1. Tactical Combat Casualty Care for Medical Personnel
   August 2018
   (Based on TCCC-MP Guidelines 180801)

   Tactical Field Care 3F
   Casualty Collection Point Operations
   Caring for Wounded Hostile Combatants

   Now we will discuss Casualty Collection Point Operations and Caring for Wounded Hostile Combatants.

2. Disclaimer
   “The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Departments of the Army, Air Force, Navy or the Department of Defense.”
   - There are no conflict of interest disclosures

3. LEARNING OBJECTIVES
   **Terminal Learning Objective**
   - Identify the procedures for setting up and running casualty collection points (CCPs).

   **Enabling Learning Objectives**
   - Identify the key factors in selecting locations for casualty collection points.
   - Describe the responsibilities and procedures for operating CCPs.

   Read the text.
### LEARNING OBJECTIVES

**Terminal Learning Objective**

- Identify the correct procedures managing wounded hostile combatants in Tactical Field Care.

**Enabling Learning Objectives**

- Describe the need for proper prisoner handling and security procedures for wounded hostile combatants in TFC.
- Describe the ongoing threat from hostile intent.
- Identify the need to provide care as to friendly forces once the prisoner is secure.

Read the text.

### 5. Casualty Collection Point Operations

This information on CCP operations was extracted from the chapter on TCCC Casualty Response Planning by Kotwal and Montgomery in the military version of the Prehospital Life Support Manual.
6. **Casualty Collection Points in the Evacuation Chain**

   Casualty Collection Points in the Evacuation Chain

   - Casualty Collection Point
   -Casualty Care
   -Casualty Evacuation
   -Fixed Medical Facility

   Casualty flow from recovery to hospitalization.

   If possible, casualty flow should be planned from the point of injury all the way back to a fixed medical facility in CONUS. Tactical medics should understand the casualty flow up two levels above themselves at a minimum, including patient regulating, casualty accountability, and hospitalization requirements. For example, a platoon medic should have a good understanding of where a casualty goes after leaving the tactical CCP or battalion aid station.

   There are several questions that need to be answered in order to establish the tactical casualty flow:

   - To where will the unit’s casualties be evacuated?
   - Will evacuation be conducted by ground or air (or water) assets to a casualty collection point?
   - How will evacuation be conducted to casualty transload points?
   - What are the distances and times of travel?
   - Will expected casualties be able to make it that far? If not, what parts of the plan need to be corrected?
   - Who will evacuate the casualties?
   - Will medical assets be properly positioned to ensure continuity of care?

7. **CCP Site Selection**

   - Should be reasonably close to the fight
   - Located near areas where casualties are likely to occur
   - Must provide cover and concealment from the enemy
   - Inside a building or on hardstand (an exclusive CCP building limits confusion)
   - Should have access to evacuation routes (foot, vehicle, aircraft)
   - Proximal to “Lines of Drift” or paths across terrain that are the most likely to be used when going from one place to another.

   This is a checklist for selecting a good location for a tactical CCP.

   “Lines of Drift” are paths of least resistance that offer the greatest ease while taking into account obstacles and modes of transit to the objective.
### CCP Site Selection
- Adjacent to Tactical Choke Points (breeches, HLZ’s, etc.)
- Avoid natural or enemy choke points
- Choose an area providing passive security (inside the perimeter)
- Good drainage
- Accessible to evacuation assets
- Expandable if casualty load increases

(continued)

### CCP Operational Guidelines
- Typically, a First Sergeant (1SG) or Platoon Sergeant (PSG), or equivalent, is given responsibility for casualty flow and everything outside the CCP:
  - Provides for CCP structure and organization (color coded with chemlights)
  - Maintains command and control and battlefield situational awareness
  - Controls aid & litter teams, and provides security

### CCP Site Selection
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- Accessible to evacuation assets
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### CCP Operational Guidelines
- First Sergeant (1SG), Platoon Sergeant (PSG) or equivalent:
  - Strips, bags, tags, organizes, and maintains casualties’ tactical gear outside of treatment area
  - Accountable for tracking casualties and equipment into and out of CCP and reports to higher command
  - Moves casualties through CCP entrance/exit choke point which should be marked with an IR chemlight

Read the text.
CCP Operational Guidelines

11. Medical personnel are responsible for everything inside the CCP
   - Triage officer sorts and organizes casualties at choke point into appropriate treatment categories
   - Medical officers and medics organize medical equipment and supplies and treat casualties
   - EMTs, First Responders, and Aid & Litter Teams assist with treatment and packaging of casualties

12. Casualties with minor injuries should remain with their original elements or assist with CCP security if possible
   Those killed in action should remain with their original elements

13. This is a typical configuration of a CCP receiving casualties from a nearby encounter with hostile forces
14. **Questions?**

15. **Management of Wounded Hostile Combatants**

When you are taking care of casualties who were recently fighting for the other side, there are a few additional things to remember.

16. **Care for Wounded Hostile Combatants**

- No medical care during Care Under Fire
- Though wounded, enemy personnel may still act as hostile combatants.
  - May employ any weapons or detonate any ordnance they are carrying
- Enemy casualties are **hostile combatants** until they:
  - Indicate surrender
  - Drop all weapons
  - Are proven to no longer pose a threat

Remember that wounded hostile combatants still represent a lethal threat.
17. Care for Wounded Hostile Combatants
   - Combat medical personnel should not attempt to provide medical care until sure that the wounded hostile combatant has been rendered safe by other members of the unit.
   - Restrain with flex cuffs or other devices if not already done.
   - Search for weapons and/or ordnance.
   - Silence to prevent communication with other hostile combatants.

18. Care for Wounded Hostile Combatants
   - Segregate from other captured hostile combatants.
   - Safeguard from further injury.
   - Care as per TFC guidelines for U.S. forces after the steps above are accomplished.
   - Speed to the rear as medically and tactically feasible

19. **QUESTIONS?**

   - Once the hostile combatants have been searched and secured, the care provided should be the same as for U.S. and coalition forces in accordance with the Geneva Convention.

   - These are just VERY BASIC prisoner handling guidelines.