

## TCCC UPDATES

# Committee on Tactical Combat Casualty Care 7–8 September 2016

## Meeting Highlights

*Dr Frank Butler; Dr Stephen Giebner*

The Committee on Tactical Combat Casualty Care (TCCC) conducted a meeting on 7–8 September at the Atlanta Airport Westin, Atlanta, Georgia. The two major changes to the TCCC Guidelines discussed at the meeting were the use of pelvic binders and a compilation of needed tactical or editorial modifications to the guidelines. There were several presentations describing the extensive use of TCCC concepts in various Department of Homeland Security and Department of Justice agencies, and by law enforcement tactical emergency medical support units.

Dr Butler noted the use of TCCC concepts and experience in crafting the Bleeding Control course that is being used as the signature training course for the Hartford Consensus and White House Stop the Bleed programs. His review of current TCCC issues highlighted the need for a TCCC Equipment Rapid Fielding Initiative to ensure that Corpsmen, Medics, and Pararescuemen (PJs) are supplied with newly recommended TCCC equipment and the training to use it before deploying in support of combat operations. He also noted the need to standardize basic TCCC training in the Department of Defense using the Joint Trauma System (JTS)-developed TCCC curricula for medical personnel or for all combatants, as posted on multiple websites. The National Association of Emergency Medical Technicians can provide these courses to military units that need them.

### *TCCC Special Award: Dr John Kragh*

Dr John Kragh of the US Army Institute of Surgical Research was honored with a TCCC Special Award for his landmark research on the use of tourniquets. His work has proven the lifesaving benefit and low risk of extremity tourniquets applied for short periods of time. As noted by Dr Butler, “Without Dr Kragh’s work, we would still be debating about whether or not to use tourniquets, rather than how best to use them.”

### *Annual TCCC Award:*

#### *Col Stacy Shackelford and COL (Ret) Rocky Farr*

The annual TCCC Award for 2016 honoring the individual who has made the most notable contributions to the advancement and use of TCCC was awarded for the first time to two individuals who finished in a tie in the voting: COL (Ret) Rocky Farr and Col Stacy Shackelford. The nominations for these two exceptional and very deserving individuals are given here:

#### *COL (Ret) Rocky Farr*

COL Rocky Farr has been a member of the CoTCCC since 2006. In his role as the US Army Special Operations Command Surgeon, he spearheaded the initial US Special Operations Command (USSOCOM)-directed implementation of TCCC concepts throughout the 35,000-person US Army Special Operations Command organization. In particular, he helped facilitate the incorporation of TCCC into the Army’s premier Combat medic schoolhouse, the Joint Special Operations Medical Training Center.

COL Farr was a key participant in two projects that were largely responsible for the successful transition of TCCC into use throughout the US Military. He helped perform the 2004 review of the first 82 Special Operations fatalities in Afghanistan and Iraq. Using autopsy data from the Armed Forces Medical Examiner’s office, these fatalities were carefully reviewed to identify potentially preventable deaths. The findings were published in *Annals of Surgery* in 2007 and highlighted the importance of basic TCCC interventions and the need to train all members of Combat units in TCCC. COL Farr’s leadership and skills as a forensic pathologist were critical to the success of this effort. He also helped secure funding for the 2005–2006 TCCC Transition Initiative executed to correct TCCC training and equipment deficiencies in deploying Special Operations units and to establish the first formal TCCC feedback mechanism.

In his subsequent role as USSOCOM Command Surgeon, COL Farr instituted a permanent TCCC equipment funding line to ensure that TCCC equipment deficiencies in service-supplied medical equipment sets were remedied with a USSOCOM program to supply the needed equipment.

COL Farr has been an 18-D SF Combat medic and a medical officer. He was director of training at the 18-D training program as an E-8, giving him a unique combination of perspectives into the needs and the challenges of Combat medics.

#### *Col Stacy Shackelford*

Col Stacy Shackelford is a fellowship-trained trauma surgeon with multiple combat deployments in support of deployed US forces. She was an attending physician at the Air Force Center for the Sustainment of Trauma and Readiness Skills (C-STARS) program at the University of Maryland's R. Adams Cowley Shock Trauma Center. While there, she served as Medical Director for the TCCC course at C-STARS and trained hundreds of medics in TCCC. Col Shackelford has been the Deployed Director of the Joint Theater Trauma System in Afghanistan, where she worked extensively with medics, corpsmen, and PJs to improve documentation of prehospital care. She has also been the Director of Performance Improvement at the Joint Trauma System and is presently the Deputy Commander for Clinical Services at the Craig Joint Theater Hospital in Bagram, Afghanistan.

Col Shackelford oversaw the "Vampire" prehospital transfusion initiative for US Army medical evacuation in 2012. She recently conducted a detailed analysis of prehospital transfusion data in Afghanistan and demonstrated a reduction in 24-hour mortality from 18% to 4% with prehospital transfusion.

Col Shackelford has been a tireless worker and strong leader in improving prehospital trauma care. She was the primary driving force behind the 2012 US Central Command/Joint Trauma System survey of prehospital trauma care in Afghanistan that was the basis for the "Saving Lives on the Battlefield 1" report and that identified many opportunities to improve the care that the US Military provides to its wounded Soldiers, Sailors, Airmen, and Marines. She authored the change paper to revise and update tourniquet use recommendations

in TCCC in response to observed real-world casualty scenarios. She is currently the lead individual for the proposed change to the TCCC Guidelines that would incorporate the use of pelvic binders into TCCC. Col Shackelford has also been part of the Membership and Bylaws Subcommittee team that selects new members from the US Armed Services to serve as members of the CoTCCC.

#### *2016 TCCC Curriculum*

The 2016 annual update to the TCCC for Medical Personnel curriculum has been approved for release by the JTS and the US Army Institute of Surgical Research. The single guideline change for this year is the addition of a recommendation for XStat® (RevMedx; <http://www.revmedx.com/>) as a hemostatic adjunct for bleeding originating from an injury with a deep, narrow wound tract. Other changes to the curriculum include the following:

- The instruction slides and video for the Combat Application Tourniquet® (Composite Resources Inc.; <http://combattourniquet.com/>) have been updated from the previous Generation 6 to the new Generation 7 model.
- The test generator was updated with questions pertaining to the XStat change.
- Skill sheets for intravenous (IV) administration of ketamine and tranexamic acid were added.
- The five videos covering the ruggedized field IV set have been combined into one video.
- The eye-shielding video has been replaced with a new version [thanks to Col (Ret) Robb Mazzoli and the team at the Vision Center of Excellence for this item].

The 2016 curriculum file set can be viewed on or downloaded from the following URLs:

<http://www.naemt.org/education/TCCC/tccc.aspx>

<http://www.specialoperationsmedicine.org/Pages/tccc.aspx>

<https://www.jsomonline.org/TCCC.html>

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Thanks to the CoTCCC Developmental Editor, **CAPT (Ret) Steve Giebner**, for his ongoing efforts to maintain and update the TCCC curriculum on our hosting websites. Suggested changes to the curriculum should be directed to Dr Giebner at [sdgiebner@msn.com](mailto:sdgiebner@msn.com).



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