

SECOND EDITION

TECC

Tactical Emergency Casualty Care



Tactical Emergency Casualty Care

Lesson 1: Introducción



Lesson Objectives

- Explain the differences between military tactical and civilian tactical prehospital trauma care.
- Describe the key factors influencing casualty care.
- Discuss the impacts that threat, time, incident, location, and available resources have on the response and care of trauma patients
- Understand how TCCC and TECC were developed.
- Describe the phases of tactical casualty care.



National Association of EMT's TECC Course

- This course provides information on how to respond and care for patients in a civilian high-threat environment using industry standards, evidence-based medicine, and guidelines established by the Committee on Tactical Emergency Casualty Care (C-TECC).
- The information presented in this course is designed to decrease preventable deaths in an operational high-threat situation.
- What is a tactical situation?
 - For example: active shooter hostile event (ASHE)



National Association of EMT's TECC Course

The information in this course has been adapted from the following:

- U.S. military TCCC course
- C-TECC Guidelines
- Prehospital Trauma (PHT) Committee of the National Association of Emergency Medical Technicians
- National TEMS domains



The TECC Course: What It Is and Isn't

THIS COURSE IS:

- A course on the needed medical components for the initial care of those injured in an operational high-threat or otherwise hazardous situation

THIS COURSE IS NOT:

- A comprehensive Tactical Operators course
- A course that provides certification as a Tactical Medic
- A Rescue Task Force course



TECC Course Skills

- All interventions performed by a provider must be:
 - In accordance with local policy and protocol
 - Within your authorized scope of practice
- ALS skills are for classroom practice only.



TECC Course Skill Stations (1 of 2)

- This course offers the following skill stations:
 - Casualty Drags and Carries
 - Distal Pulse Check
 - Emergency Surgical Airway (Cricothyroidotomy)
 - Hemostatic Dressing
 - Intraosseous Access (EZ-IO)
 - IV Administration of TXA
 - Junctional Tourniquet Application



TECC Course Skill Stations (2 of 2)

- This course offers the following skill stations:
 - MARCH Assessment
 - Nasopharyngeal Airway
 - Needle Decompression
 - Pressure Dressing
 - Supraglottic Airway
 - Tourniquet Application (CAT and SOFTT)



Civilian Paradigm Shift

- Increased exposure to military-style attacks and their associated injuries has highlighted limitations in civilian medical response.



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Emerging Threats Impact Patient Care

Active shooter and other multicasualty events require responders to:

- Maintain enhanced situational awareness.
- Limit care in high-risk environments.
- Treat complex wounds.
- Respond to *competing* priorities (stop management of patient for safety reasons versus complex patient care).



Courtesy Commander Al Davis, Ventura Police Department



Importance of the First Care Provider

- According to the National Academies of Sciences, Engineering, and Medicine, approximately 20% of trauma deaths in the U.S. in 2014 could have been prevented with optimal trauma care.
- The goal of TECC is to identify and treat those casualties with preventable causes of death, keeping them alive long enough to reach the hospital.



TECC Background

- C-TECC translates military lessons into the civilian high-threat prehospital community.
- C-TECC is modeled after CoTCCC (Committee on Tactical Combat Casualty Care).
- The CoTCCC is frequently credited as one of the major initiatives that has resulted in the lowest combat mortality rates in recorded history.
- The TECC guidelines are a set of principles that can be applied *in any operational scenario* where ongoing threat to provider and patient exists.



TECC vs. TCCC

- TCCC is a *military* course.
 - Developed by the CoTCCC
 - Focuses on the hazards of the battlefield
- TECC is a *civilian* course.
 - Based on the C-TECC guidelines
 - Focuses on civilian hazards



TECC

- TECC provides guidelines for managing trauma in the civilian tactical or hazardous environment.
- All-hazards approach
- Adopted by:
 - Federal, state, and local law enforcement agencies
 - Fire service
 - EMS agencies



Tactical Care vs. Conventional EMS (1 of 2)

- What are some of the differences between tactical care and conventional EMS?



Tactical Care vs. Conventional EMS (2 of 2)

- Hostile fire
- Environmental extremes
- Limited equipment
- Need for tactical maneuvers
- Long delays to hospital care
- Different wounding epidemiology



NAEMT TECC Course Goals

- Establish the importance of rapid assessment of the trauma patient.
- Educate students regarding examination and diagnostic skills.
- Explain the three phases of care.
- Enhance student assessment and treatment of the trauma patient.
- Advance student competence in prehospital trauma intervention skills in tactical environments.
- Establish management of the multisystem trauma patient while limiting the risk of further casualties.
- Promote a common approach for the initiation and transition of care of the trauma patient.
- Provide an understanding of tactical and environmental factors on trauma care.



TECC Guiding Principles

- Casualty scenarios in dynamic events usually entail both a medical problem and a tactical problem.
- Best possible outcome for the injured and the overall situation is desired (save as many people as possible).
- Good medicine can sometimes be bad tactics, and bad tactics can get everyone killed and/or cause mission failure.
- A medically correct intervention performed at the wrong time may lead to additional casualties.



Right Thing at the Right Time

- Do you know how long each of the following takes?
 - Death from arterial bleeding
 - Death from airway compromise
 - Death from tension pneumothorax



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Right Thing at the Right Time

- Death from arterial bleeding:
2–4 minutes
- Death from airway compromise:
4–6 minutes
- Death from tension pneumothorax:
>10 minutes



Resuscitation Zones—Phases of Care

Degree of Threat to Care Providers

- Direct Threat — **Hot Zone**
- Indirect Threat — **Warm Zone**
- Evacuation — **Cold Zone**

Medical Interventions

- Rescue and tourniquet
- Interventions
 - Massive hemorrhage
 - Airway management
 - Respirations/breathing
 - Circulation
 - Hypothermia prevention

Right patient, right place, right time, right care



Definitions and Concepts

Rescue Task Force (RTF)

- Prompt integration of trained and equipped EMS medical rescue teams with law enforcement escort into an active shooter or other violent threat incident.
- The introduction of the RTF to the wounded casualties should be done just after the threat has been isolated or eliminated, when the areas to access have been deemed as relatively secure.



Definitions and Concepts

Tactical Emergency Medical Support (TEMS)

- TEMS medical personnel are integrated into the law enforcement special operations team in support of its mission.
- Dedicated medical providers selected, trained, and equipped to deploy with law enforcement special operations teams

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Questions?