Care Under Fire
(LEO Course)

First:

Who here is afraid of death?

Who here is afraid of death by power point?
EVERYTHING I teach you today is geared towards increasing your survival in a gunfight

Intro: What is TCCC?

TCCC - WTF?

- The standard of care for managing casualties on the battlefield
- Relatively simple/effective method for treating wounds that have a high survival rate if managed EARLY
- GOAL: Combine good medicine with good tactics

Developed By Gunfighters: For Gunfighters
How it came about?

- **IDEA:** by military special operations personnel and trauma physicians JOINTLY beginning in late 1960’s. SEAL’s were looking for more efficiency in casualty management.

- **DATA:** Initially from Vietnam (old) – majority new from Iraq/Afghanistan starting in 2001.

- **PROCEDURES:** implementation in 2001-2004 starting with Special Operations filtering down after effectiveness was demonstrated.

- **RESULTS:** increased survivability and faster analysis of how we treat casualties (CPHR 5 years – TCCC updated annually)

*Prolonged war has also allowed this method to filter down from military to civilian LEO application like many other items (M4, Body Armor, Kevlar etc...)

What Kills Soldiers?
Battlefield Casualties, 1941-2005

<table>
<thead>
<tr>
<th></th>
<th>World War II</th>
<th>Vietnam</th>
<th>OIF/OEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casualty Fatality Rate</td>
<td>19.1%</td>
<td>15.8%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

The U.S. casualty survival rate in Iraq and Afghanistan has been the best in U.S. history.

Increased Survival in Combat Due To?

- Better access to field medicine / forward deployed hospitals
- Improved personal protection (Body Armor)
- TCCC
- Faster evacuation time (ground and air)
- Better trained Medics

What Kills Police Officers?
What Kills Police Officers Nationwide

<table>
<thead>
<tr>
<th>CAUSE</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Struck by Vehicle</td>
<td>13</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Auto Accident</td>
<td>51</td>
<td>44</td>
<td>26</td>
</tr>
<tr>
<td>Gunshot</td>
<td>60</td>
<td>72</td>
<td>49</td>
</tr>
</tbody>
</table>

Source: www.nleomf.org

OFFICER FATALITIES BY STATE

<table>
<thead>
<tr>
<th>STATE</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK</td>
<td>1338</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>1522</td>
</tr>
<tr>
<td>TEXAS</td>
<td>1653</td>
</tr>
</tbody>
</table>

As of April 13th 2013
Source: www.nleomf.org

Why TCCC for LEO?

- LEO's are subjected to many of the same threats as military
- EMS can be several minutes away or longer if scene is not secure (GSW to leg?)
- Early EFFECTIVE care means increased survivability
- Increased demand on LEO's for first-aid as time goes on
LEO Increased Survival in Gunfight Due To

- Better access to field medicine (EMS)
- Improved personal protection (Body Armor)
- TCCC (LEO Oriented)
- Faster evacuation time (ground and air ambulance)
- Better trained Medics

Trick question: How many kinds of death?

2 Kinds!
(for our class today)

PREVENTABLE
&
NON-PREVENTABLE
TCCC is for...
PREVENTABLE combat death

BACK TO OUR PIE CHART OF DOOM!

How People Die In Ground Combat
(From COL Ron Bellamy)

TCCC PREVENTABLE combat death

OUR INJURY FOCUS TODAY
- Severe Extremity & Junctional Hemorrhage
- Airway obstruction
- Penetrating Chest Trauma
- Compressible/Non-Compressible Bleeding
TCCC Goals:

• Treat the casualty
• Prevent further casualties
• Complete the mission

3 general phases of TCCC

• CARE UNDER FIRE:
  (Rounds being exchanged / tourniquets only)

• TACTICAL FIELD CARE
  (Relative safety at the moment / other VITAL medical care now)

• TACEVAC (tactical evacuation)
  (Relative security / evacuation / treat minor wounds)

TOURNIQUETS!

