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

C-TECC Update

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Progress on the widespread application and operational implantation of TECC as the standard for high-threat civilian operational medical response continues to grow. In the past 6 months, presentations on and discussions involving TECC implantation have been held at senior state, regional, and federal levels. TECC, especially in its implantation for active shooter/active killing response, has been openly endorsed by the International Association of Fire Fighters (IAFF), International Association of Fire Chiefs (IAFC), and the Urban Fire Forum, and was emphasized in the recent USFA Active Shooter Resource Document.

International Association of Fire Fighters

http://www.iaff.org/Comm/PDFs/IAFF_RTF_Training_Position_Statement.pdf

International Association of Fire Chiefs

http://www.iafc.org/files/1ASSOC/IAFCPosition_ActiveShooterEvents.pdf

Urban Fire Forum

<http://www.nfpa.org/research/resource-links/first-responders>

United States Fire Administration http://www.nfpa.org/~media/Files/Research/Resourcelinks/Firstresponders/UrbanFireForum/UFFactive_shooter_guide.pdf

These endorsements have led to many first response agencies examining how TECC can be implemented into their high-threat response protocols. We have also seen the creation of several TECC training programs by various training entities. As a whole, Committee for Tactical Emergency Casualty Care (C-TECC) supports implementation of the TECC guidelines into every first response agency's protocols and SOPs for high-threat medical response. Pre-developed courses provided by vendors are one way to be trained in TECC; the committee also strongly encourages agencies to develop their own in-house training for personnel on the TECC guidelines and how they fit into existing and new protocols. To clarify, there is no official TECC certification, no official TECC provider course, and no official TECC instructor or course regulation. As such, TECC courses do not currently need to be "approved" or "certified" as long as the intent and application of the medical care continue to follow the guidelines. The C-TECC Board of Directors continues to examine methods to support and delineate quality TECC training.

TECC was designed to be a set of medical recommendations for application in areas of high threat. These recommendations are not dogma; although the individual guidelines cannot be changed, the entire set of guidelines does not have to be adopted en bloc. Each agency should adopt only the guidelines that fit, taking into account their agency mission, provider education, provider scope of practice, and specific agency protocols. Essentially, the guidelines are a set of bricks. Each entity should take only the "bricks" that are agency-appropriate to build a "building" that is unique and specific to that agency. TECC resources are available on the C-TECC website (www.c-tecc.org) with more forthcoming, and the committee and its members are eager and willing to help any agency develop and implement such training and operations.

The C-TECC held its semiannual full committee meeting on 16 December at the 2013 Special Operations Medical Association (SOMA) Scientific Assembly in Tampa, FL. Although limited to only a half-day session to allow Committee members and guests to participate in the afternoon SOMA session on explosive mass casualty, all of the agenda items were accomplished in what amounted to another very successful meeting.

We were fortunate to hear a fantastic presentation by Trooper Christopher Dumont of the Massachusetts State Police agency, who was the primary medical provider for Officer Richard Donahue, the Boston Transit police officer

shot during the Watertown incident in conjunction with the Boston Marathon bombing. Trooper Dumont gave descriptive details of the tactical situation, the wounds, and his medical decision making that ultimately contributed to saving Officer Donahue's life. We would like to thank Trooper Dumont for sharing this information directly with the Committee, as well as for his bravery and medical acumen during that incident.

We then heard presentations from two large well-established training entities that have developed training around TECC. GPS Defense and Eastern New Mexico University in Roswell, NM, presented the details of a new program of TECC training courses that they co-developed and are offering for academic credit through the university and that qualifies for tuition funding under the GI Bill. Next, Dr. Lawrence Heiskell, the founder and director of the well-known International School of Tactical Medicine in Palm Springs, CA, gave a presentation on how the school has embraced TECC and is incorporating TECC guidelines throughout the ISTM curriculum. The Committee congratulates both of these entities on their incorporation of TECC and their progress with developing training programs.

