

081-COM-1001
Perform Casualty Care
Status: Approved

Security Classification: U - Unclassified

Distribution Restriction: Approved for public release; distribution is unlimited.

Destruction Notice: None

Foreign Disclosure: FD1 - This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/US Army Medical Center of Excellence (MEDCoE) foreign disclosure officer. This training product can be used to instruct international military students from all approved countries without restrictions.

Conditions: While in an operational environment, you encounter a combat casualty. You have access to the casualty's Improved First Aid Kit (IFAK), you have a Department of Defense (DD) form 1380, Tactical Combat Casualty Care (TCCC) Card and assigned communication equipment. You may be in a care under fire or a tactical field care situation. Some iterations of this task should be performed in MOPP 4. This task should be trained under IED Threat conditions.

Standards: Perform casualty care, in accordance with (IAW), Tactical Combat Casualty Care (TCCC) Guidelines 2021; by Joint Trauma System (JTS) Committee on Tactical Combat Casualty Care (CoTCCC) and TC 4-02.1, First Aid while adhering to all warnings and cautions with 100% accuracy utilizing GO/NO-GO criteria.

Special Conditions: None

Safety Risk: Low

MOPP 4: Sometimes

Task Statements

Cue: None

DANGER

None

WARNING

None

CAUTION

All body fluids should be considered potentially infectious so always observe body substance isolation (BSI) precautions by wearing gloves and eye protection as a minimal standard of protection.

Remarks: This task should be performed under all environmental conditions. Four or more operational variables of political, military, economic, social, information, infrastructure, physical environment, time should be present. Some iterations of this task should be performed with degraded mission command networks, degraded conditions in the electromagnetic spectrum, and/or with degraded, denied, and disrupted space operations environment (D3SOE).

Notes: Training of this task should be conducted at various levels of MOPP for increased rigor and practice.

Performance Steps

1. Perform Care Under Fire.

a. Return fire and take cover until fire superiority is achieved.

b. Direct the casualty to return fire, move to cover, and administer self-aid or buddy aid (stop extremity bleeding with a hasty tourniquet high and tight), if possible.

Note: If the casualty is unable to move and shows no sign of life, the casualty can be tended to after the area is secure. If the casualty shows signs of life but is unable to move, you are unable to move to the casualty, and the casualty is still under direct enemy fire, have the casualty "play dead."

Cue: You or your unit has obtained fire superiority of the enemy.

c. Approach the casualty in a battle-buddy team, (use smoke or other concealment if available) using the most direct route possible.

Note: Your battle-buddy will pull security while you stop life threatening bleeding (if applicable) on the casualty. You and your battle-buddy will then move the casualty to a secure position before continuing assessment and treatments required.

d. Remove Casualties from burning vehicles or buildings and place them in a safe location. If casualty is burning, do what is necessary to stop the burning process.

e. Administer life-saving extremity hemorrhage control (stop extremity bleeding with a hasty tourniquet high and tight).

CAUTION

Minimize movement of casualty with suspected back/neck injury. Seek medical assistance if available.

f. Move casualty if required.

(1) Drag

(2) Neck Drag

(3) Cradle-Drop Drag

(4) Pack Strap Carry

(5) Extraction devices

Note: If security degrades, or enemy regains fire superiority, revert back care under fire.

(a) Combat Rescue Sling

(b) Two Handle Extraction System

(c) Dragon Harness

(d) Litter

Note: If security degrades, or enemy regains fire superiority, revert back care under fire.

Cue: You are now behind cover and are not under hostile fire.

2. Perform Tactical Field Care.

Note: When evaluating and/or treating a casualty, seek medical aid as soon as possible. Do NOT stop treatment. If the situation allows, send another person to find medical aid.

a. Establish a security perimeter in accordance with (IAW) unit tactical standard operating procedures and/or battle drills. Maintain tactical situational awareness.

