Region 5 Regional Trauma Advisory Committee

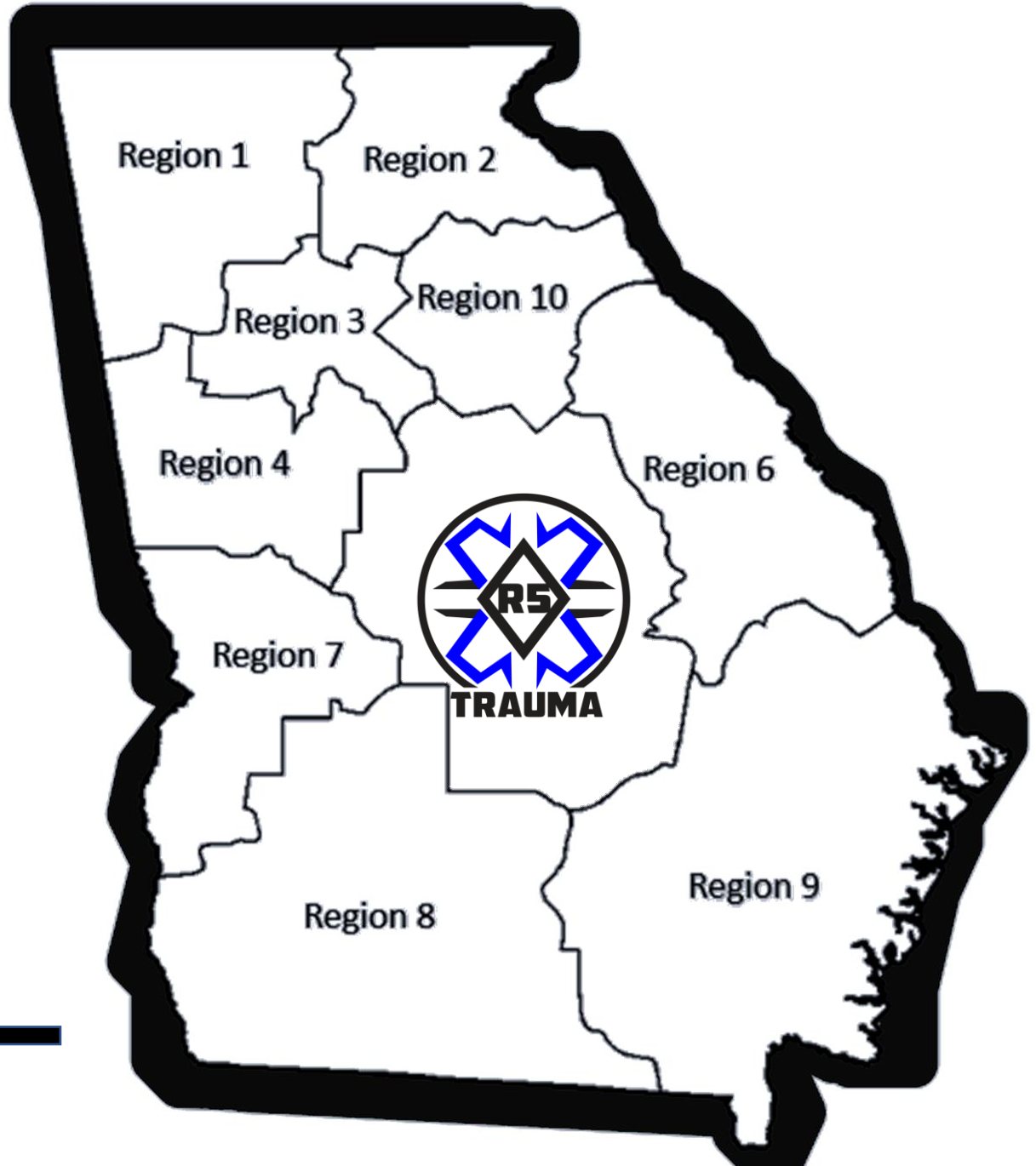
Stop the Dying: TECC Medical Skills

2023 Georgia Public Safety Conference
Georgia Public Safety Training Center

R5TRAUMA EDUCATION & OUTREACH TEAM

Serving Baldwin, Bibb, Bleckley, Crawford, Dodge, Hancock, Houston, Jasper, Johnson, Jones, Laurens, Monroe, Montgomery, Peach, Pulaski, Putnam, Telfair, Treutlen, Twiggs, Washington, Wheeler, Wilcox, and Wilkinson counties.

