

# 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 <i>stay engaged</i> in operation, if appropriate
3. Direct casualty to <i>move to a safer position</i> and apply self-aid, if able
4. <b>Casualty Extraction.</b> 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 <b>PPE</b> , if tactically feasible: <ul style="list-style-type: none"> <li>- Apply effective <b>tourniquet</b> for hemorrhage that is anatomically amenable to tourniquet application</li> </ul>
6. Consider quickly placing casualty in position to protect airway, <b>Recovery Position</b> , 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. <b>BLEEDING:</b> <ul style="list-style-type: none"> <li>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>.</li> <li>b. For compressible hemorrhage not amenable to tourniquet use, apply a California EMS-approved <b>hemostatic dressing</b> with a pressure bandage.</li> <li>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.</li> <li>d. Apply <b>Emergency Bandage</b> or direct pressure to the wound, if appropriate.</li> <li>e. For hemorrhage that cannot be controlled with a tourniquet, apply California EMSA-Approved <b>Hemostatic Dressing</b>.</li> </ul>
3. <b>AIRWAY MANAGEMENT:</b> <ul style="list-style-type: none"> <li>a. Unconscious patient without airway obstruction: <ul style="list-style-type: none"> <li>- <b>Chin lift or jaw thrust maneuver</b></li> <li>- <b>Nasopharyngeal airway</b>, if approved by LEMSA as an optional skill</li> <li>- Place patient in <b>Recovery position</b></li> </ul> </li> <li>b. Patient with airway obstruction or impending airway obstruction: <ul style="list-style-type: none"> <li>- Allow patient to assume position that best protects the airway, including <b>sitting up</b></li> <li>- <b>Chin lift or jaw thrust maneuver</b></li> <li>- <b>Nasopharyngeal Airway</b>, if approved by LEMSA as an optional skill</li> <li>- Place unconscious patient in <b>Recovery Position</b></li> </ul> </li> </ul>
4. <b>RESPIRATION/BREATHING:</b> <ul style="list-style-type: none"> <li>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 secure it in place. Monitor for development of a tension pneumothorax.</li> </ul>

5. <b>ASSESS FOR HEMORRHAGIC SHOCK:</b> <ul style="list-style-type: none"> <li>a. Elevate Lower Extremities if patient in shock.</li> </ul>
6. <b>HYPOTHERMIA PREVENTION:</b> <ul style="list-style-type: none"> <li>a. Minimize patient's exposure to the elements. Keep protective gear on if feasible.</li> <li>b. <b>Replace wet clothing with dry</b>, if possible. Place onto an insulated surface ASAP.</li> <li>c. Cover the casualty with <b>self-heating Blanket</b> or <b>rescue blanket</b> to torso.</li> <li>d. 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.</li> </ul>
7. <b>PENETRATING EYE TRAUMA</b> (If a penetrating eye injury is noted or suspected): <ul style="list-style-type: none"> <li>a. Perform a rapid field test of visual acuity</li> <li>b. <b>Cover the eye with a rigid eye shield</b> (NOT a pressure patch).</li> </ul>
8. <b>REASSESS CASUALTY AND TREAT OTHER CONDITIONS AS NECESSARY:</b> <ul style="list-style-type: none"> <li>a. Complete <b>Secondary Survey</b> checking for additional injuries or conditions. Inspect and dress known wounds that were previously deferred.</li> <li>b. Consider <b>Splinting known/suspected fracture</b> or <b>Spinal Immobilization</b>, if indicated.</li> <li>c. Use <b>Nerve Agent Auto-Injector</b> (ie Duo-Dote) for Nerve Agent Intoxication, if approved by LEMSA as an optional skill.</li> <li>d. Use <b>EpiPen</b> for Anaphylactic Reaction, if approved by LEMSA as an optional skill.</li> </ul>
9. <b>BURNS:</b> <ul style="list-style-type: none"> <li>a. Aggressively monitor airway and respiratory status for casualties with smoke inhalation or facial burns, including <b>oxygen administration</b> when significant symptoms are present.</li> <li>b. Estimate TBSA and <b>cover burn area with dry, sterile dressings</b>.</li> </ul>
10. <b>MONITORING:</b> <ul style="list-style-type: none"> <li>a. Apply monitoring devices or diagnostic equipment if available.</li> <li>b. Obtain vital signs.</li> </ul>
11. <b>PREPARE CASUALTY FOR MOVEMENT:</b> <ul style="list-style-type: none"> <li>a. Move packaged patient to site where evacuation is anticipated.</li> <li>b. Monitor airway, breathing, bleeding, and reevaluate the patient for shock.</li> </ul>
12. <b>COMMUNICATE WITH THE PATIENT IF POSSIBLE:</b> <ul style="list-style-type: none"> <li>a. Encourage, reassure, and explain care.</li> </ul>
13. <b>CARDIOPULMONARY RESUSCITATION (CPR) AND AED:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>
14. <b>DOCUMENTATION:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>

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