Note: Remove weapons and communications equipment from casualties with an altered mental status.

b. Conduct Rapid Casualty Assessment (MARCH)

(1) Check for responsiveness

(2) Massive Bleeding

(3) Airway

(4) Respiration

(5) Circulation

(6) Hypothermia/Head Injury

(7) Other injuries: Burns, Eye Trauma, Dislocation

3. Check for responsiveness

a. Ask in a loud, but calm, voice: "Are you okay?" Gently shake or tap the casualty on the shoulder.

b. Determine the level of consciousness by using AVPU: A = Alert; V = responds to Voice; P = responds to Pain; U = Unresponsive.

Note: To check a casualty's response to pain, squeeze the first or second toe or finger over the nail. Alternately pinch the casualty's nose or earlobe.

c. If the casualty is conscious, ask if their body feels different than usual, or where it hurts.

4. Identify Massive Hemorrhage

Note: For life threatening bleeding to an extremity / amputation with no previous tourniquet used. Apply a tourniquet directly on the skin 2-3 inches above the wound. If bleeding is not controlled with the first tourniquet, apply a second tourniquet side-by-side with no gap next to the first. For life threatening bleeding where a limb tourniquet cannot be applied, use hemostatic dressing.

5. Control Massive Hemorrhage

a. Perform a blood sweep of the extremities, neck, armpits, and groin areas.

b. Expose only when bleeding is detected.

c. Reassess any tourniquets placed during Care Under Fire to ensure they are still effective.

Note: If wound or amputation is still bleeding; 1) Attempt to further tighten the tourniquet until bleeding stops. 2) If wound or amputation continues to bleed place a second tourniquet side-by-side with no gap next to the first. Do not cover tourniquet sites. Using a permanent marker document the time of tourniquet application on a piece of tape and attach to tourniquet.

d. Treat for Shock.

(1) Position the casualty in the recovery position or position of comfort to ease breathing.

(2) Prevent the casualty from getting chilled or overheated.

(3) Calm the casualty.

6. Open the Airway, position the casualty in the recovery position.

a. Position casualty supine (on their back) without causing any further injuries.

b. Place casualty's arm at right angle to the body, bent at the elbow with the hand pointing upward.

c. Place the back of casualty's hand against the opposite cheek.

d. Keep your hand there to guide and support the casualty's head as you roll them.

e. Pull casualty's knee up so that the leg is bent, and foot is flat on the floor.

f. Gently pull the casualty's knee toward you so the casualty rolls over onto their side facing you.

Cue: Unconscious casualty without airway obstruction.

g. Open the airway with a head-tilt/chin-lift method or if suspected spinal/neck injury jaw-thrust method. Insert a Nasopharyngeal airway (NPA) and place the casualty in the recovery position.

h. Casualty with an airway obstruction. Open the airway with head-tilt/chin-lift method or jaw-thrust method and insert an NPA. Allow conscious casualties to assume position best for their comfort. Unconscious casualties place in the recovery position. If measures are unsuccessful, refer to a combat medic immediately.

7. Assess Respirations. Look, listen, and feel for respiration. Place your ear over the casualty's mouth.

a. Expose the chest, check for equal rise and fall of the chest, and for any wounds.

b. Apply an Occlusive Dressing if casualty has a penetrating chest wound.

Note: If the casualty continues or starts to have difficulty breathing, remove the occlusive dressing to let air escape and then replace occlusive dressing (burping the wound). If the casualty still has difficulty breathing after burping the wound refer to a medic immediately.

c. Check for an exit wound, if found, apply an occlusive dressing.

8. Check Circulation and all other bleeding injuries with emergency bandages.

Note: Altered mental status and absent or weak radial pulses are key indicators for shock. If casualty is in shock or develops shock, begin treatment and refer to Combat medic. If the following indicators are present.

a. Mental confusion

b. Weak or absent radial pulse

c. If both indicators exist, the casualty has lost a significant amount of blood.

Note: If casualty is not in shock, fluids may be given by mouth if casualty is alert and able to swallow. Reassess frequently for onset of shock.

9. Assess for Head injury and prevent onset of Hypothermia.

a. Minimize casualty's exposure to elements but keep protective gear on or with casualty.

b. Replace wet clothing with dry if possible.

c. Apply blanket, sleeping bag, or other garments may be used to keep the casualty warm.