Our next agenda item revolved around the need for language in the TECC guidelines regarding the management of junctional hemorrhage. Guidelines Committee member Michael Shertz, MD, presented a well-researched lecture with the data, both military and civilian, on junctional hemorrhage including the significance of, incidence of, and potential field interventions for the management of junctional hemorrhage in a civilian setting. To augment the discussion around this topic, the Committee asked the creators/vendors of the most commonly used junctional hemorrhage devices (JETT™, Junctional Emergency Treatment Tool; CRoC™, Combat Ready Clamp; SAM™ Junctional Tourniquet, and the AAJT™, Abdominal Aortic and Junctional Tourniquet) to present a 15-minute overview of their device and the evidence behind its use and efficacy. Committee members and attendees then held an excellent discussion on the need for included language, and junctional hemorrhage was set as a guidelines discussion topic to be fully discussed and voted on at the next full Committee meeting.

The rest of the morning agenda and the working lunch for the meeting involved the TECC Pediatric Guidelines. Led by the special populations working group lead, Josh Bobko, MD, all of the solicited subject matter expert responses, as well as public comments to the draft Pediatric TECC guidelines, were heard and discussed. Dr. Bobko went line through line with the pediatric guidelines, and language was adjusted as needed to reflect the received feedback. After discussion, the quorum of Guidelines Committee members in attendance voted for unanimous approval of the pediatric guidelines. As such, these are on the agenda for final approval by the Board of Directors. We anticipate that version 1.0 of the Pediatric TECC Guidelines will be on the website (C-TECC.org) and available for distribution by the end of January 2014.

At the end of the December meeting, the following new additions to the Committee were announced. The Board of Directors welcomes all of these experts, and we look forward to their active involvement in the committee's mission to develop civilian high-threat medical guidance.

New Guidelines Committee Members

Rich Kamin, MD – State of Connecticut Department of Public Health
Jason Pickett, MD – Wright State University Dept. of Emergency Medicine
Russ Kotwall, MD – U.S. Army, Joint Trauma System Division Director for Trauma Care Delivery
Chief Robert Wylie, EMT – Cottleville Community Fire Protection District
Scott Kimball, EMT-P – Special Operations Group, U.S. Marshall's Service
Vincent Johnson, EMT-P – Fire Department of New York
Eileen Bulger, MD – Harborview Medical Center (Seattle, WA)

New Board of Advisors Members

Lawrence Heiskell, MD – International School of Tactical Medicine
James McGinnis, PA-C – George Washington University
David Slattery, MD – Las Vegas Fire and Rescue
Chief Michael Touchstone – Philadelphia Fire Department
SGT James Gordon – Los Angeles Police Department
Scott Sasser, MD – Emory University
Alex Isakov, MD – Emory University

John Armstrong, MD – Florida State Surgeon General and Secretary of Department of Health
Duane Caneva, MD – Customs and Border Protection
Peter Carlo, PA-C – Las Vegas SWAT
COL Isaac Ashkenazi, MD – Retired, Israeli Defense Forces
Allen Yee, MD – Chesterfield Fire Department
Darryl Stroud – Special Operations Group, London Fire Brigade
LT Tracy Frazzano – Township of Montclair Police Department
Cory Slovis, MD – Vanderbilt University Medical Center
Don Jenkins, MD – Trauma Center, Mayo Clinic
Kevin Gerold, MD – TEMS Section, NTOA
Carol Cunningham, MD – Ohio Department of Public Safety, Division on EMS
August Vernon – Forsyth County Emergency Management
Glenn Bollard, MD – Gallatin County SRT

Finally, the Board of Directors would like to thank Regulus Global Inc. and North America Rescue Products for their financial donations to the Committee. It is only through financial donations and the hard work of our members that the Committee can continue to develop and grow.

We look forward for continued progress with TECC and encourage all to reach out to the Committee with feedback and suggestions for the guidelines. C-TECC is and will remain a grass-roots entity developed by civilians for civilians, and we emphasize that all stakeholders, all first responders are welcome to participate. All of the full Committee meetings are open to the public, and we encourage all to attend if possible. Our next full Committee meeting will be in May 2014 tentatively to be hosted by the Johns Hopkins Division of Special Operations in Baltimore, Maryland. More information will be posted on the website and distributed by social media as the date approaches.