

BASIC TACTICAL CASUALTY CARE (TCC) CALIFORNIA QUICK REFERENCE GUIDE



HOT ZONE / DIRECT THREAT CARE (DTC) / CARE UNDER FIRE (CUF)

1. Mitigate any threat and move to a safer position
2. Direct casualty to *stay engaged* in operation, if appropriate
3. Direct casualty to *move to a safer position* and apply self-aid, if able
4. **Casualty Extraction.** Move casualty from unsafe area, to include using manual drags or carries, or use a soft litter or local devices as needed
5. STOP LIFE-THREATENING EXTERNAL HEMORRHAGE, using appropriate **PPE**, if tactically feasible:
 - Apply effective **tourniquet** for hemorrhage that is anatomically amenable to tourniquet application
6. Consider quickly placing casualty in position to protect airway, **Recovery Position**, if unable to move casualty immediately and tactically feasible

WARM ZONE / INDIRECT THREAT CARE (ITC) / TACTICAL FIELD CARE (TFC)

1. Law Enforcement casualties should have weapons made safe once the threat is neutralized or if mental status is altered.
2. BLEEDING:
 - a. Assess for unrecognized hemorrhage and control all sources of bleeding. If not already done, use a **tourniquet**, and appropriate **pressure dressing**.
 - b. For compressible hemorrhage not amenable to tourniquet use, apply a California EMS-approved **hemostatic dressing** with a pressure bandage.
 - c. Reassess all tourniquets that were applied during previous phases of care. Consider exposing the injury and determining if a tourniquet is needed. If a tourniquet is not needed, use other techniques to control bleeding and remove TQ.
 - d. Apply **Emergency Bandage** or direct pressure to the wound, if appropriate.
 - e. For hemorrhage that cannot be controlled with a tourniquet, apply California EMSA-Approved **Hemostatic Dressing**.
3. AIRWAY MANAGEMENT:
 - a. Unconscious patient without airway obstruction:
 - **Chin lift or jaw thrust maneuver**
 - **Nasopharyngeal airway**, if approved by LEMSA as an optional skill
 - Place patient in **Recovery position**
 - b. Patient with airway obstruction or impending airway obstruction:
 - Allow patient to assume position that best protects the airway, including **sitting up**
 - **Chin lift or jaw thrust maneuver**
 - **Nasopharyngeal Airway**, if approved by LEMSA as an optional skill
 - Place unconscious patient in **Recovery Position**
4. RESPIRATION/BREATHING:
 - a. All open and/or sucking chest wounds should be treated by applying an **Vented Chest Seal or non-vented occlusive seal** to cover the defect and secure it in place. Monitor for development of a tension pneumothorax.

5. ASSESS FOR HEMORRHAGIC SHOCK:
 - a. Elevate Lower Extremities if patient in shock.
6. HYPOTHERMIA PREVENTION:
 - a. Minimize patient's exposure to the elements. Keep protective gear on if feasible.
 - b. **Replace wet clothing with dry**, if possible. Place onto an insulated surface ASAP.
 - c. Cover the casualty with **self-heating Blanket** or **rescue blanket** to torso.
 - d. Place **hypothermia prevention cap** on the patient's head. Use dry blankets, poncho liners, sleeping bags, or anything that will retain heat and keep the patient dry.
7. PENETRATING EYE TRAUMA (If a penetrating eye injury is noted or suspected):
 - a. Perform a rapid field test of visual acuity
 - b. **Cover the eye with a rigid eye shield** (NOT a pressure patch).
8. REASSESS CASUALTY AND TREAT OTHER CONDITIONS AS NECESSARY:
 - a. Complete **Secondary Survey** checking for additional injuries or conditions. Inspect and dress known wounds that were previously deferred.
 - b. Consider **Splinting known/suspected fracture** or **Spinal Immobilization**, if indicated.
 - c. Use **Nerve Agent Auto-Injector** (ie Duo-Dote) for Nerve Agent Intoxication, if approved by LEMSA as an optional skill.
 - d. Use **EpiPen** for Anaphylactic Reaction, if approved by LEMSA as an optional skill.
9. BURNS:
 - a. Aggressively monitor airway and respiratory status for casualties with smoke inhalation or facial burns, including **oxygen administration** when significant symptoms are present.
 - b. Estimate TBSA and **cover burn area with dry, sterile dressings**.
10. MONITORING:
 - a. Apply monitoring devices or diagnostic equipment if available.
 - b. Obtain vital signs.
11. PREPARE CASUALTY FOR MOVEMENT:
 - a. Move packaged patient to site where evacuation is anticipated.
 - b. Monitor airway, breathing, bleeding, and reevaluate the patient for shock.
12. COMMUNICATE WITH THE PATIENT IF POSSIBLE:
 - a. Encourage, reassure, and explain care.
13. **CARDIOPULMONARY RESUSCITATION (CPR) AND AED:**
 - a. Resuscitation in the tactical environment for victims of blast or penetrating trauma who have no pulse or respirations should only be treated when resources and conditions allow.
14. **DOCUMENTATION:**
 - a. Document clinical assessments, treatments rendered, and changes in the patient's status. Forward this information with the patient to the next level of care.

California EMS Authority (2017 Revision)

BLUE—Authorized Basic Skills for Public Safety First Aid Providers and EMTs
RED—Local Optional Skill which may be added by the Local EMS Agency Medical Director