Welcome!



Goals of TECC

- Prevent Further Casualties
- Treat the Casualties
- Complete the Mission

STOP
THE KILLING

STOP
THE DYING

R5 TRAUMA

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R5 TRAUMA

Stop the Dying: TECC Medical Skills

- TECC uses lessons learned from our military and applies the to the civilian world of tactical medicine

- This workshop is based on the guidance from:
  - The Committee on Tactical Emergency Casualty Care (Co-TECC)
  - The Tactical Combat Casualty Care (TCCC) program
  - American College of Surgeons STOP THE BLEED® course
  - Hartford Consensus Recommendations

R5 TRAUMA

Stop the Dying: TECC Medical Skills

STOP THE BLEED®

- One to Two-hour course that teaches the fundamentals of how to control bleeding from all types of trauma

Tactical Emergency Casualty Care for Law Enforcement and First Responders (TECC-LEO)

- One-day course (lecture, skills, and scenarios) on how to provide initial medical care to self, partner, or a trauma victim

R5 TRAUMA

Stop the Dying: TECC Medical Skills

Tactical Emergency Casualty Care (TECC)

- Two-day course (lecture, skills, and scenarios) for advanced life support providers on how to respond medically to civilian tactical and all-hazards trauma events

Tactical Combat Casualty Care (TCCC)

- Two-day course (lecture, skills, and scenarios) for advanced life support providers on how to respond medically to tactical/combat situations

Stop the Dying: TECC Medical Skills

- This workshop will review the needed skills to provide initial care of those injured in an active shooter event

- This workshop will review strategies for establishing care priorities

R5 TRAUMA

Disclaimer

- This workshop IS NOT comprehensive Tactical Emergency Casualty Care (TECC) Course
- This course IS NOT a replacement for quality TECC-LEO or TECC training
- This course IS NOT a course that provides TECC

