

CRM LESSON PLAN REPORT

CASUALTY RESPONDER TRAINING - INTRODUCTION TO TACTICAL COMBAT CASUALTY CARE
081-BT081013 / 1.1 ©

Approved
08 Jul 2020

Effective Date: 08 Jul 2020

SCOPE:

This lesson focuses on Tactical Combat Casualty Care in support of the casualty evacuation.

Distribution Restriction: Distribution authorized to the DOD and DOD Contractors only FD review is required prior to release for national disclosure policy (NDP) compliance and the protection of operational data associated with US tactics, techniques and procedures (TTPs)..This determination was made on 3 Apr 2020.

Destruction Notice: Destroy by any method that will prevent disclosure of contents or reconstruction of the document

Foreign Disclosure: FD2 - This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/ U.S. Army Medical Center of Excellence (MEDCoE) foreign disclosure officer. This training product can be used to instruct international military students when the country meets specific criteria. Specify requirement(s) that each country must meet (select all that are appropriate): 1) Must purchase equipment through FMS Not Applicable; 2) Must be a member of a specific group or coalition Joint Security Cooperation Education and Training Standards; AR12-15, SECNAVINST 4950.4B and AFI 16-105 ; 3) Must have an accepted clearance (must be authorized under an identified general security agreement with the US); 4) May not attend FD3 modules Not Applicable; 5) Other Must have an accepted clearance and identified under a general security agreement with the United States.

SECTION I. ADMINISTRATIVE DATA

All Course Masters/POIs Including This Lesson

Courses				
<u>Course Number</u>	<u>Version</u>	<u>Title</u>	<u>Phase</u>	<u>Status</u>
None				

POIs				
<u>POI Number</u>	<u>Version</u>	<u>Title</u>	<u>Phase</u>	<u>Status</u>
None				

Task(s) Taught(*) or Supported

<u>Task Number</u>	<u>Task Title</u>	<u>Status</u>
Individual		
081-COM-0048 (*)	Apply a Tourniquet to Control Extremity Bleeding	Approved
081-COM-1046 (*)	Perform Casualty Movement	Approved

Reinforced Task(s)

<u>Task Number</u>	<u>Task Title</u>	<u>Status</u>
081-COM-1001	Evaluate a Casualty	Approved
071-COM-0502	Move Under Direct Fire	Approved

Knowledge

<u>Knowledge Id</u>	<u>Title</u>	<u>Taught</u>	<u>Required</u>
081-TI-CMN-0001	Know when and where to seek medical aid.	Yes	Yes
081-TI-CMN-0009	Know how to check for bleeding.	Yes	Yes
081-TI-CMN-0070	Know how to apply and tighten a tourniquet.	Yes	Yes
081-TI-CMN-0077	Know how to mark a casualty to show that a tourniquet has been applied.	Yes	Yes
081-TI-CMN-0154	Know when the neck drag can be used to transport a casualty.	Yes	Yes
081-TI-CMN-0162	Know how to raise a casualty to a standing position.	Yes	Yes
081-TI-CMN-0219	Know how to check a casualty's level of consciousness.	Yes	Yes
081-TI-CMN-0315	Know how to document a tourniquet on a Field Medical Card.	Yes	Yes
081-TI-CMN-0170	Know how to perform the neck drag to transport a casualty.	Yes	Yes
081-TI-CMN-0155	Know when the cradle-drop drag can be used to transport a casualty.	Yes	Yes

Skill

<u>Skill Id</u>	<u>Title</u>	<u>Taught</u>	<u>Required</u>
081-LD-CMN-0010	Apply a tourniquet	Yes	Yes
081-C2-68W-0294	Use various types of litters.	Yes	Yes

Administrative/ Academic Hours

The administrative/academic (50 min) hours required to teach this lesson are as follows:

<u>Academic</u>	<u>Resident Hours / Methods</u>		
Yes	1 hr	0 mins	Demonstration
Yes	4 hrs	0 mins	Practical Exercise (Hands-On/Written)
Yes	1 hr	0 mins	Discussion (Small or Large Group)
<hr/>			
Total Hours(50 min):	6 hrs	0 mins	

Instructor Action Hours

The instructor action (60 min) hours required to teach this lesson are as follows:

Hours/Actions

0 hrs 5 mins Classroom Setup

Total Hours (60 min): 0 hrs 5 mins

Test Lesson(s)

<u>Hours</u>	<u>Lesson Number Version</u>	<u>Lesson Title</u>
None		

Prerequisite Lesson(s)

<u>Hours</u>	<u>Lesson Number Version</u>	<u>Lesson Title</u>
None		

Training Material Classification

Security Level: This course/lesson will present information that has a Security Classification of: U - Unclassified.

Foreign Disclosure Restrictions

FD2. This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/ U.S. Army Medical Center of Excellence (MEDCoE) foreign disclosure officer. This training product can be used to instruct international military students when the country meets specific criteria. Specify requirement(s) that each country must meet (select all that are appropriate): 1) Must purchase equipment through FMS Not Applicable; 2) Must be a member of a specific group or coalition Joint Security Cooperation Education and Training Standards; AR12-15, SECNAVINST 4950.4B and AFI 16-105 ; 3) Must have an accepted clearance (must be authorized under an identified general security agreement with the US); 4) May not attend FD3 modules Not Applicable; 5) Other Must have an accepted clearance and identified under a general security agreement with the United States.

References

<u>Number</u>	<u>Title</u>	<u>Date</u>
ATP 4-02.2	Medical Evacuation	11 Jul 2019
ATP 4-25.13	Casualty Evacuation	15 Feb 2013
CALL HANDBOOK 06-18	Tactical Combat Casualty Care	01 May 2006
STP 21-1-SMCT	SOLDIER'S MANUAL OF COMMON TASKS, WARRIOR SKILLS, LEVEL 1	07 Nov 2019

Student Study Assignment

None

Instructor Requirements

If active duty, must meet the height and weight standards of AR 600-9; meet Army Physical Fitness Test (APFT) standards within the last 12 months IAW AR 350-1 and FM 7-22; be a graduate of a TRADOC approved Army Basic Instructor Course, Instructor Training Course or Battle Focused Instructor Training Course and have been awarded the H or 8 skill identifier; hold the minimum rank of E-6 68W; or be a qualified Civilian Instructor.

Instructors must be familiar with the information and method of instruction contained within this lesson plan. Instructor to Student ratios must be met throughout the entire period of instruction. At a minimum there will be one Drill Sergeant per specified group.

