



# **Tactical Combat Casualty Care (TCCC)**

**Air Force ROTC Detachment 842**

**The University of Texas at San Antonio**



# Overview



- Introduction to TCCC
- Phases of TCCC
- Joint All Service Members Training Modules
  - Drags and Carries
  - Bleeding Control
  - Airway
  - Rapid Casualty Assessment
  - Timed Tourniquet Application
- MEDEVAC 9-Line



# Introduction to TCCC



- 24% of combat-related deaths, 20% of civilian trauma deaths are *potentially preventable*
- Most casualties die before reaching a medical facility
- More lives have been saved by *non-medical personnel* than by medical personnel
- ***This training truly matters and could save lives!***



# Phases of TCCC



- **Three Phases:**
- **Care Under Fire/Threat**
  - Get casualty to cover, return fire
  - Stop massive bleeding (tourniquet)
- **Tactical Field Care**
  - Assess casualty
  - Render aid
- **Tactical Evacuation Care**
  - Get the casualty to a medical facility



# Phases of TCCC



- **MARCH**
- “Order of operations” for providing care
- **M**assive hemorrhage
- **A**irway
- **R**espiration
- **C**irculation
- **H**ead injury/Hypothermia



# Joint All Service Members Training



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# Joint All Service Members Training



- What are the three phases of TCCC?
  - *Care Under Fire*
  - *Tactical Field Care*
  - *Tactical Evacuation Care*
- What are the three objectives of TCCC?
  - *Identify and treat casualties with preventable causes of death*
  - *Prevent additional casualties*
  - *Complete the mission*



# Joint All Service Members Training

- Which phase of TCCC is rendered while taking fire?
  - *Care Under Fire*
- *“Doing the right thing at the wrong time...”* (finish the sentence)
  - *“May get you and others killed”*





# Joint All Service Members Training



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# Joint All Service Members Training



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# Joint All Service Members Training



## *Tourniquet Application*

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# Joint All Service Members Training



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# Joint All Service Members Training



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# Joint All Service Members Training



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# Joint All Service Members Training



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# Joint All Service Members Training



- Which of the ABCs is the top priority during Tactical Field Care?
  - *Airway management*
- What are the primary assessments performed on a casualty?
  - *Airway, breathing, circulation (ABC)*
- What are the secondary assessments performed on a casualty?
  - *Check for and treat other life-threatening injuries*