10. Treat for any additional wounds found.

a. Treat penetrating eye trauma.

(1) Perform a gross eye examination.

(2) Cover casualty's eye with an eye shield or other rigid eye shield/material.

b. Check the casualty for burns.

(1) Look carefully for reddened, blistered, or charred skin. Also check for singed clothes.

(2) Treat all burns found, immediately.

c. Communicate with the casualty if possible.

(1) Encouragement and reassurance are helpful to the casualty.

(2) Explain all assessments and treatments.

11. Administer Combat Pill Pack if the casualty is able to swallow.

Note: Each Soldier will be issued a combat pill pack before deploying on tactical missions.

12. Transport the casualty.

Note: Transport patient in recovery or position of comfort with the affected side down, if possible. Positions of comfort may include sitting, lying on their back with knees bent, feet flat on the surface or what the patient feels best.

- a. Fireman's carry-use for an unconscious or severely injured casualty.
 - b. Neck drag-use in combat for short distances.
 - c. Cradle-drop drag-use to move a casualty who cannot walk when being moved up or down stairs.
 - d. Use litters if materials are available, if the casualty must be moved a long distance, or if manual carries will cause further injury.
13. Reassess casualty until medical person arrive or the patient arrives at a military treatment facility (MTF).
14. Complete DD Form 1380 from the casualty's IFAK fill all entries on form as fully as possible.
- Note: As the DD Form 1380 is the first, and sometimes only, record of treatment of combat casualties, accuracy and thoroughness of information provided is of the utmost importance.
- a. Front of DD Form 1380.
- Note: As the DD Form 1380 is the first, and sometimes only, record of treatment of combat casualties, accuracy and thoroughness of information provided is of the utmost importance.
- (1) Battle Roster # - Write first letter of casualty's first name, then first letter of casualty's last name, then write the last four numbers of casualty's Social Security number. For example, John Doe 123-12-1234 is Battle Roster # "JD1234".
- Note: Soldier SSN is still used for thier battle roster number.
- (2) Evacuation (EVAC) - Mark an "X" on the casualty's evacuation priority/precedence (Urgent; Priority; or Routine).
- (3) Name - Write casualty's name (Last, First).
- (4) Last 4 - Write last four numbers of casualty's Social Security number.
- (5) Gender - Mark an "X" on the casualty's gender Male (M) or Female (F).
- (6) Date - Write date of injury in DD-MMM-YY format. For example, "29-JUN-22".
- (7) Time - Write 24-hour time of injury and indicate whether local (L) or zulu (Z) time. For example, "1300Z".
- (8) Service - Write casualty's branch of service (USA, USAF, USCG, USN, USMC). For U.S. civilians, write "US CIV". For non-U.S. personnel, write "NON-US" or a standard abbreviation for casualty's nationality.
- (9) Unit - Write casualty's unit name.
- (10) Allergies - Write casualty's known drug allergies. If no drug allergies, write no known drug allergies (NKDA).
- (11) Mechanism of Injury - Mark an "X" on the mechanism or cause of injury (artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), other (specify)). Mark all that apply.
- (12) Injury - Mark an "X" at the site of the injury(ies) on the body picture. For burn injuries, circle the burn percentage(s) on the figure. If multiple mechanisms of injury and multiple injuries exist, draw a line between the mechanism of injury and the anatomical site of the injury.
- (13) TQ: R Arm (tourniquet, right arm) - If a tourniquet is applied to the right arm, write type of tourniquet used and the time of tourniquet application.
- (14) TQ: L Arm (tourniquet, left arm) - If a tourniquet is applied to the left arm, write type of tourniquet used and the time of tourniquet application.
- (15) TQ: R Leg (tourniquet, right leg) - If a tourniquet is applied to the right leg, write type of tourniquet used and the time of tourniquet application.
- (16) TQ: L Leg (tourniquet, left leg) - If a tourniquet is applied to the left leg, write type of tourniquet used and the time of tourniquet application.
- (17) Time - Write the time vital signs were taken.
- (18) Pulse (rate & location)- Write casualty's pulse rate.

