FIELD MEDICAL ASSISTANT COURSE (FMAC)

MODULE 04:

PRINCIPLES AND APPLICATION OF TACTICAL FIELD CARE (TFC)

TACTICAL FIELD MEDICAL AID (TFMA)

ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL

- Buddy First Aid
- Field Medical Assistant

You are HERE

MEDICAL PERSONNEL

- Paramedic
- Nurse
- Doctor

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

- **TO5 Given a combat or noncombat scenario, perform Tactical Field Care in accordance with TFMA Guidelines**

  EO23 Identify the importance of security and safety in Tactical Field Care (TFC)

  EO24 Identify basic principles of removal/extraction of casualties from a unit-specific platform

  EO25 Identify the importance and techniques of communicating casualty information with unit tactical leadership and/or medical personnel

  EO26 Identify the relevant tactical and casualty data involved in communicating casualty information

  EO27 Identify Demonstrate communication of casualty information to tactical leadership and/or medical personnel (in accordance with Service and/or unit standard operating procedures in TFC)

  EO28 Identify triage considerations in TFC

Three PHASES of TFMA

1 CARE UNDER FIRE

RETURN FIRE
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

2 TACTICAL FIELD CARE

COVER AND
CONCEALMENT

Basic Management Plan:

- Maintain tactical situational awareness
- Triage casualties as required
- MARCH PAWS assessment

YOU ARE HERE

3 TACTICAL EVACUATION CARE (TACEVAC)

More deliberate assessment and treatment of unrecognized life-threatening injuries:

- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TFMA training!

CASUALTY AND RESPONDER NO LONGER UNDER EFFECTIVE ENEMY FIRE OR THREAT

ENTER INTO THE

TACTICAL FIELD CARE (TFC) PHASE

PHASE 2: TACTICAL FIELD CARE

TFC IS CARE RENDERED WHEN NO LONGER UNDER EFFECTIVE ENEMY FIRE OR THREAT

Having transitioned from **Care Under Fire (CUF),** further **assessment** and **care** can be more **deliberate** following the **MARCH PAWS** sequence

This does **NOT** mean that the danger is over – the tactical situation could **change** back to CUF **AT ANY TIME**

IMPORTANT CONSIDERATIONS:

Mission personnel should **constantly maintain** their situational awareness of the **potential threat** from hostile forces

Tactical Field Care also encompasses combat/tactical environment not involving enemy fire (e.g., parachute injury in combat zone)

TACTICAL FIELD CARE

SECURITY AND SAFETY IN TACTICAL FIELD CARE

Establish a security perimeter in accordance with unit tactical standard operating procedures and/or battle drills

Maintain tactical situational awareness

CASUALTIES WITH ALTERED MENTAL STATUS SHOULD HAVE

- Weapons **cleared** and **secured**
- **Communications** secured
- **Sensitive** items redistributed
- **Weapons** and **radios DO NOT** mix well with shock or narcotics

TACTICAL FIELD CARE

OTHER CONSIDERATIONS

TFC is when the casualty and the person rendering care are NOT under direct fire

LIMITED SUPPLIES

Medical equipment and supplies are **LIMITED** to what is **carried** into the field by the combat lifesaver and the individual service member

REMEMBER:

- Always use the **casualty's** BFAK **FIRST**
- TFC can turn into a CUF situation **unexpectedly**
- Personnel should **maintain** their situational awareness

TACTICAL FIELD CARE

CASUALTY REMOVAL/EXTRACTION PRINCIPLES

- The first principle is safety. Safety is critical.
- The second principle of MARCH still applies. If possible, you may want to initiate lifesaving measures like applying a tourniquet before the extraction, and monitor them throughout the process.
- The third principle is training.