# Joint All Service Members Training

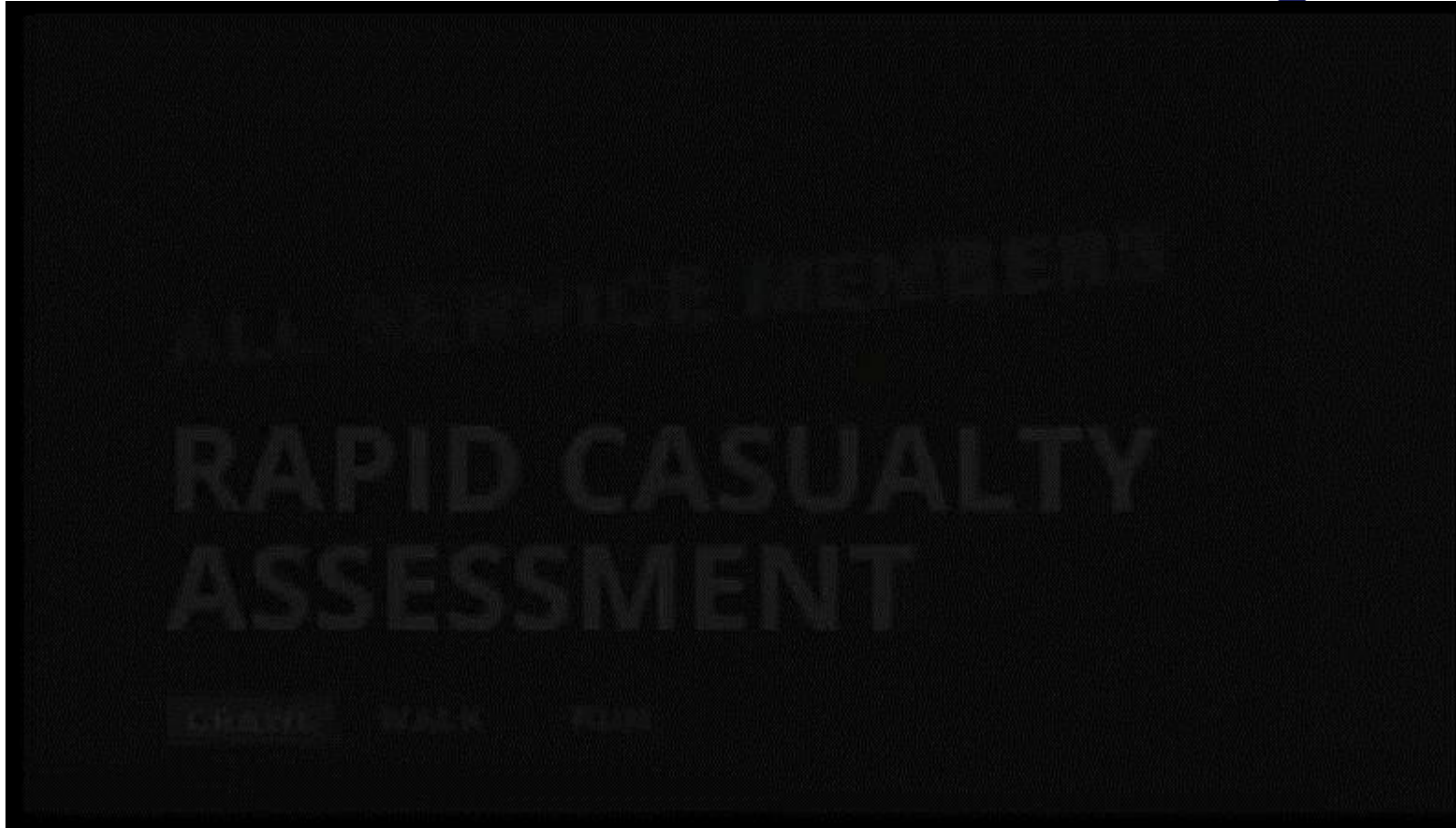


- What are the three quick methods to check the airway?
  - *Look*
  - *Listen*
  - *Feel*
- Two techniques to ensure the airway is clear:
  - *Head Tilt/Chin Lift*
  - *Jaw-Thrust*