Fundamental Concepts

- Goal: Improve survival from active shooter events

- Improving survival is a responsibility we all share

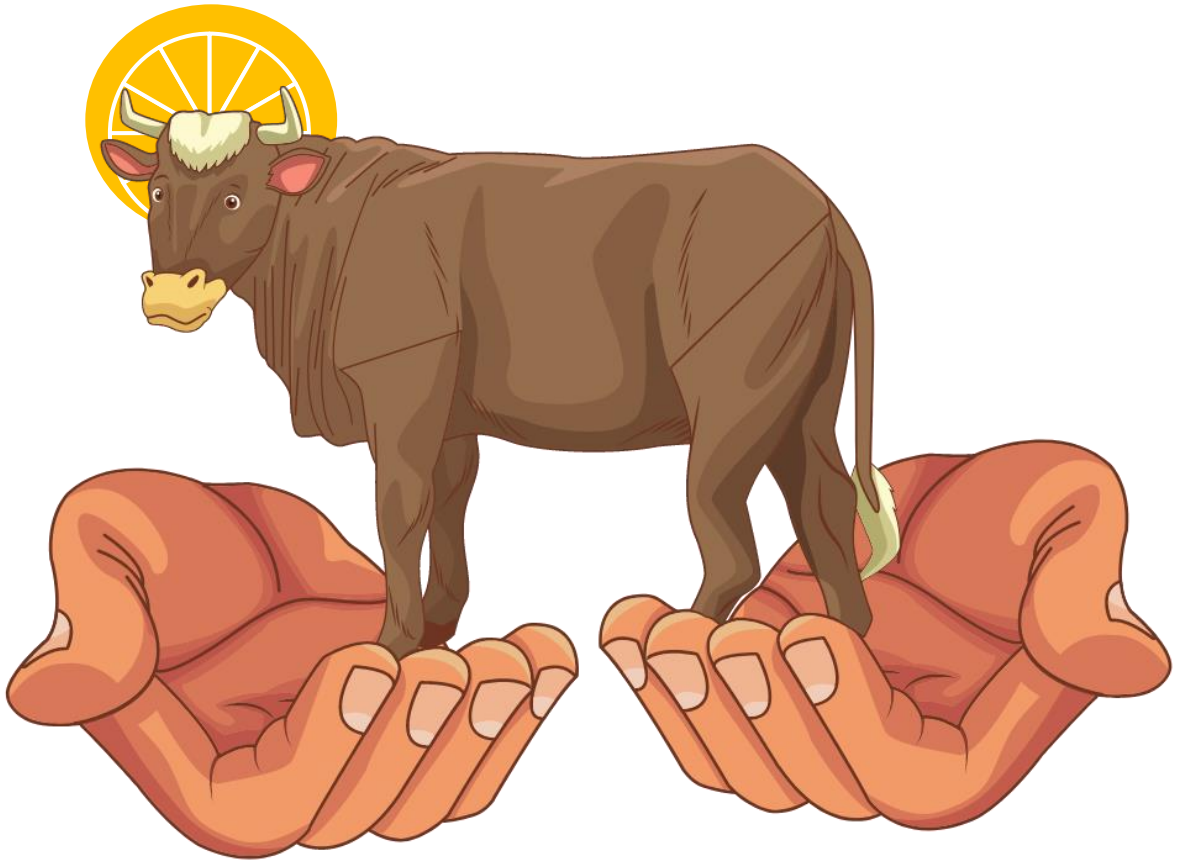
- The only thing more tragic than a death…

  is a death that could have been prevented

-----ACS - STOP THE BLEED® Course

R5 TRAUMA

Fundamental Concepts



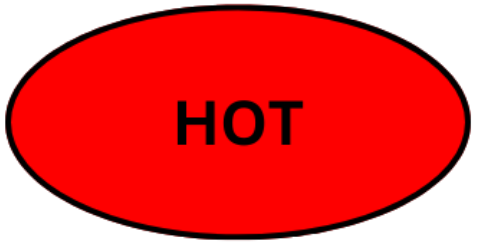
“Traditional Response”

- Columbine, April 20, 1999
- Virginia Tech, April 16, 2007
- Fort Hood, Nov 5, 2009
- Sandy Hook, Dec 14, 2012
- Aurora, July 20, 2012
- Parkland, Dec 14,2018
- Pulse Night Club, June 12,2016
- Uvalde, May 24, 2022