Extractions will vary based on the mission and vehicles located in your Area of Responsibility (AOR)

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING

MASSIVE BLEEDING #1 Priority

AIRWAY

RESPIRATION

CIRCULATION

HYPOTHERMIA / **H**EAD INJURIES

AFTER LIFE-THREATENING

PAIN

ANTIBIOTICS

WOUNDS

SPLINTING

TACTICAL FIELD CARE

COMMUNICATION

Communicate with the casualty, if possible

- **Encourage**
- **Reassure**
- **Explain care** each step of
- the way

Communicate with tactical leadership **IMMEDIATELY** on evacuation requirements

Continue to communicate with leadership on casualty treatment as needed

(4 Line Format)

Line	UN CASEVAC 4-LINE ALERT MESSAGE		
	DTG:		
1	LOCATION AND CALL SIGN	PLACE NAME / DESCRIPTION	A
		GPS GRID REFERENCE	B
		CALL SIGN OF INCIDENT SITE COMMANDER	C
2	INCIDENT DETAILS	WHAT HAS HAPPENED? (Shooting, road accident, explosion etc).	D
		HOW MANY CASUALTIES ARE THERE?	E
3	ACTIONS BEING TAKEN AT SCENE	TREATMENT BEING GIVEN AND PREPERATIONS FOR EVACUATION	
4	RESOURCES REQUIRED AT SCENE TO TREAT AND EVACUATE PATIENT	GROUND AMBULANCE, AIR EVACUATION, AMET	

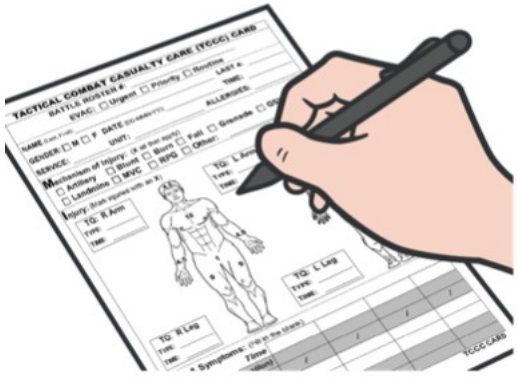
COMMUNICATE WITH EVACUATION AND MEDICAL ASSETS

Communicate with the evacuation system to coordinate evacuation using the **4-Line TACEVAC request**

Keep each casualty's Cas Card up to date

TACTICAL FIELD CARE

COMMUNICATE RELEVANT CASUALTY DATA



Document ALL assessment and medical care (including interventions and medications) on the Casualty Card

Communicate with CASEVAC using the:

4-Line CASEVAC request form

MIST Report

- Mechanism of injury
- Injuries
- Symptoms
- Treatment

Relay the information following your standard operating procedures

COMMUNICATE CASUALTY DATA IN HAND-OFF WITH MEDIC OR MEDEVAC

When handing casualty off to medic or CASEVAC, read off the Casualty Card, including any additional information as needed

MIST report may **change** as the **casualty status** and **interventions** performed change

TACTICAL FIELD CARE

TRIAGE – PRIORITIZING MULTIPLE CASUALTIES

Casualties with these injuries must be treated first:

#1 Massive bleeding
#2 **Penetrating** trauma into the box (torso)
#3 **Airway** compromise
#4 **Respiratory** distress
#5 Altered mental status

TACTICAL FIELD CARE

TRIAGE CONSIDERATIONS

- Casualties may need to be sorted into prioritized treatment groups
- The FMA may be required to assist medical personnel with urgent casualties, monitor casualties after emergency interventions, and may be tasked with preparing casualties for evacuation

TACTICAL FIELD CARE

SUMMARY

- Ensure you are aware of all security and safety procedures for TFC
- Tactical Field Care is when the casualty and the responder are both no longer under effective enemy fire or threat
- Security and safety in TFC is a priority; clear and secure weapons and communications
- Understand the principles of casualty extractions in accordance with unit standard operating procedures
- Always follow the MARCH PAWS procedure during life-threatening and after life-threatening injuries

CHECK ON LEARNING

- What is the difference between the TFC and CUF phases?
- True or False: During TFC, the tactical situation could change
- back to CUF again at any time.
- What is MARCH PAWS?

ANY QUESTIONS?