# Joint All Service Members Training

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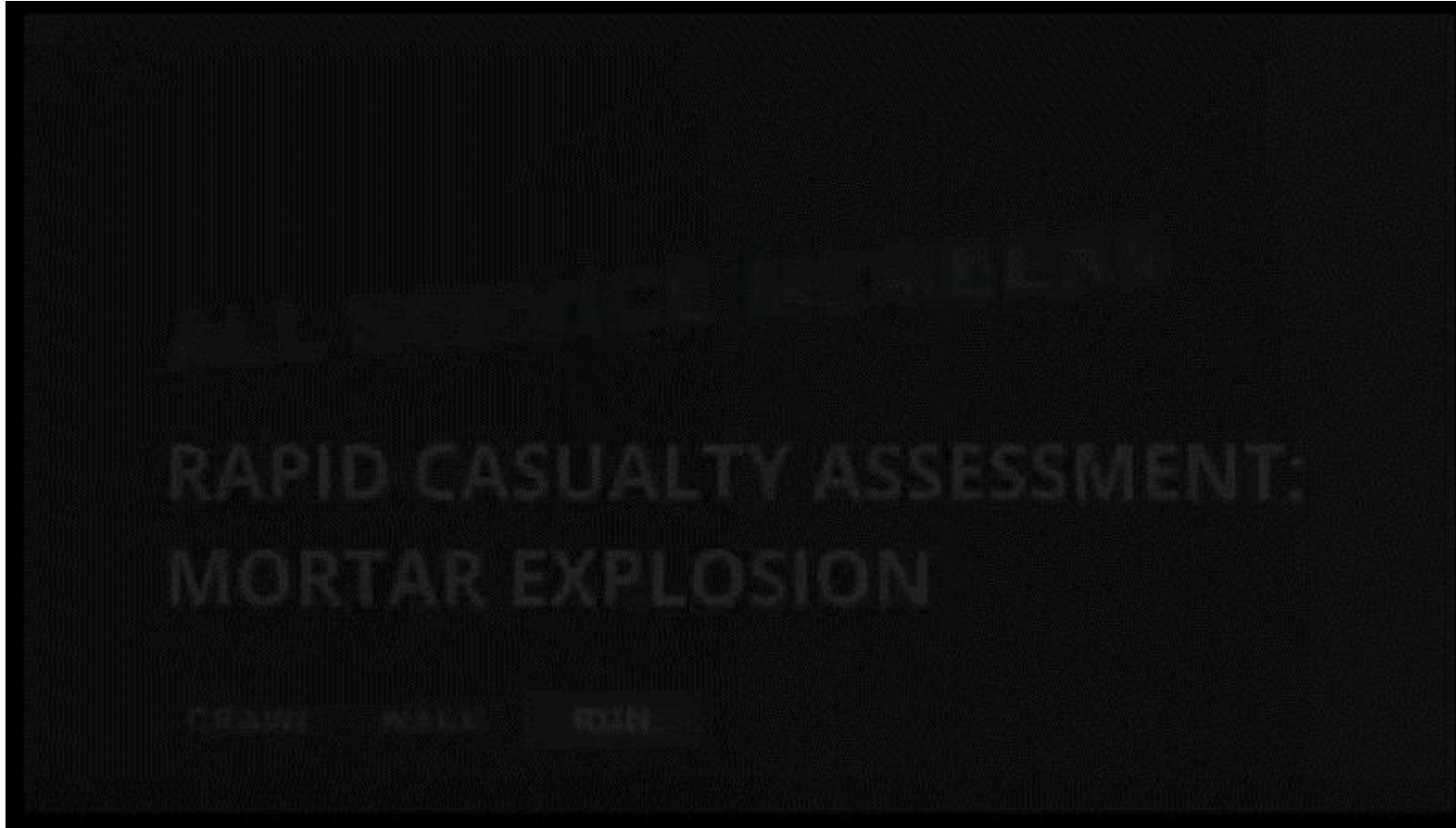