(19) Blood Pressure - Write casualty's blood pressure.

(20) Respiratory Rate - Write casualty's respiratory rate.

(21) Pulse Oxygen (Ox) % Oxygen Saturation (O2 Sat) - Write casualty's pulse Ox% and O2 saturation.

(22) AVPU - Write casualty's level of consciousness (AVPU: Alert, responds to Verbal stimulus, responds to Pain stimulus, Unresponsive).

(23) Pain Scale (0-10) - Write casualty's level of pain in numeric rating scale of 0 to 10, with 0 being no pain and 10 being the worst pain.

b. Back of Card.

(1) Battle Roster # - Write first letter of casualty's first name, then first letter of casualty's last name, and then write the last four numbers of casualty's Social Security number. For example, John Doe 123-12-1234 is Battle Roster # "JD1234".

(2) Evacuation (EVAC) - Mark an "X" on the casualty's evacuation priority/precedence (Urgent; Priority; or Routine).

(3) C - Mark an "X" for all circulation hemorrhage control interventions. For tourniquets (TQ), mark category (Extremity, Junctional and/or Truncal) and write name of TQ(s) used. For dressings, mark category (Hemostatic, Pressure, and/or Other) and write type of dressing(s) used.

(4) A - Mark an "X" for all airway interventions (Intact, nasopharyngeal airway (NPA), cricothyroidotomy (CRIC), endotracheal (ET) tube, supraglottic airway (SGA) and write type of device(s) used.

(5) B - Mark an "X" for all breathing interventions oxygen (O2), needle decompression (Needle-D), Chest-Tube, Chest-Seal and write type of device(s) used.

(6) C: Fluid - Circulation resuscitation interventions. Write name, volume, route, and time of any fluids given.

(7) D: Blood Product - Circulation resuscitation interventions. Write name, volume, route, and time of any blood products given.

Note: When more space is needed for documentation, attach another DD Form 1380 to the original by safety pin or other means. The secondform will be labeled DD Form 1380 #2 and will show the Soldier's name and unit.

(8) Meds: Analgesic Medications - Write name, dose, route, and time of any analgesics given.

(9) Meds: Antibiotic Medications - Write name, dose, route, and time of any antibiotics given.

(10) Meds: Other - Medications. Write name, dose, route, and time of any other administered medications.

(11) Other - Mark an "X" for other treatments administered (combat pill pack, eye shield (mark right (R) or left (L)), splint, hypothermia prevention) and type of device(s) used.

(12) Notes - Use this space to record any other pertinent information and/or clarifications.

(13) First Responder Name - Print the first responder's name (Last, First).

(14) First Responder Last 4 - Write last four numbers of first responder's Social Security number.

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____

EVAC: Urgent Priority Routine

NAME (Last, First): _____ **LAST 4:** _____

GENDER: M F **DATE** (DD-MM-YY): _____ **TIME:** _____

SERVICE: _____ **UNIT:** _____ **ALLERGIES:** _____

Mechanism of Injury: (X all that apply)
 Artillery Blunt Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm

TYPE: _____

TIME: _____

TQ: L Arm

TYPE: _____

TIME: _____

S A M P L E

TQ: R Leg

TYPE: _____

TIME: _____

TQ: L Leg

TYPE: _____

TIME: _____

Signs & Symptoms: (Fill in the blank)

<i>Time</i>				
<i>Pulse (Rate & Location)</i>				
<i>Blood Pressure</i>	/	/	/	/
<i>Respiratory Rate</i>				
<i>Pulse Ox % O2 Sat</i>				
<i>AVPU</i>				
<i>Pain Scale (0-10)</i>				

DD Form 1380, JUN 2014TCCC CARD

BATTLE ROSTER #: _____

EVAC: Urgent Priority Routine

Treatments: (X all that apply, and fill in the blank) *Type*

C: TQ- Extremity Junctional Truncal _____

Dressing- Hemostatic Pressure Other _____

A: Intact NPA CRIC ET-Tube SGA _____

B: O2 Needle-D Chest-Tube Chest-Seal _____

C:

	Name	Volume	Route	Time
<i>Fluid</i>				
<i>Blood Product</i>				

MEDS:

	Name	Dose	Route	Time
Analgesic (e.g., Ketamine, Fentanyl, Morphine)				
Antibiotic (e.g., Moxifloxacin, Ertapenem)				
Other (e.g., TXA)				

OTHER: Combat-Pill-Pack Eye-Shield (R L) Splint

Hypothermia-Prevention Type: _____

NOTES:

FIRST RESPONDER
NAME (Last, First): _____ **LAST 4:** _____

DD Form 1380, JUN 2014 (Back) TCCC CARD

15. Collect all applicable information needed for the MEDEVAC request using authorized brevity codes. (See MEDEVAC Brevity Code Tables 1 and 2)
 Note: Unless the MEDEVAC information is transmitted over secure communications systems, it must be encrypted, except as noted in step 2b (1).

<i>Line</i>	<i>Item</i>	<i>Explanation</i>	<i>Where/how obtained</i>	<i>Who normally provides</i>	<i>Reason</i>
1	Location of pickup site.	Grid coordinates of the pickup site should be sent by secure communication. To prevent confusion the grid zone letters are included in the message.	From map or navigational device determine the military grid reference system ten-digit grid coordinates of the pickup site.	Unit leader(s).	Required so evacuation vehicle knows where to pick up the patient/casualty. Also, so that the unit coordinating the evacuation mission can plan the route for the evacuation vehicle (if the evacuation vehicle must pick up from more than one location).
2	Radio frequency, call sign and suffix.	Frequency of the radio at the pickup site, not a relay frequency. The call sign (and suffix if used) of person to be contacted at the pickup site may be transmitted in the clear.	From automated net control device or other approved means.	Radio transmission operator.	Required so that evacuation vehicle can contact requesting unit while en route (obtain additional information or changes in situation or directions).
3	Number of patients by precedence.	A—URGENT B—URGENT-SURG C—PRIORITY D—ROUTINE E—CONVENIENCE If two or more categories must be reported in the same request, insert the word "BREAK" between each category.	From evaluation of patients.	Medic or senior person present.	Required by unit controlling vehicles to assist in prioritizing missions.
4	Special equipment required.	A—None B—Hoist C—Extraction equipment D—Ventilator	From evaluation of patient/situation.	Medic or senior person present.	Required so that the equipment can be placed on board the evacuation vehicle prior to the start of the mission.
5	Number of patients by type.	Report only applicable information, if requesting medical evacuation for both types, insert the word "BREAK" between the litter entry and ambulatory entry. L+# of patients—Litter A+# of patients—Ambulatory(sitting)	From evaluation of patients.	Medic or senior person present.	Required so that the appropriate number of evacuation vehicles may be dispatched to the pickup site. They should be configured to carry the patients requiring evacuation.