Support Personnel Requirements

None

Additional Support Personnel Requirements

<u>Name</u>	<u>Student Ratio</u>	<u>Qty</u>	<u>Man Hours</u>
None			

**Equipment
Required
for Instruction**

<u>ID - Name</u>	<u>Student Ratio</u>	<u>Instructor Ratio</u>	<u>Spt</u>	<u>Qty</u>	<u>Exp</u>
* 08-04 - War-Wound Moulage Set Remarks:	1:10				Yes
* 08-18 - Simulated Injury Moulage Set Remarks:	1:10				Yes
* 08-51 - Rescue Randy Task Trainer (MSTC) Remarks: to be used for training	1:10				Yes
* GTA 43-01-067 - M149A2 Water Trailer, 400 Gallon Hot Weather/Desert Operations Remarks:	1:200				Yes
2320-01-107-7155 - Truck Utility: Cargo/Troop Carrier 1-1/4 Ton 4x4 W/E (HMMWV): M998 Remarks:	1:200	0:0	No	0	Yes
2330-01-108-7367 - Trailer Water: M149A2 Remarks:	1:200	0:0	No	0	Yes
4110-01-485-3626 - Chest, Ice Storage, White, 48 Quart Capacity 2S Remarks:	1:50	0:0	No	0	Yes
5820-01-017-3742 - Radio Set Base Station: L43BBB-3100AM Remarks:	1:200	0:0	No	0	Yes
5820-01-243-4960 - Radio 10 Channel, Portable, Motorola: MDL-Q2 Remarks:	1:200	0:0	No	0	Yes
6510-01-492-2275 - Emergency Dressing, 6 Inch Remarks:	2:1	0:0	No	0	Yes
6510-01-581-0553 - Dressing, Occlusive, Adhesive Remarks:	4:1	0:0	No	0	Yes
6515-01-521-7976 - Combat Application Tourniquet, TCCC Approved: C-A-T Remarks:	1:1	1:1	No	0	Yes
6545-01-530-0929 - Improved First Aid Kit (IFAK), Universal Color Remarks:	1:1	1:1	No	0	Yes
6665-01-103-8547 - Wet Globe Temperature Kit, Dial Thermometer Type, Mechanical Remarks:	1:200	0:0	No	0	Yes
6910-00-540-6378 - Moulage Set, War Wounds Remarks:	1:10	0:0	No	0	Yes
6910-01-560-2972 - Tourniquet, Combat Application, Training Remarks:	1:1	1:1	No	0	Yes
6910-01-567-9738 - Training Gauze Inert, First Aid Remarks:	1:1	1:1	No	0	Yes
6910-01-590-4579 - Combat Gauze Moulage Trainer, Z-Fold Remarks:	1:1	0:0	No	0	Yes
6910-01-C24-9225 - Rescue Randy, Manikin Remarks:	1:10	0:0	No	0	Yes
7210-00-081-1417 - Sheet, Bed, Cotton-Polyester, White, 104 X 72 Inches, Solid, Plain, Flat Remarks:	1:25	0:0	No	0	Yes
7240-01-365-5317 - Can, Military, 5.00 Gallons, Fresh Water, Green Remarks:	1:10	0:0	No	0	Yes
8960-01-430-4378 - Ice, 8 Pounds Remarks:	1:10	0:0	No	0	Yes

(Note: Asterisk before ID indicates a TADSS.)

**Materials
Required**

Instructor Materials:

- a. This Training Support Package (TSP)
- b. Observer's Checklist
- c. Combat Application Tourniquet (for demonstration)
- d. Improved First Aid Kit (IFAK) for demonstration
- e. Clipboard and stopwatch (for evaluation)

NOTE: See Skillsheets and Appendix C, Practical Exercise Sheets for Care Under Fire, Apply a Tourniquet, and Move a Casualty to Cover.

Student Materials:

Observer's Checklist

NOTE: See Practical Exercise Sheets for Care Under Fire, Apply a Tourniquet, and Move a Casualty to Cover

**Classroom,
Training Area,
and Range
Requirements**

<u>ID - Name</u>	<u>Quantity</u>	<u>Student Ratio</u>	<u>Setup Mins</u>	<u>Cleanup Mins</u>
17710-2 Maneuver/Training Area, Light Forces, 2 Acre Remarks:		1:200	15	15
17120-T-1920-60 Classroom, Traditional, 1920 Square Feet, 60 Students Remarks: 1900 square feet		1:50	15	15

**Ammunition
Requirements**

<u>DODIC - Name</u>	<u>Exp</u>	<u>Student Ratio</u>	<u>Instruct Ratio</u>	<u>Spt Qty</u>
None				

**Instructional Guidance/
Conduct of Lesson**

NOTE: Before presenting this lesson, instructors must thoroughly prepare by studying this lesson and identified reference material.

Instructors should make every effort to enforce the study assignments established in the Training Support Package in order to facilitate the training presented by Instructor Cadre.

NOTE: Information will not be briefed or read to the Soldiers. It is provided as a guide for the instructor in preparing and conducting the class.

Demonstrations - All demonstrations will be delivered by way of the "whole-part-whole" technique. The instructor demonstrates the skill three times in a row to students before students practice the directed task:

1. Whole. The instructor demonstrates the entire skill from beginning to end, while briefly naming each action or step. If possible, the skill should be performed under the condition specified in the standard.
2. Part. The instructor demonstrates the skill again step-by-step explaining each part in detail. It is important that the instructor select proper size "bites" of the skill. If the information is too specific, the learner can be overloaded with detail. Too broad and the learner may not be able to make the connection from step to step.
3. Whole. The last "whole" is done by the instructor at full speed in accordance with (IAW) the skill standard, from beginning to end without interruption and usually without commentary. If possible, as the skill would normally be completed "on the job". At this point, the student has seen the skill performed correctly three times in a row.

Practical Exercises - All practical exercises associated with this block of instruction will be delivered in sessions with groups (squad level or smaller).

Sessions:

Imitation Sessions

Similar to "by-the-numbers". Group includes a Casualty Responder, an Evaluator, w/ manikin (no simulations in equipment) or a simulated casualty.

Process:

- 1) **Instructor** reads a step in the task
- 2) Casualty Responder (student) performs it
- 3) **Instructor** reads the next step 4) This continues until the task is complete. Why? The first time a task must be completed correctly. Learn it right the first time.

Manipulation Sessions

Peer-guided training. Instructors will stay with the group to facilitate the training, answer questions that may arise, and immediately correct student errors. Group includes the Casualty Responder, Casualty, and Reader (another student).

Process:

- 1) Reader recites steps
- 2) Casualty Responder performs skill on casualty
- 3) Reader provides critique. Why? Exploits the group dynamic & develops "muscle memory".

Precision Sessions

Peer-guided training. This is performed similarly to "manipulation" sessions, however with added stress from scenarios or speed. Group includes: Casualty Responder, Casualty, and Reader (another student).