# Joint All Service Members Training



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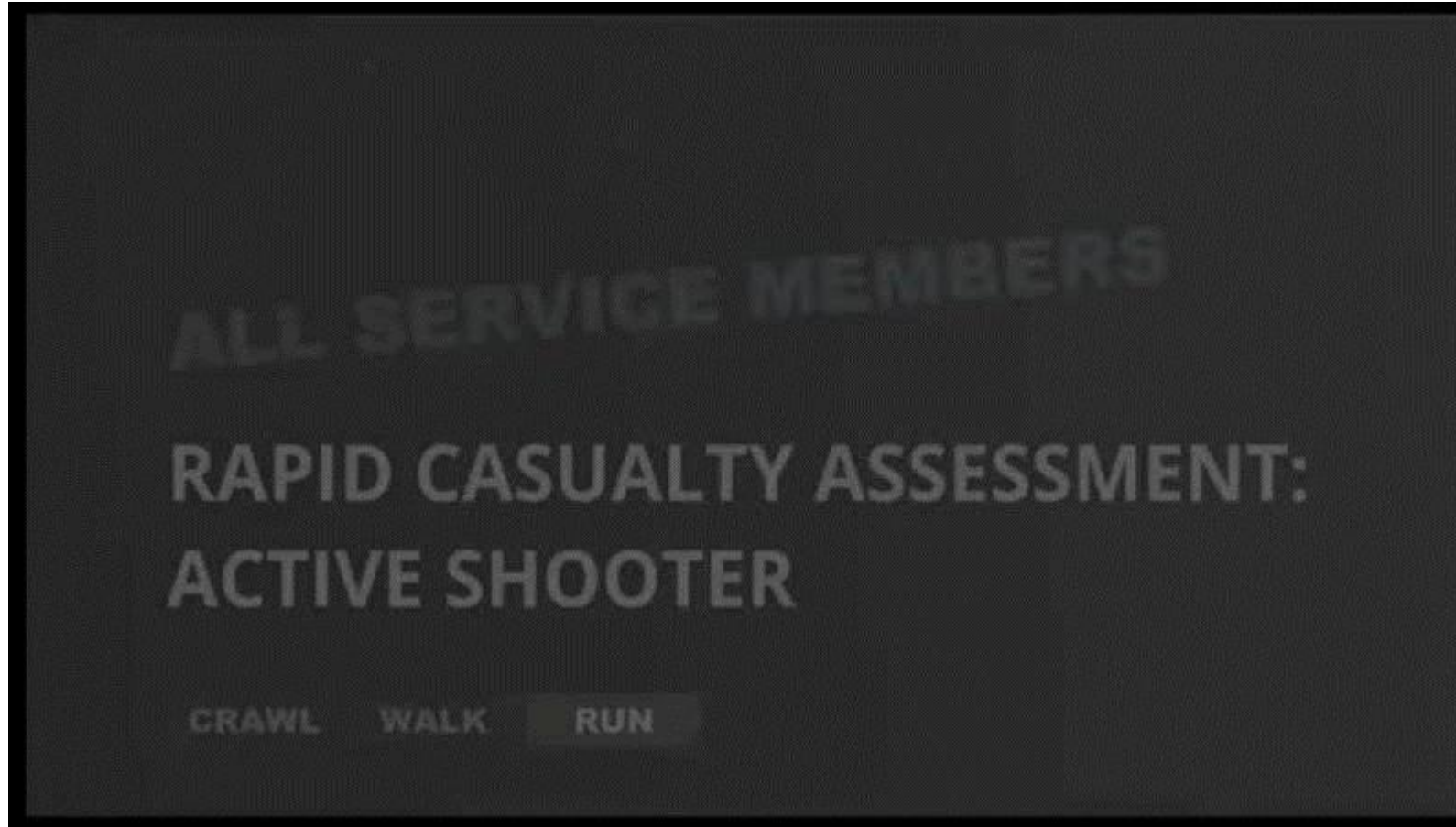
# Joint All Service Members Training