R5 TRAUMA

Understanding T H R E A T

Hot Zone



Threat Suppression

Warm Zone

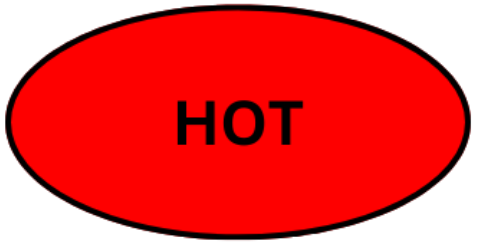
Hemorrhage Control
Rapid Extrication

Cold Zone

Assess Patient
Transport to Hospital

Understanding T H R E A T

Hot Zone



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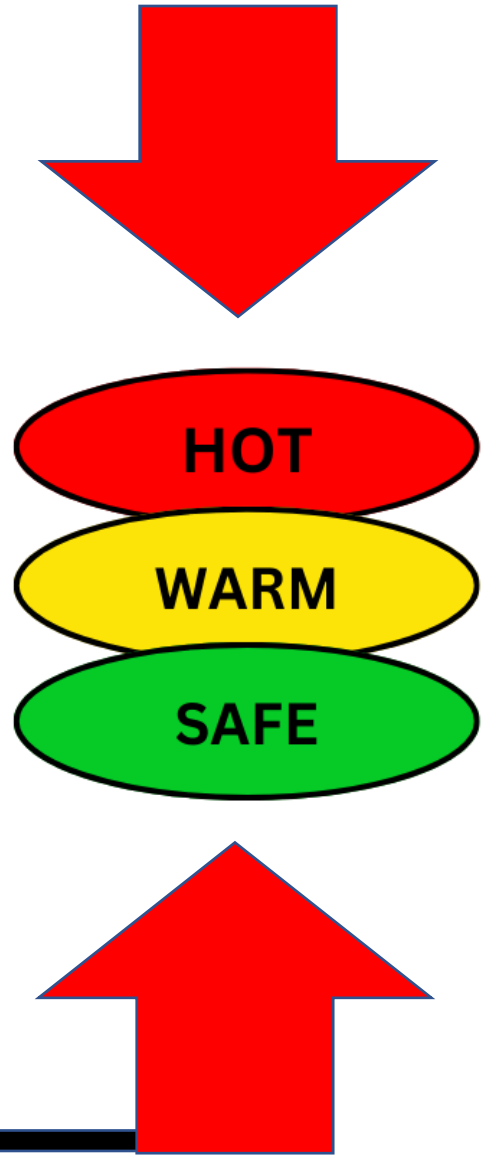

Understanding T H R E A T

Threat Suppression

Hemorrhage Control

Rapid Extrication

Assessment by medical providers

Transport to definitive care

R5 TRAUMA

Understanding T H R E A T

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R5 TRAUMA

Goals of TECC

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- Treat the Casualties
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STOP
THE KILLING

STOP
THE DYING

R5 TRAUMA

Prevent Further Casualties

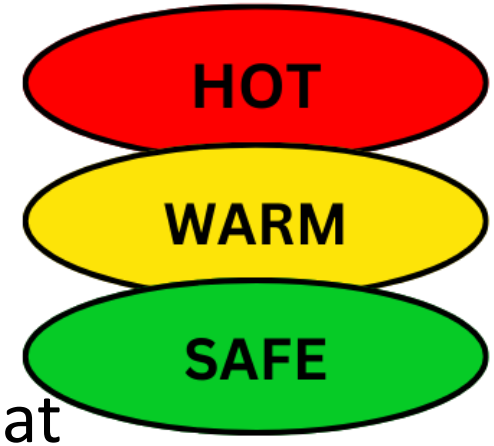
- Eliminate the Threat
- Ensure Safety
- Disarming casualties as appropriate

STOP
THE KILLING

STOP
THE DYING

R5 TRAUMA

Ensure Safety - Phases of TECC



Direct Threat Care (Hot Zone)

- Care at scene of injury while under fire or direct threat

Indirect Threat Care (Warm Zone)

- Care rendered once the casualty is no longer under hostile fire or direct threat

Evacuation Care (Cold Zone)

- Care provided just prior to and during evacuation of casualty to a higher level of care.

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Ensure Safety - Disarming Casualties

Shooter as Casualty

- Secure the shooter
- Secure the weapon
- Secure the room

Ensure Safety - Disarming Casualties

“Friendly” Casualties

- An armed casualty with an altered mental status (head injury, shock, hypoxia) may use weapons inappropriately.
- Secure long gun, pistols, knives, and explosives.
- Say to the casualty, “Let me hold your weapon for you while the medic checks you out.”

Treat the Casualties

Massive Hemorrhage

Airway

Respirations

Circulation

Head Injury & **H**ypothermia

STOP
THE KILLING

STOP
THE DYING

R5 TRAUMA

M.A.R.C.H. - Massive Hemorrhage

Control life-threatening bleeding

- Tourniquet ♦
- Direct Pressure ♦
- Wound Packing

♦ Direct pressure and tourniquet application are the only bleeding control methods used during Direct Threat Care.