Process:

- 1) Reader is available to prompt the rescuer with the steps if needed
- 2) Casualty Responder performs skill on simulated casualty
- 3) Reader provides critique. This utilizes the group dynamic of training while giving peer review, which adds relevance to feedback and enhances understanding. The instructor serves as facilitator and simply guides the scenario and answers questions as they arise. Why? Develops "muscle memory" and the stress forces them to think outside the box.

Group Roles and Responsibilities

Rescuer – Primary skill performer, may be an individual or a team leader.

Casualty – Portrays signs and symptoms according to the scenario provided.

Reader – Uses a skill sheet and verbalizes each step to the rescuer/records steps as they are performed.

Proponent Lesson Plan Approvals

<u>Name</u>	<u>Rank</u>	<u>Position</u>	<u>Date</u>
Francis Cassidy	Not available	Approver	08 Jul 2020

SECTION II. INTRODUCTION

Method of Instruction: Discussion (Small or Large Group)
 Mode of Delivery: Resident Instruction
 Instr Type (I:S Ratio): Military - ICH (1:30) (68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)
 Time of Instruction: 5 mins

Motivator

Facilitator creates an interactive experience shared by the learner which relates directly to the learning objective (used to stimulate thought and emotion in the learner). By identifying instances in their own experience in which decisions were made — perhaps even by them — the students will realize the value of the learning that is about to occur and its importance of improving his or her own critical thinking and decision making skills.

Terminal Learning Objective

NOTE. Inform the students of the following Terminal Learning Objective requirements.
 At the completion of this lesson, you [the student] will:

Action:	Perform Care Under Fire (CUF)
Conditions:	Given a casualty in a combat environment, hostile enemy fire, Improved First Aid Kit (IFAK), weapon and expendable class VIII medical supplies.
Standards:	Identify Tactical Combat Casualty Care with 100% accuracy. Return Fire until the enemy fire is suppressed. Check if casualty is alive or dead with 100% accuracy. Perform tourniquet application following all steps in sequence and without error. Perform casualty movement to cover or concealment without error.
Learning Domain - Level:	Psychomotor - Precision
No JPME Learning Areas Supported:	None

Safety Requirements

In a training environment, leaders must perform a risk assessment in accordance with ATP 5-19, Risk Management. Leaders will complete a DD Form 2977, Deliberate Risk Assessment Worksheet, during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC).

Safety Requirements

Safety is of the utmost importance in any training environment. During the training process, commanders will use the five step composite risk management process to determine the safest and most complete method to train. Every precaution will be taken during training and while replicating realistic battlefield conditions.

Safety is everyone's responsibility to recognize, mitigate and report hazardous conditions.

Instructor Note: The instructor will brief the students on the unit/facility SOP for classroom contingencies and the unit composite risk management worksheet for all potential contingencies encountered during the training period, i.e. classroom exit strategy, rally points,

severe weather, fire, evacuation routes, rally points, etc.

Risk Assessment Level

Low - Risk Assessment to be produced locally IAW FM 5-19, July 2006

Assessment: Hazards will be assessed locally

Controls: Hazard controls will be produced locally

Leader Actions:

Environmental Considerations

NOTE: Instructor should conduct a risk assessment to include environmental considerations IAW the current environmental considerations publication, and ensure students are briefed on hazards and control measures.

Environmental considerations for this lesson have little to no impact on mission accomplishment.

NOTE: It is the responsibility of all Soldiers and DA civilians to protect the environment from damage.

a. Based on its commitment to environmental protection, the Army will conduct its operations in ways that minimize environmental impacts. The Army will—

(1) Comply with all environmental laws and regulations. This includes federal, state, local, and Host Nation laws, some of which are outlined in ATP 3-34.5 *Environmental Considerations*, August 2015 Appendix B.

(2) Prevent pollution at the source by reducing, reusing, and recycling material that causes pollution.

(3) Conserve and preserve natural and cultural resources so that they will be available for present and future generations.

b. Units and installations will prepare an environmental risk assessment using the environmental-related hazard identification chart found in ATP 3-34.5, Appendix C. The checklist should supplement local and state environmental regulations applicable to your area.

Instructional Lead-in

As a Soldier, you may find yourself in a combat environment and a comrade may get hurt with you being the only person available to help. The methods you will use to treat casualties will likely depend on the situation, the fate of the injured often lies in the hands of the one who provides the first care to the casualty. Your ability to successfully control bleeding under extreme circumstances and move yourself and the casualty behind cover will result in more lives saved than any other casualty care given on the battlefield.

SECTION III. PRESENTATION

NOTE: Inform the students of the Enabling Learning Objective requirements.

A. ENABLING LEARNING OBJECTIVE

ACTION:	Identify Tactical Combat Casualty Care
CONDITIONS:	Given a field training environment
STANDARDS:	Identify Tactical Combat Casualty Care without error. Identify all three phases of care in Tactical Combat Casualty Care with 100% accuracy. Identify all four main factors influencing Tactical Combat with 100% accuracy.
LEARNING DOMAIN - LEVEL:	Cognitive - Remembering
No JPME LEARNING AREAS SUPPORTED:	None

ELO A - LSA 1. Learning Step / Activity ELO A - LSA 1. Identify Tactical Combat Casualty Care

Method of Instruction: Discussion (Small or Large Group)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 5 mins

Media Type: PowerPoint Presentation

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

1. The nature of today's battlefield has forced the United States military to develop a concept of treating combat casualties that is based on the most common combat injuries, and the treatment that can provide the most benefit. This concept is called "Tactical Combat Casualty Care" (TCCC).
2. The TCCC approach was developed to rapidly treat and evacuate casualties and maintain the mission focus by taking the least amount of Soldiers out of the fight.
 - a. A casualty is defined as a person who has suffered any type of injury. This can be from either hostile fire, an explosion, friendly fire, or even a non-battle related injury like a sports injury or fall from a guard tower.
 - b. TCCC focuses on giving the most relevant training to every Soldier, providing him with the skills to treat the most serious injuries until the medic or combat lifesaver arrives.
 - c. TCCC also delineates the medical personnel, making treatment a team effort, speeding up the initial treatment of an injured person, and improving survivability.
 - d. TCCC combines good medicine with good tactics.

Check on Learning:

1) QUESTION: What is TCCC?

1) ANSWER: A concept of treating combat casualties that is based on the most common combat injuries, and the treatment that can provide the most benefit.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

Review Summary:

Describe TCCC.

ELO A - LSA 2. Learning Step / Activity ELO A - LSA 2. Describe the Stages of Care

Method of Instruction: Discussion (Small or Large Group)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 5 mins

Media Type: PowerPoint Presentation

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

NOTE: To understand TCCC better, it is helpful to think of casualty management being broken down into three different phases.