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# Joint All Service Members Training

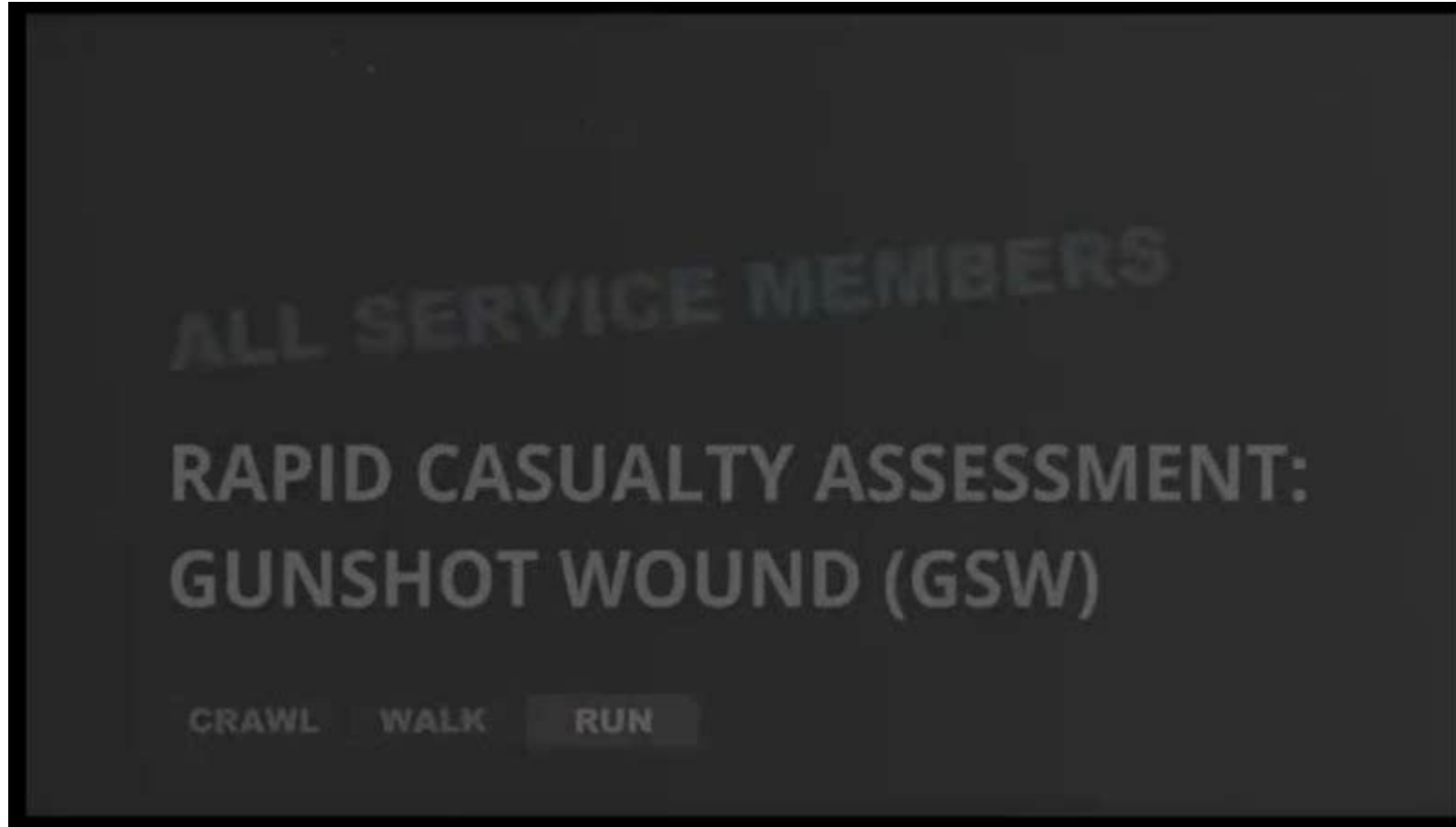


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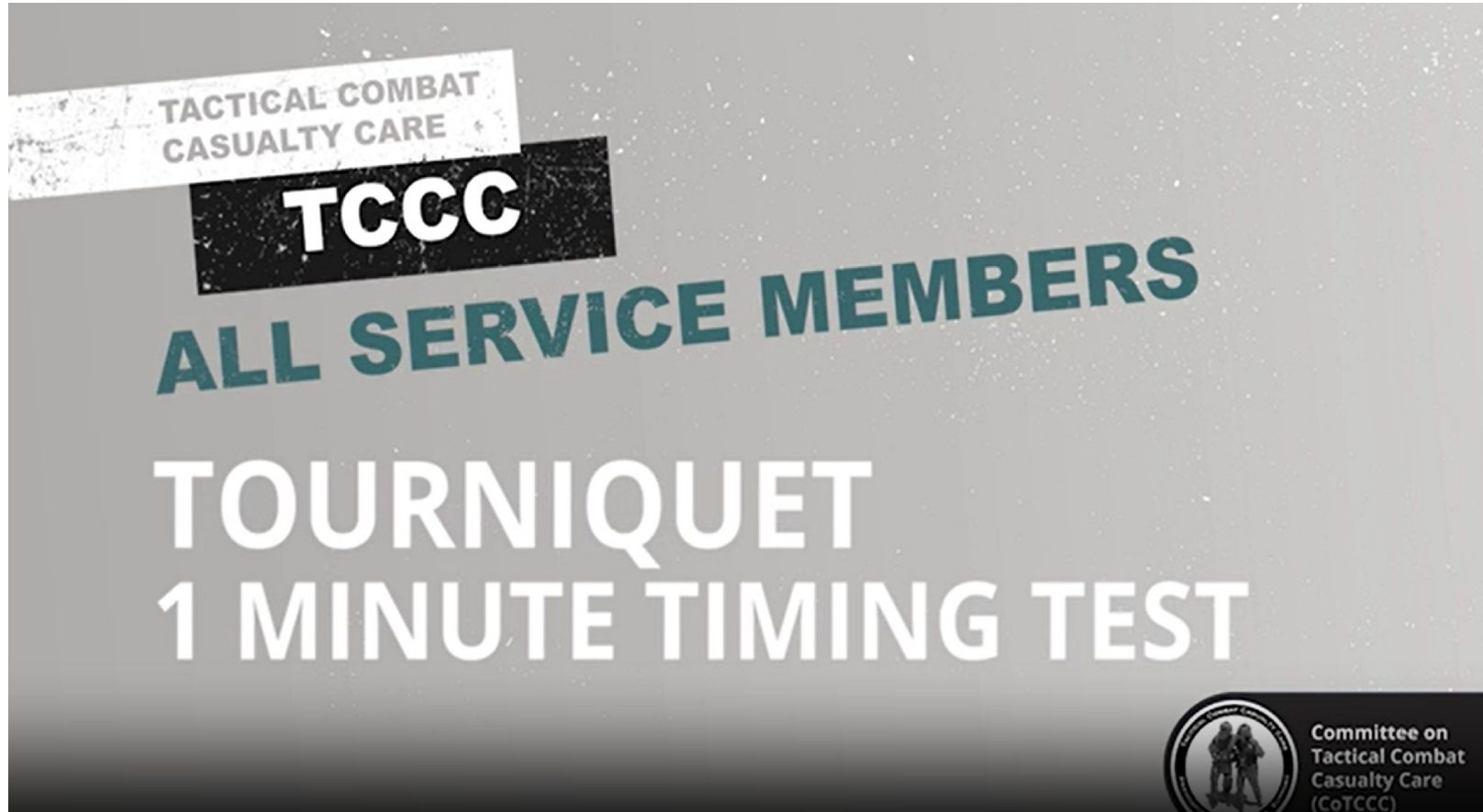
# Joint All Service Members Training