<i>Line</i>	<i>Item</i>	<i>Explanation</i>	<i>Where/how obtained</i>	<i>Who normally provides</i>	<i>Reason</i>
6	Security of pickup site (wartime).	N—No enemy troops in area. P—Possibly enemy troops in area (approach with caution). E—Enemy troops in area (approach with caution). X—Enemy troops in area (armed escort required).	From evaluation of situation.	Unit leader.	Required to assist the evacuation crew in assessing the situation and determining if assistance is required. More definitive guidance can be furnished to the evacuation vehicle while it is en route (specific location of enemy to assist an aircraft in planning its approach).
6	Number and type of wound, injury or illness (peacetime).	Specific information regarding patient wounds by type (gunshot or shrapnel). Report serious bleeding, along with patient's blood type, if known.	From evaluation of patients.	Medic or senior person present.	Required to assist evacuation personnel in determining treatment and special equipment needed.
7	Method of marking pickup site.	A—Panels B—Pyrotechnic signal C—Smoke signal D—None E—Other	Based on situation and availability of materials.	Medic or senior person present.	Required to assist the evacuation crew in identifying the specific location of the pickup. Note that the color of the panel or smoke should not be transmitted until the evacuation vehicle contacts the unit (just prior to its arrival). For security, the crew should identify the color and the unit verifies it.
8	Patient nationality and status.	The number of patients in each category need not be transmitted. A—U.S. military B—U.S. citizen C—Non-U.S. military D—Non-U.S. citizen E—enemy prisoner of war	From evacuation platform.	Medic or senior person present.	Required to assist in planning for destination facilities and need for guards. Unit requesting support should ensure that there is an English-speaking representative at the pickup site.
9	Chemical, Biological, Radiological, and Nuclear contamination (wartime).	Include this line only when applicable C—Chemical B—Biological R—Radiological N—Nuclear	From situation.	Medic or senior person present.	Required to assist in planning for the mission. (Determine which evacuation vehicle will accomplish the mission and when it will be accomplished.)
9	Terrain description (peacetime).	Includes details of terrain features in and around proposed landing site. If possible, describe relationship of site to prominent terrain feature (lake, mountain, or tower).	From area survey.	Personnel present.	Required to allow evacuation personnel to assess route/avenue of approach into area. Of particular importance if hoist operation is required.

- a. Determine the grid coordinates for the pickup site.
- b. Obtain radio frequency, call sign, and suffix.
- c. Obtain the number of patients and precedence.
- d. Determine the type of special equipment required.
- e. Determine the number and type (litter or ambulatory) of patients.
- f. Determine the security of the pickup site.
- g. Determine how the pickup site will be marked.
- h. Determine patient nationality and status.
- i. Obtain pickup site chemical, biological, radiological, and nuclear (CBRN) contamination information normally obtained from the senior person or medic.

Note: CBRN line 9 information is only included when contamination exists.

16. Transmit the MEDEVAC request.

Note: Transmission may vary depending on individual experience level and situation.

a. Contact the unit that controls the evacuation assets.

(1) Use proper call sign and frequency assignment in the Signal Operating Instructions (SOI) from an Automated Net Control Device (ANCD).

(2) Give the following in the clear "I HAVE A MEDEVAC REQUEST;" wait one to three seconds for a response. If no response, repeat the statement.

b. Transmit the MEDEVAC information in the proper sequence.

(1) State all line item numbers in clear text. The call sign and suffix (if needed) in line 2 may be transmitted in the clear text.

Note: Line numbers 1 through 5 must always be transmitted during the initial contact with the evacuation unit and sent within 25 seconds. Lines 6 through 9 may be transmitted while the aircraft or vehicle is enroute.

(2) Follow the procedure provided in the explanation column of the MEDEVAC request format to transmit other required information. (See MEDEVAC Brevity Code Tables 1 and 2)

(3) Pronounce letters and numbers according to appropriate radio procedures.

(4) End the transmission by stating "OVER."

17. Receive positive receipt or additional instructions from the evacuation unit.

(Asterisks indicates a leader performance step.)

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

Evaluation Preparation: You must evaluate the Soldier on their performance of this task in an operational condition related to the actual task.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Performed Care Under Fire.			
2. Performed Tactical Field Care.			
3. Checked for responsiveness			
4. Identified Massive Hemorrhage			
5. Controlled Massive Hemorrhage			
6. Opened the Airway, positioned the casualty in the recovery position.			
7. Assessed Respirations. Looked, listened, and felt for respiration. Placed your ear over the casualty's mouth.			
8. Checked Circulation and all other bleeding injuries with emergency bandages.			
9. Assessed for Head injury and prevented onset of Hypothermia.			
10. Treated for any additional wounds found.			
11. Administered Combat Pill Pack if the casualty was able to swallow.			
12. Transported the casualty.			
13. Reassessed casualty until medical person arrived or the patient arrives at a military treatment facility (MTF).			
14. Completed DD Form 1380 from the casualty's IFAK filled all entries on form as fully as possible.			
15. Collected all applicable information needed for the MEDEVAC request, used authorized brevity codes. (See MEDEVAC Brevity Code Tables 1 and 2)			
16. Transmitted the MEDEVAC request.			
17. Received positive receipt or additional instructions from the evacuation unit.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	AR 40-66	Medical Record Administration and Health Care Documentation	Yes	No	
	ATP 4-02.2	Medical Evacuation	Yes	No	
	ATP 6-02.53	Techniques for Tactical Radio Operations	Yes	No	
	TC 4-02.1	FIRST AID (THIS ITEM IS PUBLISHED W/ BASIC INCL C1 & C2)	Yes	Yes	
	TCCC Guidelines 2021	Tactical Combat Casualty Care (TCCC) Guidelines 2021	Yes	No	