1. Care Under Fire- this is what we are going to focus on during this block of instruction.

a. Care Under Fire is the care given by the responder at the scene of the injury while he and the casualty are still under effective hostile fire.

b. Available medical equipment is limited to that carried by the individual Soldier in his Improved First Aid Kit (IFAK).

2. Tactical Field Care- You will learn more about this during the next phase of training (White Phase).

a. Tactical Field Care is the care given by the responder once he and the casualty are no longer under effective hostile fire.

b. It also applies to situations in which an injury has occurred, but there is no hostile fire. An example of this would be a motor vehicle accident or a Soldier who injured himself during physical training.

c. Available medical equipment is still limited to that being carried into the field by the casualty and the person providing care.

d. The time needed to evacuate the casualty to the next role of care or a medical treatment facility (MTF) may vary considerably.

3. Tactical Evacuation Care- You will learn more about this during the final phase of training (Blue Phase).

a. Tactical Evacuation Care is the care given once an aircraft, vehicle, or boat has picked up the casualty.

b. The evacuation platform may or may not be a dedicated medical vehicle.

1) The use of dedicated medical vehicles with medical personnel is called Medical Evacuation (MEDEVAC).

2) The use of non-medical vehicles (HMMW-V, MRAP, M-ATV) for transport of casualties is called Casualty Evacuation (CASEVAC) or Tactical Evacuation (TACEVAC). There are typically no additional medical personnel or resources onboard.

c. Additional medical personnel and equipment may have been pre-staged and may be available at this stage of casualty management.

Check on Learning:

1) QUESTION: What is Care Under Fire?

1) ANSWER: Care Under Fire is the care given by the responder at the scene of the injury while he and the casualty are still under effective hostile fire.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

Review Summary:

Describe the Stages of Care.

ELO A - LSA 3. Learning Step / Activity ELO A - LSA 3. Describe the Factors that influence Tactical Combat Casualty Care

Method of Instruction: Discussion (Small or Large Group)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 5 mins

Media Type: PowerPoint Presentation

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

1. Enemy Fire.

a. The unit's personnel will be engaged with hostile forces, and, especially in small-unit engagements, will not be available to assist with casualty treatment and evacuation.

b. Casualty treatment is not your primary goal. Accomplishment of the mission, including suppressing enemy fire, if present, is your primary focus.

2. Medical Equipment Limitations - Medical equipment utilized during this phase is limited to that carried in the IFAK.

3. Casualty Evacuation.

a. Transportation for evacuation may or may not be readily available.

b. Air superiority must be achieved before any air evacuation assets will be deployed.

c. The tactical situation will dictate when or if casualty evacuation can occur.

d. Environmental factors may prevent evacuation assets from reaching your casualty.

1) Often, American forces find themselves in remote areas with few roads in or out of an objective, and fighting the elements.

2) Terrain can play a large part in the ability to evacuate a casualty via air or ground. For example, it is difficult for a helicopter to evacuate a casualty located in a narrow valley or an area with thick vegetation. It is important to move the casualty to a suitable landing area for safe evacuation.

e. In combat and under variable, harsh conditions (rain, snow, dust storms), evacuation may be delayed for several hours.

f. Different levels of training and experience by responders can limit the amount of care they will be able to give.

4. Tactical Considerations- Sometimes, the mission will take precedence over medical care.

Check on Learning: 1) QUESTION: What are the factors that influence TCCC?
1) ANSWER: Enemy Fire, Medical Equipment Limitations,
Casualty Evacuation.
CALL HANDBOOK 06-18 Tactical Combat Casualty Care

Review Summary: Describe the factors that influence Tactical Combat
Casualty Care.

ELO A - LSA 4. Learning Step / Activity ELO A - LSA 4. Describe Care Under Fire

Method of Instruction: Discussion (Small or Large Group)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 5 mins

Media Type: PowerPoint Presentation

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

1. An unit's firepower is essential in obtaining tactical fire superiority.
 - a. Attention to suppression of hostile fire may minimize the risk of injury to personnel and minimize additional injury to previously injured Soldiers.
 - b. The best offense on the battlefield is tactical fire superiority.
 - c. There is little time available to provide care while under enemy fire and it may be more important to suppress enemy fire than stopping to care for casualties.
 - d. The tactical situation will dictate when and how much care you can provide. Personnel may need to assist in returning fire instead of stopping to care for casualties. (This may include wounded Soldiers that are still able to fight.)
 - e. Wounded Soldiers who are unable to fight and who are exposed to enemy fire should move as quickly as possible to any nearby cover.
 - f. If cover is not available or the wounded Soldier cannot move to cover, he should lie flat and motionless (play dead).
2. The control of hemorrhage (major bleeding) with a tourniquet is most important in this phase.
 - a. Injury to a major vein or artery can result in shock from blood loss in a short time frame.
 - b. Extremity hemorrhage is the leading cause of preventable combat death.
 - c. The use of temporary tourniquets to stop the bleeding is essential in these types of casualties.
 - d. If the casualty needs to be moved, as is usually the case, a tourniquet is the most reliable initial choice to stop major bleeding.
 - e. Permanent skin, muscle and blood vessel damage to the limb is rare if the tourniquet is left in place for less than one hour (tourniquets are often left in place for several hours during surgical procedures).
 - f. The use of a tourniquet may allow the injured Soldier to continue to fight.
 - g. Both the casualty and the responder are in grave danger while applying the tourniquet and non-life-threatening bleeding should be ignored until the Tactical Field

Care phase.

h. The need for immediate access to a tourniquet in such situations makes it imperative that all Soldiers receive training and have access to a tourniquet (such as the Combat Application Tourniquet®).

i. No immediate management of the airway is necessary at this time due to the limited time available while under enemy fire and during the movement of the casualty to cover: airway problems typically play a minimal role in combat casualties.

3. The casualty should be moved from the point of injury as soon as the tactical situation permits.

a. Litters may not be available for movement of casualties from the point of injury and should not be used if under effective hostile fire.

b. Only manual carries or drags that maintain a low silhouette should be used to move injured persons the short distance to cover.

c. Do not attempt to salvage a casualty's rucksack unless it contains items critical to the mission.

4. Take the casualty's weapon and ammunition, if possible, to prevent the enemy from using them against you.

Check on Learning:

1) QUESTION: Why was Tactical Combat Casualty Care developed?

1) ANSWER: TCCC was developed to rapidly treat and evacuate casualties and maintain the mission focus by taking the least amount of Soldiers out of the fight.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

Review Summary:

Describe Care Under Fire.