(Demonstrator/Book with and without plastic, timed)

• Preparation:
  (Remove plastic, Fold for one-handed application)

• Packing:
  (Ambidextrous position or weapon system)

• Application:
  (1 handed/2-handed application applied high on extremity, placing a second one, stay in the fight)

REMEMBER: “Go high or die!”
Carry and Placement

Tourniquet Practice!
Seated Drills using operational gloves if appropriate
• Self: Arm/Leg
• Buddy: Arm/Leg

Tourniquet Application
BAD
GOOD
One Handed Application

CARE UNDER FIRE

#1 RETURN FIRE AND TAKE COVER

- **SELF APPLY** tourniquet if needed, KEEP FIGHTING
- **DIRECT** other casualties to find cover, apply self aid and keep fighting
- Try to keep other casualties from sustaining additional wounds

**DO NOT TAKE A WEAPON OUT OF THE FIGHT.** Wounded with rifle transition to pistol if needed

Why we direct casualties to cover:

Battle of Fallujah
CARE UNDER FIRE DRILLS:

- Self application drills: 1 Officer
  Arm / Leg / Stay in the fight

- Self application drills: 2 officers
  Directed Arm / Leg / Stay in the fight

- Buddy application drills: 2 or more officers
  Arm / Leg Assisted / Stay in the fight

TACTICAL FIELD CARE
(Relative Safety – Rapid Treatment of Most Serious Wounds)

SHOOTING STOPPED/SUBJECT DOWN!

FIRST:

- Secure Subject/Weapons
- If injured Officer has altered mental status: Disarm
  (Long guns, pistols, knives etc. – these subjects are going to the hospital)

TACTICAL FIELD CARE
(Relative Safety – Rapid Treatment of Most Serious Wounds)

Order of casualty priorities after Security:

- T.A.B.C.
TACTICAL FIELD CARE
(Relative Safety – Rapid Treatment of Most Serious Wounds)

T
TOURNIQUETS:
• Recheck
• Tighten
• Need a second one placed higher?

TACTICAL FIELD CARE
(Relative Safety – Rapid Treatment of Most Serious Wounds)

A
AIRWAY:
CONSCIOUS
• seat upright / support head

UNCONSCIOUS
• Jaw Thrust / Chin Lift
• Roll casualty to RECOVERY POSITION -away from holster

Conscious:
Casualties with severe facial trauma often support themselves sitting upright and forward. Let them...
Unconscious:
Recovery position

B
Breathing:
- Subject breathing?
- Assess upper body for penetrating trauma / bleeding
- Expose with Shears and cover both sides of penetrating wounds with gloved hand; reasess if conscious seat upright

TACTICAL FIELD CARE
(Relative Safety – Rapid Treatment of Most Serious Wounds)

Sucking Chest Wound / Pneumothorax
OPEN

Typically takes a wound the size of a nickel or larger to occur. Why?
TACTICAL FIELD CARE
(Relative Safety – Rapid Treatment of Most Serious Wounds)
Sucking Chest Wound Video

CIRCULATION:
- search for other severe sources of bleeding and control them with
  - well aimed direct pressure
  - hemostatic gauze
  - HARP bandage

TACTICAL FIELD CARE REVIEW:
- SECURE WEAPONS/AMMO
- Airway Management:
  - Conscious: position of comfort
  - Unconscious: recovery position
- Breathing: cover sucking chest wounds/seat upright
- Circulation: Recheck tourniquets/Junctional Hemorrhage
  Non-life threatening/Non-compressable bleeding
TACEVAC

(TACEVAC: Tactical Evacuation to a higher level of medical care)

How do we get them out?

- Link up with appropriate ambulance/vehicle personnel
- Primary evac is air ambulance
- Secondary evac is ground ambulance
- Tertiary evac is anything else if we have to

PRIORITIES OF CARE:

- Hostages
- Civilians
- Law Enforcement
- Subjects/Enemy Combatants
TCCC IN SUMMARY:

CARE UNDER FIRE:
- RETURN FIRE / TAKE COVER then Tourniquets if necessary

TACTICAL FIELD CARE: T A B C
- TOURNIQUETS: Recheck
- AIRWAY: sit upright / recovery position
- BREATHING: cover penetrating wounds
- CIRCULATION: Hemostatic gauze / well aimed direct pressure / NARP

TACEVAC:
- Air, ground, anything

QUESTIONS?