R5 TRAUMA

M.A.R.C.H. - Massive Hemorrhage

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R5 TRAUMA

M.A.R.C.H. - Massive Hemorrhage

Recommended Non-Pneumatic Limb Tourniquets

- SAM Extremity Tourniquet (SAM-XT)
- Tactical Mechanical Tourniquet (TMT)
- TX2 Tourniquet (TX2)
- TX3 Tourniquet (TX3)
- SOF Tactical Tourniquet–Wide (SOFTT-Wide)
- Combat Application Tourniquet Gen 6 (CAT-6)
- Combat Application Tourniquet Gen 7 (CAT-7)
- Ratcheting Medical Tourniquet (RMT) Tactical

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M.A.R.C.H. - Airway

Establish and maintain a patent airway

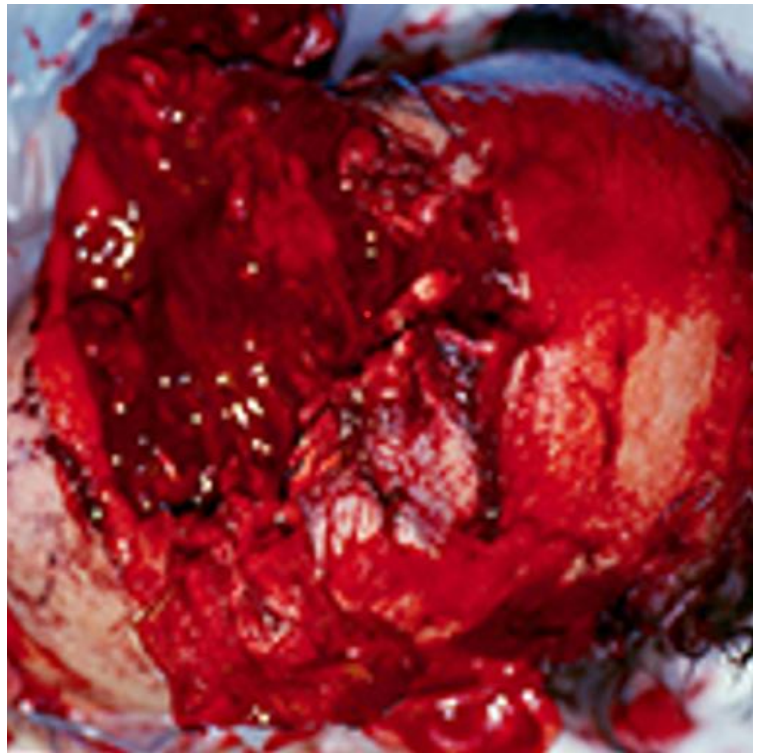
- Patient Positioning ♦
- Manual Airway Maneuvers

♦ Only treatment applied during Direct Threat Care.

M.A.R.C.H. - Airway

Patient Positioning ♦

- Casualties with severe facial injuries can often protect their own airway by sitting up and leaning forward.