CHECK ON LEARNING (ELO A):

1) QUESTION: Why was Tactical Combat Casualty Care developed?

1) ANSWER: TCCC was developed to rapidly treat and evacuate casualties and maintain the mission focus by taking the least amount of Soldiers out of the fight.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

2) QUESTION: What are the three phases of care in Tactical Combat Casualty Care?

2) ANSWER: Care Under Fire, Tactical Field Care and Tactical Evacuation Care.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

3) QUESTION: What are the four main factors influencing Tactical Combat Casualty Care?

3) ANSWER: Enemy Fire, Medical Equipment Limitations, Casualty Evacuation, and Tactical Considerations.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

4) QUESTION: What is the most essential task in Care Under Fire?

4) ANSWER: Apply a Hasty tourniquet

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

REVIEW SUMMARY(ELO A): Discuss Tactical Combat Casualty Care.

B. ENABLING LEARNING OBJECTIVE

ACTION:	Apply a tourniquet to an extremity
CONDITIONS:	Given a casualty in an operational environment and a fully stocked Improved First-aid Kit (IFAK)
STANDARDS:	Apply tourniquet until bleeding is stopped, the tourniquet is completely secured, annotate the application of the tourniquet on the patient and the TCCC without error.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO B - LSA 1. Learning Step / Activity ELO B - LSA 1. Identify the principles of a tourniquet.

Method of Instruction: Discussion (Small or Large Group)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 5 mins

Media Type: PowerPoint Presentation

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

1. Principles of Tourniquet Application

a. A tourniquet is a constricting band placed around an arm or leg to control bleeding.

b. A tourniquet applies pressure to the tissue around the limb, which then squeezes the blood vessels, stopping the blood flow through the limb. The more tissue that must be compressed, the more pressure is required to compress the blood vessels.

c. Tourniquets are the first tactical choice for life-threatening hemorrhage of an extremity in combat. They can be applied faster in dangerous situations and control bleeding more rapidly than any other method.

2. Combat Application Tourniquet (C-A-T®)

a. C-A-T® is the standard tourniquet in the IFAK.

b. All tourniquets are for one time use only.

c. Uses a strap and windlass design.

3. Tourniquet use during Care Under Fire

a. To maintain firepower supremacy, only severe, life-threatening extremity

bleeding should be treated during Care Under Fire.

1) Removing clothing and looking at the wound is not necessary until both the rescuer and the casualty are behind cover.

2) When approaching the casualty, if you notice blood on the shirtsleeve or the pant leg, that is all of the proof you need to apply a tourniquet.

b. When the tactical situation allows, buddy aid should only be given when:

1) The unit can afford to have a Soldier drop out of the fire fight long enough to provide care and;

2) Efforts to direct the casualty to perform self-aid have failed.

c. Tourniquets are the only recommended treatment for extremity hemorrhage during this phase. (Remember: 30 seconds at the point of wounding is 25 seconds too many. Even if it takes only a few seconds to apply a tourniquet, that is enough time for the enemy to take aim and fire on both you and the casualty).

1) Casualty care should take place under suitable cover or concealment. This may require that you initially move the casualty before placing a tourniquet.

2) Drag the casualty to cover as soon as able. You do not want to become the second casualty.

3) For life threatening extremity bleeding:

a) You may not really know if bleeding is life threatening until the Tactical Field Care phase when the wound can be exposed and evaluated.

b) The suspicion of life threatening bleeding is the only requirement during Care Under Fire.

4) All tourniquets placed during Care Under Fire are done without exposing the wound.

a) Place over clothing

b) As high on the extremity as possible (but not on a joint).

(1) Combat wounds are dirty, jagged and mutilated.

(2) Tourniquets applied hastily during Care Under Fire are sometimes inadequate due to the inability to properly expose and assess the wound.

(3) High application ensures the tourniquet is placed completely above any possible injury.

c) As tightly as possible.

5) Tourniquets applied during Care Under Fire may be changed to a different form of hemorrhage control (deliberate tourniquet, pressure dressing) prior to evacuation, typically during the Tactical Field Care Phase. Conversion of a tourniquet to pressure dressing should ONLY be completed by qualified medical personnel (i.e. Medic, nurse, physician).

Check on Learning:

1) QUESTION: What is a tourniquet?

1) ANSWER: A tourniquet is a constricting band placed around an arm or leg to control bleeding.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

Review Summary:

Identify the principles of a tourniquet.

ELO B - LSA 2. Learning Step / Activity ELO B - LSA 2. Apply a Hasty Tourniquet utilizing the Combat Application Tourniquet® - Demonstration

Method of Instruction: Demonstration

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 10 mins

Media Type: Conference/Demonstration / Practical Exercise

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups. Each instructor will lead their group through demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Please refer the Instructor Guidance section for additional information. Choose a single wound location to demonstrate the skill. Use enclosed skill sheet (APPENDIX B) for correct skill sequence.

NOTE: The information will not be briefed or read to the Soldiers. The skill sheet will be used as a guide for the instructor in conducting the learning activity. The instructor should stress all the warnings associated with this task.

Step 1. Pull the free end of the self-adhering band thru the buckle and route through the friction adapter.

Step 2. Slide the injured limb through the loop in the band and place as high as possible on the limb, over the clothing. If the bleeding site is identifiable, place the tourniquet 2-3 inches above the bleeding site.

Step 3. Pull the band tightly around the limb and fasten it back on itself as tightly as possible. Band should be tight enough that tips of three fingers cannot be slid between the band and the limb.

Step 4. Twist the windlass until the bleeding stops.

Step 5. Lock the windlass in place within the windlass clip. Check for bleeding and distal pulse. If bleeding is not controlled, or distal pulse present, consider tightening more or applying a second tourniquet and reassess.

Step 6. Secure the windlass with the windlass strap.

Check on Learning:

1) QUESTION: What is the preferred tourniquet in use?

1) ANSWER: Combat Application Tourniquet (C-A-T®).

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

Review Summary:

Review the tourniquet.

ELO B - LSA 3. Learning Step / Activity ELO B - LSA 3. Apply a Hasty Tourniquet utilizing a Combat Application Tourniquet® – Practical Exercise

Method of Instruction: Practical Exercise (Hands-On/Written)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 1 hr

Media Type: Practical Exercise
Other Media: Unassigned
Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

Scenarios are not used during this initial phase of skill training. Information below contains training minimums, additional sessions should be conducted based on the needs of the students. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized. Information below contains training minimums. Eight to ten additional repetitions will be conducted throughout the current phase of training. See Instructor Guidance for additional training information. For all aspects of this practical exercise, student groups will be utilized.

