

TCCC UPDATES

Saving lives and eliminating preventable deaths among US combat casualties is the primary objective of the Department of Defense's combat casualty care efforts. Because the vast majority of combat fatalities occur before the casualty ever reaches a medical treatment facility and the care of a surgeon, optimizing the training and delivery of Tactical Combat Casualty Care (TCCC)—the US Military's remarkably successful battlefield trauma care program—is paramount in reducing preventable deaths. Military units that have trained all of their members on TCCC have documented the lowest incidence of preventable deaths among their combat casualties in the history of modern warfare.

Despite the critical importance of TCCC, its adoption and implementation as the standard for prehospital combat trauma care throughout the Department of Defense have thus far been inconsistent. Secretary of Defense James Mattis emphasized the importance of TCCC in a letter to the Service Chiefs on 18 January 2013, written while he was the Commander of the US Central Command.

This issue of the JSOM contains another letter from the Commander of the US Central Command, now General Joseph Votel, that once again highlights the requirement for all medical providers—physicians, physician assistants, nurses, medics, corpsmen, and PJs—to complete the Joint Trauma System's TCCC for Medical Personnel course before deploying to CENTCOM. All other personnel deploying to CENTCOM are required to take the TCCC course designed for non-medical combatants as part of their pre-deployment preparation.

It is worthy of note that General Votel was the same leader who propagated the requirement for TCCC training at the 75th Ranger Regiment as the regimental commander prior to and during initial combat operations into Afghanistan in 2001. His leadership, his predecessors in command, and the superb medical cadre at the regiment have all contributed to making the 75th Ranger Regiment synonymous with excellence in TCCC and lives saved on the battlefield.



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UNITED STATES CENTRAL COMMAND
OFFICE OF THE COMMANDER
7115 SOUTH BOUNDARY BOULEVARD
MACDILL AIR FORCE BASE, FLORIDA 33621-5101

6 November 2017

MEMORANDUM FOR: CHIEF OF STAFF, U.S. ARMY
CHIEF OF NAVAL OPERATIONS
CHIEF OF STAFF, U.S. AIR FORCE
COMMANDANT OF THE MARINE CORPS

SUBJECT: Killed in Action (KIA) Reduction Initiative Update

1. I am writing you to provide an update on United States Central Command's (USCENTCOM) efforts to continually improve combat casualty survival rates and to thank you for your previous efforts in supporting these initiatives. Over the last sixteen years of conflict, the U.S. has achieved unprecedented survival rates, as high as 98%, for casualties that survive from the point of injury and arrive at a combat hospital. We can all be confident that wounded service members who reach a combat surgical facility will receive the best care in the world.
2. Casualty care does not begin in the hospital but at the point of injury. Studies performed by the Armed Forces Medical Examiner System (AFMES) and the Joint Trauma System (JTS) on casualties from Iraq and Afghanistan suggest that up to 25% of deaths on the battlefield are potentially preventable, with the majority of these deaths occurring in the pre-hospital setting.
3. In 2013, General Mattis solicited your support to implement Tactical Combat Casualty Care (TCCC) concepts to decrease combat mortality. Since publication of that memorandum, there continues to be variability in the implementation of TCCC across the services, and potentially preventable deaths are still being noted by the JTS and AFMES in ongoing reviews. The ability to affect the KIA rate has been demonstrated by the 75th Ranger Regiment after they instituted a command-directed two-tiered TCCC curriculum for all personnel, integrated TCCC into small unit tactics and battle drills, and initiated unit-based continuous performance improvement.
4. In a continued effort to save lives and decrease the KIA rate, I am instituting a theater TCCC training requirement, to be completed within 180 days of deployment. "TCCC for Medical Personnel," designed for physicians, physician assistants, nurses, medics, corpsmen, and PJs, is currently a requirement for all deploying USCENTCOM medical personnel. A new program, "TCCC for All Combatants," based upon the "Ranger First Responder" program, trains every non-medical member to save lives with tourniquets, hemostatic dressings, and basic airway maneuvers, and is a requirement for non-medical personnel deploying to the USCENTCOM AOR.
5. My point of contact is the Command Surgeon, CAPT Darin K. Via, who can be reached at (813) 529-0345 or by electronic mail at, darin.k.via.mil@mail.mil.

Thank you for your continued support!

