete the mission

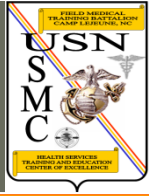




PHASES OF TCCC



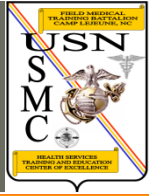
PHASES OF TCCC



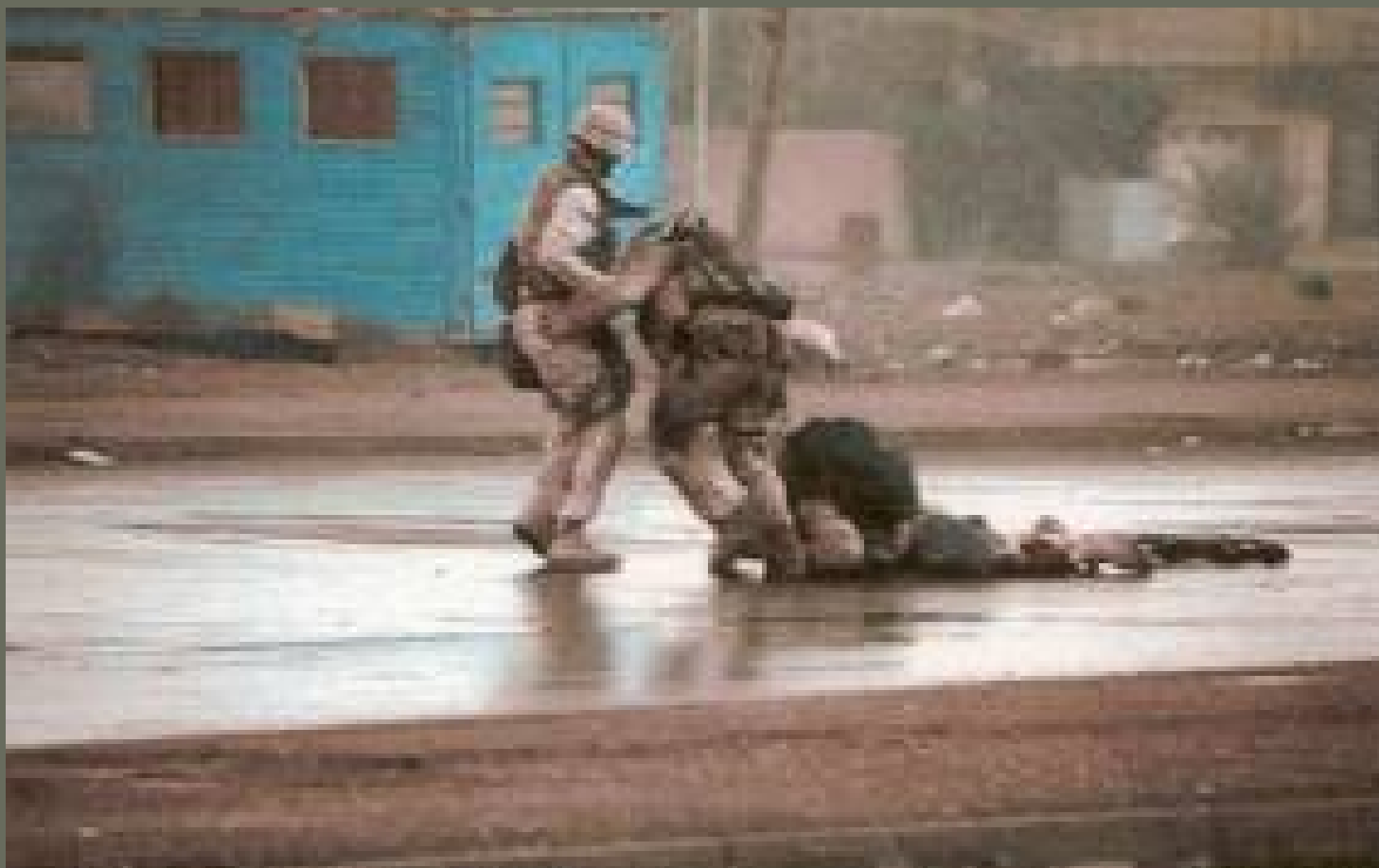
- TCCC is divided into three distinct care phases:
 - 1) Care Under Fire
 - 2) Tactical Field Care
 - 3) Tactical Evacuation Care

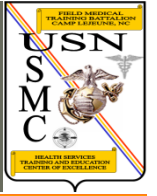


CARE UNDER FIRE



- Care rendered at the scene while Corpsman and casualty are still under effective fire
 - Point of injury
 - On the “X”
- Risk of additional casualties is extremely high
- The best medicine is fire superiority

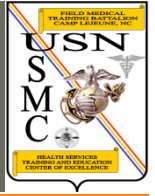




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CARE UNDER FIRE



- Self Aid/Buddy Aid
 - Is the casualty conscious?
 - Can the casualty return fire?
 - Can the casualty treat themselves?
 - Can the casualty move to you?
- Tourniquets for life-threatening extremity hemorrhage are the **ONLY** intervention used during this phase





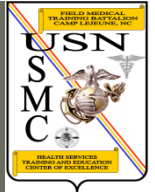
TACTICAL FIELD CARE



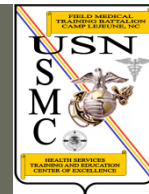
- Corpsman and casualties are no longer under effective enemy fire
- Time to reassess interventions and fully assess the casualty



TACTICAL FIELD CARE



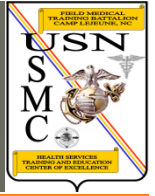
- M – Massive hemorrhage assessment
- A – Airway assessment
- R – Respiratory trauma assessment
- C – Circulation assessment
- H – Head trauma assessment & Hypothermia prevention/management



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TACTICAL EVACUATION CARE

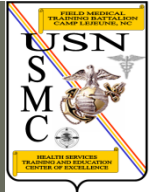


- Casualties are being transported to a higher echelon of care
- Encompasses both medical evacuation (MEDEVAC) and casualty evacuation (CASEVAC)





TACTICAL EVACUATION CARE

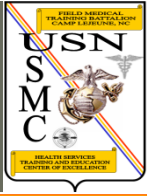


- MEDEVAC
 - Dedicated medical platforms
 - Crewed by medical personnel



- CASEVAC
 - Armed assets with no Red Cross markings
 - Point of injury to first MTF







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