Use enclosed skill sheet (APPENDIX B) for correct skill sequence.

NOTE: The information will not be briefed or read to the Soldiers. The skill sheet will be used as a guide for the instructor in conducting the learning activity. The instructor should stress all the warnings associated with this task.

Step 1. Pull the free end of the self-adhering band thru the buckle and route through the friction adapter.

Step 2. Slide the injured limb through the loop in the band and place as high as possible on the limb, over the clothing. If the bleeding site is identifiable, place the tourniquet 2-3 inches above the bleeding site.

Step 3. Pull the band tightly around the limb and fasten it back on itself as tightly as possible. Band should be tight enough that tips of three fingers cannot be slid between the band and the limb.

Step 4. Twist the windlass until the bleeding stops.

Step 5. Lock the windlass in place within the windlass clip. Check for bleeding and distal pulse. If bleeding is not controlled, or distal pulse present, consider tightening more or applying a second tourniquet and reassess.

Step 6. Secure the windlass with the windlass strap.

a. Imitation Session - no less than two imitation sessions per student

b. Manipulation Session - no less than two manipulation sessions per student.

c. Precision Session - The following drills may be completed based on the time allotted. A minimum of two precision sessions must be completed per student.

Check on Learning:

1) QUESTION: How should a tourniquet be placed in Care Under Fire?

1) ANSWER: Placed over the clothing, as high and tight as possible.

CALL HANDBOOK 06-18 Tactical Combat Casualty Care

Review Summary:

Discuss the application of the tourniquet.

CHECK ON LEARNING (ELO B):

- 1) QUESTION: What is a tourniquet?
- 1) ANSWER: A tourniquet is a constricting band placed around an arm or leg to control bleeding.

- 2) QUESTION: What is the preferred tourniquet in use?
- 2) ANSWER: Combat Application Tourniquet (C-A-T®)

- 3) QUESTION: How should a tourniquet be placed in Care Under Fire?
- 3) ANSWER: Placed over the clothing, as high and tight as possible.

REVIEW SUMMARY(ELO B):

Check on learning and review will be performed at the end of the lesson plan.

C. ENABLING LEARNING OBJECTIVE

ACTION:	Move a casualty to cover
CONDITIONS:	Given a casualty in an operational environment, with various injuries
STANDARDS:	Implement the neck drag and or cradle-drop drag without error or causing further injury to the casualty.
LEARNING DOMAIN - LEVEL:	Psychomotor - Manipulation
No JPME LEARNING AREAS SUPPORTED:	None

ELO C - LSA 1. Learning Step / Activity ELO C - LSA 1. Determine the difference between drags versus carries.

Method of Instruction: Discussion (Small or Large Group)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 5 mins

Media Type: PowerPoint Presentation

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

1. History

a. During Care Under Fire, you have attempted to control the worst bleeding from an extremity, if present. The only thing left to do is move this casualty behind cover so you can get a better look at his injuries and provide accurate care.

b. If a casualty is able to move to cover, he should do so to avoid exposing others to enemy fire. If he is unable to move and is responsive then a plan should be devised if tactically feasible.

c. You may be exposed to effective hostile fire while at the point of wounding. You must move your casualty to the closest position of cover, not just concealment.

1) Cover gives protection from bullets, fragments of exploding rounds, flame, nuclear effects, and biological and chemical agents. Cover can also conceal you from enemy observation. Cover can be natural or man-made.

2) Concealment is anything that hides you from enemy observation.

Concealment does not protect you from enemy fire. Do not think that you are protected from the enemy's fire just because you are concealed. Concealment, like cover, can also be natural or man-made.

d. While we are going to go deeper into casualty movement later in this training module, you are going to learn some basic drags that are effective in getting you and your casualty to cover quickly while limiting your exposure to hostile fire.

2. Types of drags

a. Neck drag

1) Keeps the casualty on their back and prevents you and the casualty from exposure to enemy fire.

2) Can be tiring to the rescuer if the patient is heavy or wearing a lot of gear.

3) May be time consuming if the casualty is unconscious and cannot hold their hands together.

4) Cannot be used if the casualty has a serious arm injury or amputation.

b. Cradle-drop drag

1) Quick and easy drag that allows for rapid movement to cover.

2) Causes the rescuer to have a higher silhouette than the neck drag, exposing them to possible hostile fire.

3) By lifting the casualty's core slightly off the ground, you are reducing the surface area in contact with the ground and reducing friction, making it easier to pull heavier casualties.

4) If the casualty is conscious, they can assist by pushing with feet or return fire with free hand.

Check on Learning:

1) QUESTION: What are the 2 primary types of drags used to move a casualty to cover?

1) ANSWER: the Neck drag and the Cradle-drop drag.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Discuss the two types of drags.

ELO C - LSA 2. Learning Step / Activity ELO C - LSA 2. Move the casualty using the Neck Drag – Demonstration

Method of Instruction: Demonstration

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 10 mins

Media Type: Conference/Demonstration

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups IAW instructor/student ratios. One instructor will lead one group through the demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Refer to the Instructor Guidance section for additional information.

Use enclosed skill sheets (APPENDIX C) for correct skill sequence.

Neck Drag

Step 1. Place the casualty on their back.

Step 2. If the casualty is able have them hold their hands together, interlocking fingers.

Step 3. Straddle the casualty in a kneeling face-to-face position.

Step 4. Place the casualty's hands behind your neck.

Step 5. Crawl forward, looking ahead, dragging the casualty with you.

Check on Learning:

1) QUESTION: What are the steps to a Neck Drag?

1) ANSWER:

Step 1. Place the casualty on their back.

Step 2. If the casualty is able have them hold their hands together, interlocking fingers.

Step 3. Straddle the casualty in a kneeling face-to-face position.

Step 4. Place the casualty's hands behind your neck.

Step 5. Crawl forward, looking ahead, dragging the casualty with you.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Review the Neck Drag.

ELO C - LSA 3.

Learning Step / Activity ELO C - LSA 3. Move the casualty using the Neck Drag - Practical Exercise

Method of Instruction: Practical Exercise (Hands-On/Written)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 1 hr

Media Type: Practical Exercise

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

Combat scenarios are not used during this initial phase of skill training. Information below contains training minimums; eight to ten additional sessions should be conducted throughout this phase of training. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized. Use enclosed skill sheets (APPENDIX C) for correct skill sequence.

Neck Drag

Step 1. Place the casualty on their back.

Step 2. If the casualty is able have them hold their hands together, interlocking fingers.

Step 3. Straddle the casualty in a kneeling face-to-face position.

Step 4. Place the casualty's hands behind your neck.

Step 5. Crawl forward, looking ahead, dragging the casualty with you.