Joseph L. Votel
JOSEPH L. VOTEL
General, U.S. Army

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Dr. Frank Butler



TCCC Update

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TCCC Award 2017



Outstanding Contributions to TCCC

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2017 TCCC Award




LTC Ethan Miles
MSG (P) Curt Conklin
75th Ranger regiment

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Secretary of Defense James Mattis



COMMANDER
UNITED STATES CENTRAL COMMAND
7115 SOUTH BOUNDARY BOULEVARD
MADEIRA AIR FORCE BASE, FLORIDA 32914-5101


18 January 2013

TO: CHIEF OF STAFF, U.S. ARMY
CHIEF OF NAVAL OPERATIONS
CHIEF OF STAFF, U.S. AIR FORCE
COMMANDANT OF THE MARINE CORPS

SUBJECT: Killed In Action (KIA) Reduction Initiative

- **General Mattis letter to Service Chiefs**
- **Written during his time as CENTCOM Commander**
- **Highlights Ranger success with TCCC**
- **Stresses importance of TCCC training**


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Secretary of Defense James Mattis

3. In November 2012 my Command Surgeon and pre-hospital trauma experts from the JTS traveled to Afghanistan to survey pre-hospital medical teams from both the conventional and SOF perspective. Findings on the difference between the Ranger experience and DoD at large appear attributable to the Ranger Casualty Response System, which is a command-directed program that aggressively teaches the Tactical Combat Casualty Care (TCCC) curriculum to all unit personnel, integrates TCCC into small unit tactics and battle drills, and uses a unit-based trauma registry for performance improvement and directed procurement. This system was in place prior to the onset of hostilities. It has undergone continuous updates throughout the current conflict via a unit-base trauma registry and by the expert recommendations from the Committee on TCCC. The unprecedented low incidence of preventable deaths achieved by the Ranger Casualty Response System may serve as a model for improving pre-hospital trauma care and saving lives on the battlefield.

4. My Command Surgeon and the JTS team will be contacting your staff personally to share more information about this promising program. I urge each of you to take their briefing outlining the importance of TCCC training for your combat troops, the criticality of command ownership of this process, and other aspects of this response system.


 JAMES N. MATTIS
General, U.S. Marines




DoDI 1322.24, Medical Readiness Training (MRT) Revision

Policy Drivers

- **FY 2017 NDAA** "To develop standardized combat casualty care instruction for all members of the Armed Forces, including the use of standardized trauma training platforms"
- **ASD(HA) Memo to the DHB, 16 MAR 16** "Update the guidance for Military Readiness Training, which will address the training for military personnel in Tactical Combat Casualty Care"
- **Combat Casualty Care Med R&D Development JROCM 025-15** "Revise current training requirements for first responders (medical and nonmedical) to reflect implementation of TCCC guidelines in current and projected future operating environments."

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MRT DoDI Updates

Major Additions


- Establishes TCCC training for all Service Members and DoD Expeditionary Civilians Workforce personnel (medical and non-medical)
- Establishes a TCCC training reporting requirement through the Defense Readiness Reporting System (DRRS)
- Assigns responsibilities for animal use in MRT in order to refine, reduce, or replace the use of animals
- Establishes policy for Emergency Preparedness Response Courses (EPRC) Training (CBRNE)

**Thanks to Mr. Ed Whitt and Mr. Kevin Kelley*

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USMC TECOM Guidance 28 June 2017




UNITED STATES MARINE CORPS
MARINE CORPS COMBAT DEVELOPMENT COMMAND
3300 RUSSELL ROAD
QUANTICO, VA 22134-5001

DE BRIFING NUMBER TO:
3500
C 466
JUN 28 2017

From: Commanding General, Marine Corps Combat Development Command
To: Medical Officer of the Marine Corps, Headquarters U.S. Marine Corps, Health Services
Subj: TACTICAL COMBAT CASUALTY CARE WITH LIVE TISSUE TRAINING POLICY GUIDANCE

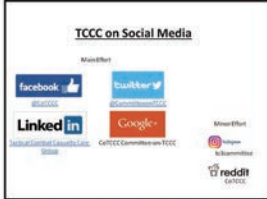
"To mitigate the loss of lives and severity of injuries on the battlefield, all combatants and medical personnel on the modern battlefield must be proficient in the concepts of TCCC."


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TCCC Quick Reference Guide TCCC Social Media Outreach


TCCC on Social Media



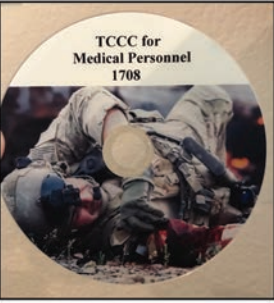


TACTICAL COMBAT CASUALTY CARE
QUICK REFERENCE GUIDE
FIRST EDITION
**By the Medics
For the Medics**
Copyright 2017

Thanks, Monty!




