

# TCC<sup>3</sup> TACTICAL COMBAT CASUALTY CARE

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## The Evolution of Tactical Combat Casualty Care (TCCC)

The hard lessons learned over centuries of battlefield healthcare were all but ignored until a landmark paper appeared in a 1996 issue of Military Medicine. Previously, military guidelines for trauma management mirrored tactics used in the civilian sector. Initiated by the elements of the Special Operations Command, the new strategies outlined in 1996 were collectively referred to as Tactical Combat Casualty Care (TCCC).

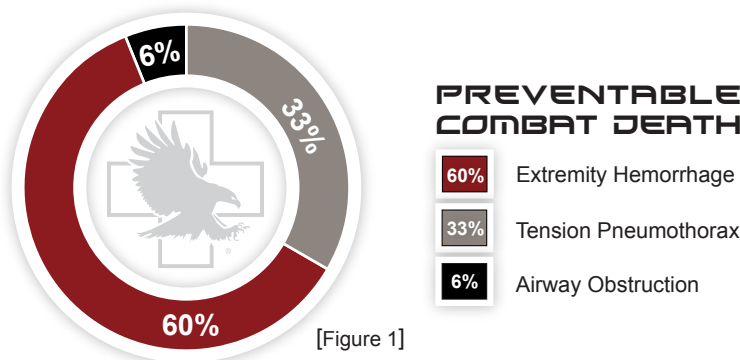
TCCC launched a total reassessment of practices with one overarching goal: decrease preventable combat death at the point of wounding. These evolving strategies based on historical wounding patterns in combat also bear a particular relevance to the operators of Tactical Law Enforcement who share many operational parallels with their military counterparts. Instead of the civilian-based approaches of the past, integrated strategies specific to combat realities continue to emerge. Compared to standard pre-hospital treatment modalities, which are fundamentally based on blunt trauma, TCCC distinguishes itself from the norm by focusing primarily on the intrinsic tactical variables of penetrating trauma compounded by prolonged evacuation times. Today, TCCC is quickly becoming the standard of care for the tactical management of combat casualties within the Department of Defense and the National Tactical Officer's Association. TCCC is the sole standard of care dually endorsed by both the American College of Surgeons and the National Association of EMT's for casualty management in tactical environments.

### The Target:

#### Addressing the 3 Leading Causes of Preventable Combat Death

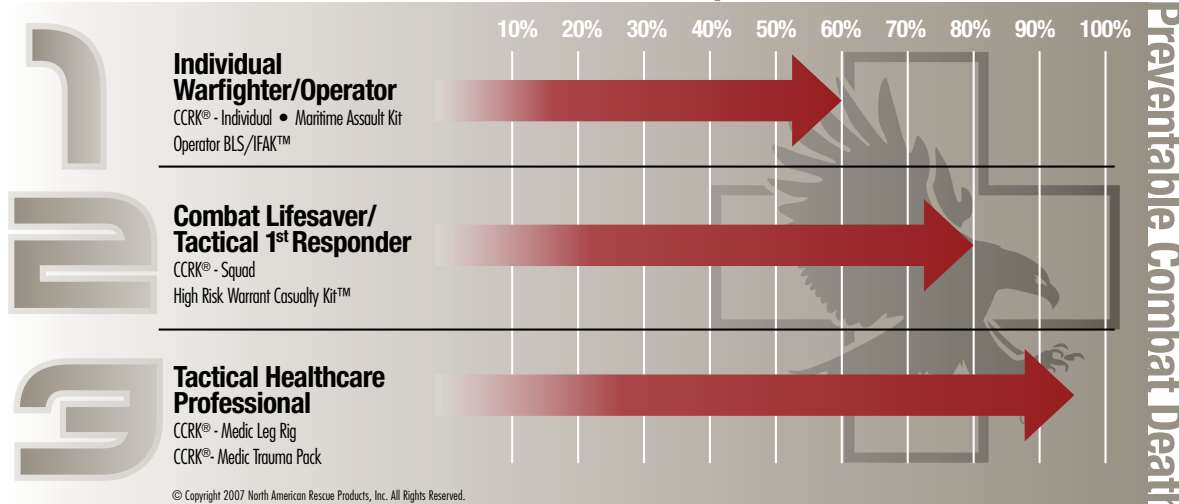
Empirical research using data from World War II until today sites the overwhelming cause of preventable combat death is **Extremity Hemorrhage** (60%) followed by **Tension Pneumothorax** (33%) and **Airway Obstruction** (6%) as seen in Figure 1. Our goal is to resource the Individual Warfighter/Operator, Tactical Healthcare Professional and Pre-Hospital Care Provider with the right knowledge and tools to significantly decrease preventable death in their respective operational arenas.

**"The hemorrhage that takes place when a main artery is divided is usually so rapid and so copious that the wounded man dies before help can reach him."** Col. H.M. Gray, 1919



[Figure 1]

## CASUALTY RESPONSE EQUIPMENT™ SYSTEM



[Figure 2]

### TCCC is built around Three Definitive Phases of Casualty Care:

#### Care Under Fire (CUF):

Care rendered at the scene of the injury while both the medic and the casualty are under hostile fire. Available medical equipment is limited to that carried by each operator and medic.

#### Tactical Field Care:

Rendered once the casualty is no longer under hostile fire. Medical equipment is still limited to that carried into the field by mission personnel. Time prior to evacuation may range from a few minutes to many hours.

#### Tactical Evacuation Care (TACEVAC):

Rendered while the casualty is evacuated to a higher echelon of care. Any additional personnel and medical equipment pre-staged in the transport platform will be available during this phase.



This icon indicates that a product has been specifically designed to address the 3 leading causes of death associated with penetrating trauma...

### MEDIC LEG RIG

- TCCC Configured
- Provides rapid access to critical equipment in all conditions
- MOLLE-Style Attachment System Compatible
- 1000 Denier Bag with Stress Reduced Coating



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