I-M-P Sessions

a. Imitation Session - no less than two imitation sessions per student

- b. Manipulation Session - no less than two manipulation sessions per student.
- c. Precision Session – The following drill may be completed based on the time allotted. A minimum of one precision session should be completed per student. Timed competition for speed in a Care Under Fire environment.

Check on Learning:

- 1) QUESTION: What are the steps to a Neck Drag?
 - 1) ANSWER:
 - Step 1. Place the casualty on their back.
 - Step 2. If the casualty is able have them hold their hands together, interlocking fingers.
 - Step 3. Straddle the casualty in a kneeling face-to-face position.
 - Step 4. Place the casualty's hands behind your neck.
 - Step 5. Crawl forward, looking ahead, dragging the casualty with you.
- ATP 4-25.13 Casualty Evacuation

Review Summary:

Discuss the Neck Drag.

ELO C - LSA 4. Learning Step / Activity ELO C - LSA 4. Move the casualty using Cradle-Drop Drag-Demonstration

Method of Instruction: Demonstration

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 15 mins

Media Type: Conference/Demonstration

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups IAW instructor/student ratios. One instructor will lead one group through the demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Refer to the Instructor Guidance section for additional information.

Use enclosed skill sheets (APPENDIX C) for correct skill sequence.

Cradle-Drop Drag

- Step 1. With the casualty lying on their back, kneel at the head.
- Step 2. Slide your hands, palms up, under the casualty's shoulders.
- Step 3. Get a firm hold under their armpits.
- Step 4. Partially rise, supporting the casualty's head on one of your forearms.
- Step 5. With the casualty in a semi-sitting position, rise and drag the casualty backwards.

Check on Learning:

- 1) QUESTION: What is the procedure for Cradle-Drop Drag?
- 1) ANSWER:

Step 1. With the casualty lying on their back, kneel at the

head.

Step 2. Slide your hands, palms up, under the casualty's shoulders.

Step 3. Get a firm hold under their armpits.

Step 4. Partially rise, supporting the casualty's head on one of your forearms.

Step 5. With the casualty in a semi-sitting position, rise and drag the casualty backwards.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Discuss the Cradle Drop Drag.

ELO C - LSA 5. Learning Step / Activity ELO C - LSA 5. Move the casualty using Cradle-Drop Drag- Practical Exercise

Method of Instruction: Practical Exercise (Hands-On/Written)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 1 hr

Media Type: Practical Exercise

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

Combat scenarios are not used during this initial phase of skill training. Information below contains training minimums, eight to ten additional repetitions will be conducted throughout this phase of training. See Instructor Guidance for additional information.

For all aspects of this practical exercise, student groups will be utilized.

Cradle-Drop Drag

Step 1. With the casualty lying on their back, kneel at the head.

Step 2. Slide your hands, palms up, under the casualty's shoulders.

Step 3. Get a firm hold under their armpits.

Step 4. Partially rise, supporting the casualty's head on one of your forearms.

Step 5. With the casualty in a semi-sitting position, rise and drag the casualty backwards.

I-M-P Sessions

a. Imitation Session - no less than two imitation sessions per student.

b. Manipulation Session - no less than two manipulation sessions per student.

c. Precision Session - The following drill may be completed based on the time allotted.

A minimum of one precision session should be completed per student. Timed competition for speed in a Care Under Fire environment.

Check on Learning:

1) QUESTION: What are the 2 primary types of drags used to move a casualty to cover?

1) ANSWER: the Neck drag and the Cradle-drop drag.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Discuss the different carries.

CHECK ON LEARNING (ELO C):

1) QUESTION: What are the 2 primary types of drags used to move a casualty to cover?

1) ANSWER: The Neck drag and the Cradle-drop drag.

ATP 4-25.13 Casualty Evacuation

2) QUESTION: Is concealment sufficient protection from the enemy?

2) ANSWER: No.

ATP 4-25.13 Casualty Evacuation

REVIEW SUMMARY(ELO C):

Identify the different types of carries and drags.

D. ENABLING LEARNING OBJECTIVE

ACTION:	Perform Care Under Fire
CONDITIONS:	Given a casualty in a combat environment, hostile enemy fire, Improved First Aid Kit (IFAK), weapon and expendable class VIII medical supplies.
STANDARDS:	Performance under fire by returning fire, checking if casualty is alive or dead, applying a tourniquet and moving the casualty without causing further injury.
LEARNING DOMAIN - LEVEL:	Psychomotor - Precision
No JPME LEARNING AREAS SUPPORTED:	None

ELO D - LSA 1. Learning Step / Activity ELO D - LSA 1. Describe Care Under Fire

Method of Instruction: Discussion (Small or Large Group)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:30)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 10 mins

Media Type: PowerPoint Presentation

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

1. Casualty management during combat operations is divided into three distinct phases: Care Under Fire, Tactical Field Care, and Tactical Evacuation Care.
2. It is important to understand that the correct intervention must be performed at the correct time in combat. A medically correct intervention performed at the wrong time on the battlefield can lead to additional casualties. The tactical situation will dictate when and how much care can be provided.

NOTE: Up to 90% of combat deaths occur on the battlefield before a casualty reaches a medical treatment facility (MTF). Once the casualty reaches a definitive care facility with surgical capability the "died of wounds" (DOW) rate decreases to less than 5%

3. Care Under Fire is the care rendered at the scene of the injury while you and the casualty are still under effective hostile fire. The risk of additional injuries being sustained at any moment is extremely high for both you and the casualty. Enemy fire is

first suppressed before casualty care is rendered. Available medical equipment is limited to that carried by the individual Soldier in his Improved First Aid Kit (IFAK).

- a. The tactical priority is gaining fire superiority.
- b. The medical priority is extremity hemorrhage control.
- c. Airway management is deferred until the Tactical Field Care Phase.

Check on Learning:

1) QUESTION: What is tactical priority?

1) ANSWER: Gaining fire superiority.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Discuss Care Under Fire.

ELO D - LSA 2. Learning Step / Activity ELO D - LSA 2. Perform Care Under Fire

Method of Instruction: Demonstration

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 15 mins

Media Type: Conference/Demonstration

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

The class is broken down into groups IAW instructor/student ratios. One instructor will lead one group through the demonstration of the task 3 times in a row using the "Whole-Part-Whole" method. Refer to the Instructor Guidance section for additional information. Use enclosed skill sheets (APPENDICES A-C) for correct skill sequence.

1. Care Under Fire

Step 1. Return fire as directed or required to suppress enemy fire.

Step 2. Determine if casualty is alive or dead.

Step 3. Provide care to the live casualty.