Dr. Stephen Giebner




TCCC Curriculum 2017
PHTLS 9

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TCCC Critical Decision Case Studies




August 2017



The Biggest Challenge in TCCC

- **Knowing WHEN to use the interventions taught in TCCC**
- **Based on a suggestion by COL Bob Mabry**
- **TCCC Critical Decision Case Studies will help to illustrate which interventions to perform for casualties with life-threatening conditions.**


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TCCC Critical Decisions Circulation Case Study 3

The Setting


- An Army infantry squad is on foot patrol in Iraq
- A dismounted IED detonates
- There are multiple casualties
- There is no effective incoming fire at the moment



TCCC Critical Decisions Circulation Case Study 3

The Casualty

- Your casualty has bilateral lower extremity amputations
- There was previously severe bleeding from the amputation sites
- Limb tourniquets were quickly applied to both legs and are effective
- The casualty is alert and in significant pain
- His radial pulse is normal
- The casualty also has multiple penetrating wounds of the abdomen and pelvis



TCCC Critical Decisions Circulation Case Study 3

Casualty Dashboard

• AVPU	Alert
• Airway	Patent with patient dazed but breathing well
• Breathing	RR 16 and unlabored
• Radial Pulse	Strong
• O2 Saturation	95%



TCCC Critical Decisions Circulation Case Study 3

Question

What is the NEXT action you should take?

1. Start an IV and administer 1 gm of TXA
2. Start an IV and administer 500 mL of Hextend, since there are no blood products available on this operation
3. Administer 50 mg of ketamine IM
4. Try to convert both tourniquets to other modes of hemorrhage control



TCCC Critical Decisions Circulation Case Study 3

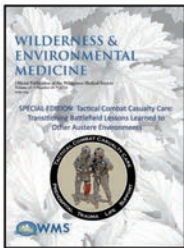
Correct Answer and Feedback

1. Start an IV and administer TXA

This casualty does need battlefield analgesia, but the most important aspect of care right now is to start an IV and administer 1 gm of TXA. He is at risk of non-compressible hemorrhage due to his penetrating abdominal and pelvic wounds. He does not require fluid resuscitation at the moment.



Wilderness Medical Society TCCC Preconference 2016



June 2017
Dedicated TCCC issue of "Wilderness
and Environmental Medicine"

- July 2016
- Dr. Brad Bennett and COL Ian Wedmore
- 22 TCCC presenters

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Recent Changes to the TCCC Guidelines

Extraglottic Airways in TCCC
Dr. Mel Otten
Approved 28 August 2017
Vote 34-5

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TCCC Journal Watch

TCCC Article Abstracts:
Monthly focused PUBMED search
of prehospital trauma literature

- TCCC Distro List**
- TCCC Change Notices
 - TCCC Article Abstracts
 - TCCC Info Items

* To be added to the list:
danielle.m.davis.civ@mail.mil

Tactical Combat Casualty Care
Journal Article Abstracts



Committee on Tactical Combat Casualty Care
August 2015



Hemostatic Dressings in Civilian EMS Systems


Open Access Full Text Article

ORIGINAL RESEARCH

Availability and use of hemostatic agents in prehospital trauma patients in Pennsylvania translation from the military to the civilian setting

- Sigal et al – Open Access Emergency Medicine
- 93 ALS and Air Medical EMS systems in Pennsylvania
- 46% carry hemostatic dressings
- Galente – California EMS systems in 2013 – 7% had HDs
- "Tactical Combat Casualty Care has drastically changed the practice of combat medicine by training front-line personnel in advanced life-threatening treatments, including hemorrhage control."


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TCCC Red/Green Chart: Opportunities to Improve

	Yes	No
Evidence-Based	Green	Grey
Continually Updated	Green	Grey
Strategic Messaging	Green	Grey
Medical Rapid Fielding Plan	Grey	Red
TCCC Training Standardized and Mandated	Grey	Red
Physician TCCC Training	Grey	Red
DoD-FDA Panel	Grey	Red
TCCC Documentation	Grey	Red

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Questions?



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View the entire slide presentation at
<https://www.jsomonline.org/Winter2017TCCC.php>



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THE JOURNAL FOR OPERATIONAL MEDICINE AND TACTICAL CASUALTY CARE



Inside this Issue:

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- › Extraglottic Airways in Tactical Combat Casualty Care
- › User, Glove, and Device Effects on Tourniquet Use
- › Tourniquet Distance Effects
- › Use of PTs to Evaluate Musculoskeletal Injuries
- › Therapy Dogs and Military Behavioral Health Patients
- › SOF Truths for ARSOF Surgical Teams
- › Anesthesia Support for Surgical Missions
- › Medical Skills Course for Partner Forces
- › SRT Prehospital Damage Control
- › Emergency US to Detect Wooden Foreign Bodies
- › "MARCH PAWS" as a Checklist for Pararescuemen
- › Ongoing Series: Canine Medicine, Clinical Corner, Human Performance Optimization, Infectious Diseases, Injury Prevention, Preventive Medicine, Prolonged Field Care, SOFsono Ultrasound Series, Special Talk: An Interview, Unconventional Medicine, The World of Special Operations Medicine, Book Review, TCCC Updates, and more!

*Dedicated to the
Indomitable Spirit
and Sacrifices of
the SOF Medic*