TADSS :

TADSS ID	Title	Product Type
08-78/A	Upper Body Trauma- Pulses/Breathing W/ 90 Degree Bendable Arms(TC3X) "For TSC Use Only"	SIM
08-77/A	Packable Hemostatic (HEMO) Trauma Trainer KGS-TFX-HEMO-R-1 (TSC)	DVC
08-81/A	Rescue Randy Adult Weight Trainer (TSC) and TC3X	SIM
08-14	Casualty Simulation Kit	DVC
GTA 08-01-004	MEDEVAC Request Form	GTA
08-04	War-Wound Mouflage Set	DVC
08-76/A	The Trauma FX Airway Plus Lifecast - Pulses/Breathing Amputation Arm (TC3X) "For TSC Use Only"	DVC
08-51/A	Rescue Randy Task Trainer (TSC)	SIM

Equipment Items (LIN):

LIN	Name
R67908	Radio Set: AN/VRC-90A

Materiel Items (NSN) :

Step ID	NSN	LIN	Title	Qty
	6545-01-530-0929	NA4578	Improved First Aid Kit (IFAK), Universal Color	1
	7540-01-460-8995		Form Printed DD 1380 "Field Medical Card"	1
	7520-00-935-7135		Pen, Ball-Point 12S	1

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to the current Environmental Considerations manual and the current GTA Environmental-related Risk Assessment card.

Safety: In a training environment, leaders must perform a risk assessment in accordance with current Risk Management Doctrine. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW current CBRN doctrine.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks : None

Knowledges :

Knowledge ID	Knowledge Name
081-TI-CMN-0020	Know the correct sequence for evaluating a casualty.
K0297	Knowledge of 9 line procedures

081-TI-CMN-0055	Know when to apply a tourniquet.
K25944	Know how to plot grid coordinates on a map
081-TI-CMN-0154	Know when the neck drag can be used to transport a casualty.
K7889	Reference Regulations
081-TI-CMN-0155	Know when the cradle-drop drag can be used to transport a casualty.
081-TI-CMN-0001	Know when and where to seek medical aid.
081-TI-CMN-0159	Know when the two-hand seat carry can be used to transport a casualty.
081-TI-CMN-0005	Know signs/symptoms of neck or back injury.
081-TI-CMN-0006	Know how to check for responsiveness.
081-TI-CMN-0008	Know how to check for breathing.
081-TI-CMN-0009	Know how to check for bleeding.
081-TI-CMN-0010	Know how to locate entry and exit wounds.
081-TI-CMN-0011	Know signs/symptoms of shock.
301-K-161	Accuracy of an eight-digit grid coordinate.
K22547	Map reading
081-TI-CMN-0012	Know signs/symptoms of open and closed fractures.
K1219	Basic anatomy of the human body
081-TI-CMN-0013	Know signs/symptoms of burns.
081-TI-CMN-0015	Know what action to take during tactical field care (TCCC).
081-TI-CMN-0016	Know signs/symptoms of good air exchange.

Skills :

Skill ID	Skill Name
S4572	Be able to treat for casualties and seek medical help
081-TI-CMN-0011	Reassure/encourage a casualty.
081-TI-CMN-0014	Read maps
081-TI-CMN-0015	Operate tactical radio
S8485	Perform a combat casualty care assessment.
S0537	Ability to develop a 9 line format

ICTL Data : None