2. Direct the casualty to return fire, move to cover and apply self-aid (if possible).

3. If casualty is unable to move direct casualty to "play dead".

Step 4. In a battle buddy team, approach the casualty using the most direct route.

Step 5. Apply a HASTY tourniquet (if evidence of bleeding is present).

Step 6. Move the casualty, their weapon and ammunition behind cover.

Step 7. Recheck tourniquet (if applied) once both are behind cover and not under enemy fire.

Critical Criteria

1. Did not return fire until enemy fire was suppressed.

2. Did not determine if casualty was alive or dead.

3. Approached casualty before enemy fire was suppressed.

4. Provided ANY aid other than a hasty tourniquet to a limb.

5. Did not move weapon and ammunition with casualty to cover.

Check on Learning:

1) QUESTION: What are the steps for Care Under Fire?

1) ANSWER:

Step 1. Return fire as directed or required to suppress

enemy fire.

Step 2. Determine if casualty is alive or dead.

Step 3. Provide care to the live casualty.

a. Direct the casualty to return fire, move to cover and apply self-aid (if possible).

b. If casualty is unable to move direct casualty to "play dead".

Step 4. In a battle buddy team, approach the casualty using the most direct route.

Step 5. Apply a HASTY tourniquet (if evidence of bleeding is present).

Step 6. Move the casualty, their weapon and ammunition behind cover.

Step 7. Recheck tourniquet (if applied) once both are behind cover and not under enemy fire.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Discuss Care Under Fire.

ELO D - LSA 3. Learning Step / Activity ELO D - LSA 3. Perform Care Under Fire – Practical Exercise

Method of Instruction: Practical Exercise (Hands-On/Written)

Mode of Delivery: Resident Instruction

Instr Type (I:S Ratio): Military - ICH (1:15)(68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)

Time of Instruction: 1 hr

Media Type: Practical Exercise

Other Media: Unassigned

Security Classification: This course/lesson will present information that has a Security Classification of: U - Unclassified.

INSTRUCTOR NOTE: Combat scenarios are not used during this initial phase of skill training. Information below contains training minimums, eight to ten additional repetitions will be conducted throughout this phase of training. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized. Information below contains training minimums, additional sessions should be conducted based on the needs of the students. See Instructor Guidance for additional information. For all aspects of this practical exercise, student groups will be utilized. Use enclosed skill sheets (APPENDICES A-C) for correct skill sequence.

1. Care Under Fire

Step 1. Return fire as directed or required to suppress enemy fire.

Step 2. Determine if the casualty is alive or dead.

Step 3. Provide care to the live casualty.

a. Direct the casualty to return fire, move to cover and apply self-aid (if possible).

b. If casualty is unable to move direct casualty to "play dead".

Step 4. In a battle buddy team, approach the casualty using the most direct route.

Step 5. Apply a HASTY tourniquet (if evidence of bleeding is present).

Step 6. Move the casualty, their weapon and ammunition behind cover.

Step 7. Recheck tourniquet (if applied) once both are behind cover and not under enemy fire.

Critical Criteria

1. Did not return fire until enemy fire was suppressed.
2. Did not determine if casualty was alive or dead.
3. Approached casualty before enemy fire was suppressed.
4. Provided ANY aid other than a hasty tourniquet to a limb.
5. Did not move weapon and ammunition with casualty to cover.

I-M-P Sessions

- a. Imitation Session - no less than two imitation sessions per student
- b. Manipulation Session - no less than two manipulation sessions per student.
- c. Precision Session – A minimum of one precision session should be completed per student.

(1) Timed student competitions

(2) Low light precision sessions

Check on Learning:

1) QUESTION: What are the critical criteria?

1) ANSWER:

1. Did not return fire until enemy fire was suppressed.
2. Did not determine if casualty was alive or dead.
3. Approached casualty before enemy fire was suppressed.
4. Provided ANY aid other than a hasty tourniquet to a limb.
5. Did not move weapon and ammunition with casualty to cover.

ATP 4-25.13 Casualty Evacuation

Review Summary:

Discuss Care Under Fire.

CHECK ON LEARNING (ELO D):

3) QUESTION: What are the two primary means to transport a casualty from the point of injury to cover?

3) ANSWER: Neck Drag and Cradle Drop Drag.

ATP 4-25.13 Casualty Evacuation

REVIEW SUMMARY(ELO D):

Discuss the procedures for care under fire.

SECTION IV. SUMMARY

Method of Instruction:	Discussion (Small or Large Group)
Mode of Delivery:	Resident Instruction
Instr Type(I:S Ratio):	Military - ICH (1:30) (68W with a minimum rank of E-6 and be a graduate of a TRADOC approved Instructor Training Course with the H or 8 skill identifier; or be a qualified Civilian Instructor designee.)
Time of Instruction:	5 mins

Check on Learning

- 1) QUESTION: Describe the three phases of Tactical Combat Casualty Care?
1) ANSWER: Care under Fire (CUF) Tactical Field Care (TFC) and Tactical Evacuation Care (TEC).
ATP 4-25.13 Casualty Evacuation
- 2) QUESTION: What is the primary means to control hemorrhage in care under fire?
2) ANSWER: Hasty Tourniquet.
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- 3) QUESTION: What are the two primary means to transport a casualty from the point of injury to cover?
3) ANSWER: Neck Drag and Cradle Drop Drag.
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Review/ Summary

As a Soldier on the modern battlefield, knowledge of the principles and techniques of rapid casualty treatment and hemorrhage control are vital to saving lives and preventing more Soldiers from becoming casualties while ensuring your unit's mission success.

SECTION V. STUDENT EVALUATION

**Testing
Requirements**

None

**Feedback
Requirements**

Apply continuous evaluation of course effectiveness and efficiency and provide appropriate feedback to the training/education task proponent.

NOTE: Feedback is essential to effective learning. Schedule and provide feedback on the evaluation and any needed information to help the student.

Appendix A - Viewgraph Masters

**Casualty Responder Training - Introduction to Tactical Combat Casualty Care
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Sequence	Media Name	Media Type
None		

Appendix B - Assessment Statement and Assessment Plan

Assessment Statement: None.

Assessment Plan: None.

Appendix C - Practical Exercises and Solutions

PRACTICAL EXERCISE(S)/SOLUTION(S) FOR LESSON 081-BT081013 Version 1.1 ©

Appendix D - Student Handouts

**Casualty Responder Training - Introduction to Tactical Combat Casualty Care
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Sequence	Media Name	Media Type
10	Appendix A - Care Under Fire Skillsheet	PDF
20	Practical Exercises and Solutions	DOC
30	Appendix C - Move a Casualty to Cover Skillsheet	PDF
40	Appendix B - Hasty Tourniquet Skillsheet	PDF