

Tactical Medicine Outline

I. Safety Brief:

1. Weapons/Ammunition
 - a. No weapons of any kind in the classroom
 - b. No ammunition in the classroom
 - c. Remind students to empty their pockets to reduce likelihood of injury during tourniquet drills
2. Injuries
 - a. Report all injuries before, during, and after training
 - b. All injuries which result from the training should be documented
 - c. Do not perform any tasks which may result in an injury to yourself or another officer
3. Classroom Rules
 - a. 15-minute break will be given halfway through the 2-hour class
 - b. All questions regarding techniques and skills should be asked immediately to allow for proper instruction/demonstration before continuing to the next technique or skill

II. Introduction

1. Course Objectives
 - a. Learn the TacMed phases of care per California Tactical Casualty Care guidelines
 - b. Learn the Tactical Patient Assessment
 - c. Learn hemorrhage control techniques, airway and respiratory management techniques, and shock prevention techniques
2. Tactical Medicine Approach
 - a. Good medicine combined with good tactics will lead to the most desirable results
 - b. Identify preventable causes of death and treat them aggressively
 - i. Bleeding from an extremity 60%
 - ii. Tension pneumothorax 33%
 - iii. Airway obstruction 6%
3. Tactical Medicine Defined
 - a. Tactical medicine is lifesaving interventions applied in hostile battle zones
 - b. Tactics will always dictate when, where, and how you apply interventions
4. Tactical Casualty Care
 - a. TCC is the terminology used by EMSA (Emergency Medical Services Authority) across California
 - b. TCC defines three phases of care (Hot Zone, Warm Zone, Cold Zone)
 - i. Hot Zone care is rendered at the point of injury while in direct/effective fire or threat of fire

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- ii. Warm Zone care is rendered when no longer under effective fire, but there is still a threat that exists
- iii. Cold Zone care is rendered when no threat exists

III. Rapid TacMed Assessment

1. Patient/Provider Safety
 - a. Eliminate/Suppress the threat
 - b. Direct casualty to self evac/self-aid
 - c. Casualty rescue/relocation to a safe location (cover/concealment)
 - d. Secure weapons of armed patients with altered levels of consciousness
2. Massive Hemorrhage
 - a. Control arterial bleeding to an extremity with tourniquets
 - b. Control arterial bleeding in junctional areas with hemostatic agents (Combat Gauze) and pressure dressings
 - c. Arterial bleeding in central areas are not effectively controlled in the field
3. Airway
 - a. Assess airway
 - b. Open airway using head tilt/chin lift
 - c. Open airway using jaw/thrust if neck or spinal injury suspected
4. Respirations
 - a. Assess respirations
 - b. Treat all penetrating trauma to the chest using occlusive dressings (chest seals)
 - c. Identify signs of tension pneumothorax
5. Circulation
 - a. Treat previously unaddressed bleeding
 - b. Complete secondary survey for any other unknown injuries
6. Head Trauma/Hypothermia
 - a. Check for deformities, contusions, abrasions, punctures/penetrations, burns, tenderness, lacerations, swelling, and any other abnormalities
 - b. Pupils should be equal in size and reactive to light
 - c. Assess level of consciousness
 - d. Identify signs of shock (altered level of consciousness, elevated vitals, weak/absent radial pulse)
 - e. Minimize exposure to the elements, control body temperature, elevate lower extremities, and rapidly evacuate to next level of care

IV. Skills Testing Scenarios