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# Joint All Service Members Training



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# Joint All Service Members Training



- What is frothy, bubbling blood indicative of?
  - *Sucking chest wound*
- The three types of external bleeding:
  - *Arterial bleeding*
  - *Venous bleeding*
  - *Capillary bleeding*





# Joint All Service Members Training



- Where can't a tourniquet be placed?
  - *Head/neck*
  - *Chest/torso*
  - *Directly on the knee*
  - *Directly on the elbow*
- How far away from a wound should a tourniquet be applied?
  - *2-3 inches*



# Joint All Service Members Training



- What does MARCH stand for?
- *Massive hemorrhage*
- *Airway*
- *Respiration*
- *Circulation*
- *Head injury/Hypothermia*



# MEDEVAC 9-Line



- **Line 1**
  - *Location*
  - *Give grid coordinates*
- **Line 2**
  - *Radio frequency & call sign*
- **Line 3**
  - *Number of patients by precedence*
    - A – Urgent
    - B – Priority
    - C – Routine
    - D – Convenience
- **Line 4**
  - *Special equipment required*
    - A – None
    - B – Hoist
    - C – Routine
    - D – Convenience
- **Line 5**
  - *Number of patients by type*
    - A - Litter
    - B – Ambulatory
    - C – Escort



# MEDEVAC 9-Line



- **Line 6**

- ***Security of pickup site (wartime)***

- N – No enemy troops in area
- P – Possible enemy troops in area (approach with caution)
- E – Enemy troops in area (approach with caution)
- X – Enemy troops in area (armed escort req'd)

- **Line 7**

- ***Special equipment required***

- A – Panels
- B – Pyrotechnic signal
- C – Smoke signal
- D – None
- E – Other (mirror, person, light, etc.)



# MEDEVAC 9-Line



- **Line 8**

- ***Nationality & status of casualties***

- A – US military
- B – US civilian
- C – Non-US military
- D – Non-US civilian
- E – Enemy POWs (EPW)

- **Line 9**

- ***Status of CBRN contamination (wartime)***

- C – Chemical
- B – Biological
- R – Radiological
- N – Nuclear



# MEDEVAC 9-Line



- **General Guidelines/Tips for 9-Lines**
  - ***Acquire ALL appropriate information before sending radio transmission***
  - Use appropriate radio communication etiquette
  - Ensure the receiver is hearing what is being said
    - Speak clearly and enunciate
    - *“(Receiver call sign), this is (sender call sign), I have a MEDEVAC request, how copy? Over.”*



# MEDEVAC 9-Line



- *“Roger, Line 1 – 10-digit grid, 18SUH 9867 4321, break.”*
  - *“Break” between lines, WHY?*
- *“Line 2 – Channel three, Ghost Actual, break.”*
- *“Line 3 – Alpha, break.”*
- *“Line 4 – Delta, break.”*
- *“Line 5 – Alpha, break.”*
- *“Line 6 – X-Ray, break.”*
- *“Line 7 – Charlie, break.”*
- *“Line 8 – Alpha, break.”*
- *“Line 9 – None, over.”*
- Stay on the radio and wait for additional comments and/or instructions from receiver



# Summary



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# Questions



**Air Force ROTC Detachment 842**  
**The University of Texas at San Antonio**

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**Det 842 – Best in Blue**