

**BASIC TACTICAL CASUALTY CARE (TCC)  
CALIFORNIA QUICK REFERENCE GUIDE**



| HOT ZONE / DIRECT THREAT CARE<br>(DTC) / CARE UNDER FIRE   |
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| 1. Mitigate any threat and move to a safer position.   |
| 2. Direct the casualty to <i>stay engaged</i> in operation, if appropriate.  |
| 3. Direct the casualty to <i>move to a safer position</i> and apply self-aid, if appropriate.  |
| 4. <b>Casualty Extraction.</b> Move casualty from unsafe area, to include using manual drags or carries, or use a soft litter or SKEDCO as   |
| 5. STOP <b>LIFE-THREATENING</b> EXTERNAL HEMORRHAGE, using appropriate <b>PPE</b> , if tactically feasible:<br>- Apply effective <b>tourniquet</b> for hemorrhage that is anatomically amenable to tourniquet application. |
| 6. Consider quickly placing casualty in position to protect airway, <b>Recovery Position</b> , if unable to move patient immediately and   |

| WARM ZONE / INDIRECT THREAT CARE<br>(ITC) / TACTICAL FIELD CARE  |
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| 1. Law Enforcement casualties should have weapons made safe once the threat is neutralized or if mental status is altered.   |
| 2. AIRWAY MANAGEMENT:<br>a. Unconscious patient without airway obstruction:<br>- <b>Chin lift or jaw thrust maneuver.</b><br>- <b>Nasopharyngeal airway</b> , if approved by LEMSA as an optional skill<br>- Place patient in <b>Recovery position.</b><br>b. Patient with airway obstruction or impending airway obstruction:<br>- <b>Chin lift or jaw thrust maneuver.</b><br>- <b>Nasopharyngeal Airway</b> , if approved by LEMSA as an optional skill<br>- Allow patient to assume position that best protects the airway, including <b>sitting up.</b><br>- Place unconscious patient in <b>Recovery Position.</b>   |
| 3. BREATHING:<br>a. All open and/or sucking chest wounds should be treated by applying an <b>Vented Chest Seal or non-vented occlusive seal</b> to cover the defect and <b>securing it in place.</b> Monitor for development of a tension  |
| 4. BLEEDING:<br>a. Assess for unrecognized hemorrhage and control all sources of bleeding. If not already done, use a <b>tourniquet</b> , and appropriate <b>pressure dressing.</b><br>b. For compressible hemorrhage not amenable to tourniquet use, apply a California EMS-approved <b>hemostatic dressing</b> with a pressure bandage.<br>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.<br>d. Apply <b>Emergency Bandage</b> or direct pressure to the wound, if |

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| 5. ASSESS FOR HEMORRHAGIC SHOCK<br>a. Elevate Lower Extremities if patient in shock.  |
| 6. PREVENTION OF HYPOTHERMIA:<br>a. Minimize patient's exposure to the elements. Keep protective gear on if feasible.<br>b. <b>Replace wet clothing with dry</b> if possible. Place onto an insulated surface ASAP.<br>c. Cover the casualty with <b>self-heating Blanket</b> or <b>rescue blanket</b> to torso, Place <b>hypothermia prevention cap</b> 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:<br>If a penetrating eye injury is noted or suspected: a) perform a rapid field test of visual acuity; b) <b>cover the eye with a rigid eye shield</b> (NOT a pressure patch).  |
| 8. REASSESS CASUALTY AND TREAT OTHER CONDITIONS AS NECESSARY:<br>a. Complete <b>Secondary Survey</b> checking for additional injuries or conditions. Inspect and dress known wounds that were previously deferred.<br>b. Consider <b>Splinting known/suspected fracture</b> or <b>Spinal Immobilization</b> , if indicated.<br>c. Use <b>Nerve Agent Auto-Injector</b> (ie Duo-Dote) for Nerve Agent Intoxication, if approved by LEMSA as an optional skill.<br>d. Use <b>EpiPen</b> for Anaphylactic Reaction, if approved by LEMSA as an optional skill. |
| 9. BURNS:<br>a. Aggressively monitor airway and respiratory status for casualties with smoke inhalation or facial burns, including oxygen or cyanide antidote treatment when significant symptoms are present.<br>b. Estimate TBSA and <b>cover burn area with dry, sterile dressings.</b>  |
| 10. MONITORING:<br>Apply monitoring devices or diagnostic equipment if available. Obtain vital signs.   |
| 11. PREPARE CASUALTY FOR MOVEMENT:<br>- Move packaged patient to site where evacuation is anticipated.<br>- Monitor airway, breathing, bleeding, and reevaluate the patient for shock.  |
| 12. COMMUNICATE WITH THE PATIENT IF POSSIBLE:<br>- Encourage, reassure, and explain care.   |
| 13. <b>CARDIOPULMONARY RESUSCITATION (CPR) AND AED:</b><br>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. <b>DOCUMENTATION:</b> LEMSA Option<br>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 (2015 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