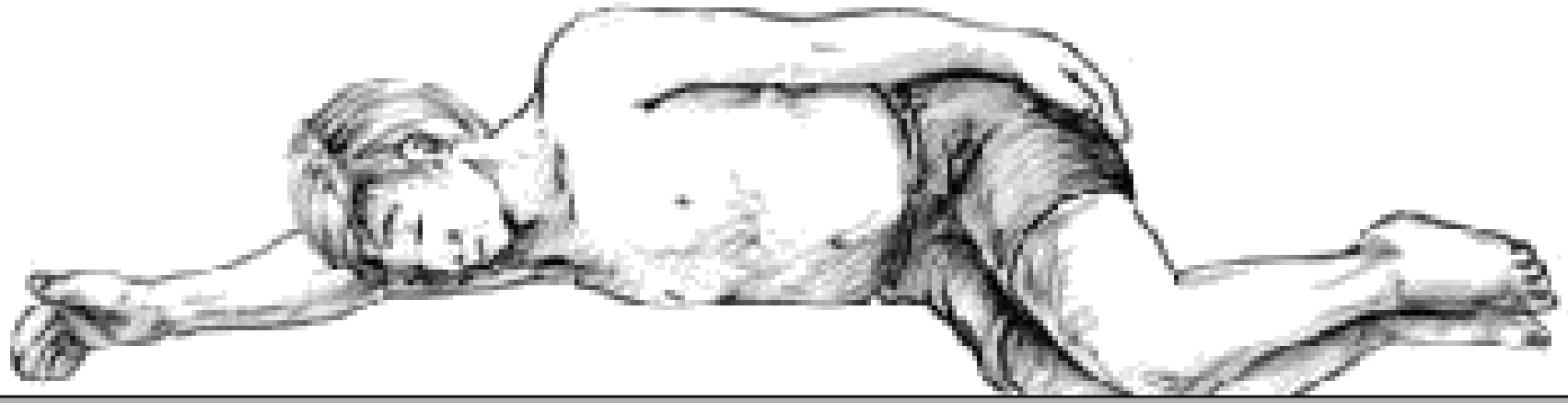


♦ Only treatment applied during Direct Threat Care.

M.A.R.C.H. - Airway

Patient Positioning ♦

- Modified Recovery Position



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Understanding T H R E A T

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Assessment by medical providers

Transport to definitive care

R5 TRAUMA

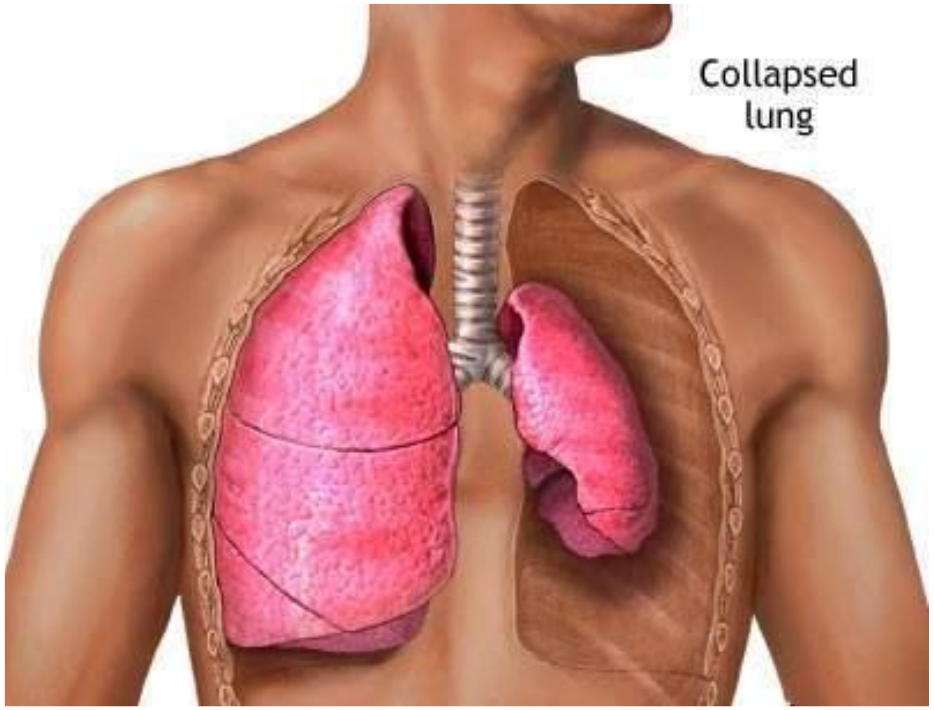
M.A.R.C.H. - Respirations

Locate and treat injuries that are causing difficulty breathing

- Expose the chest and back

- Apply a vented chest seal to all wounds to the torso

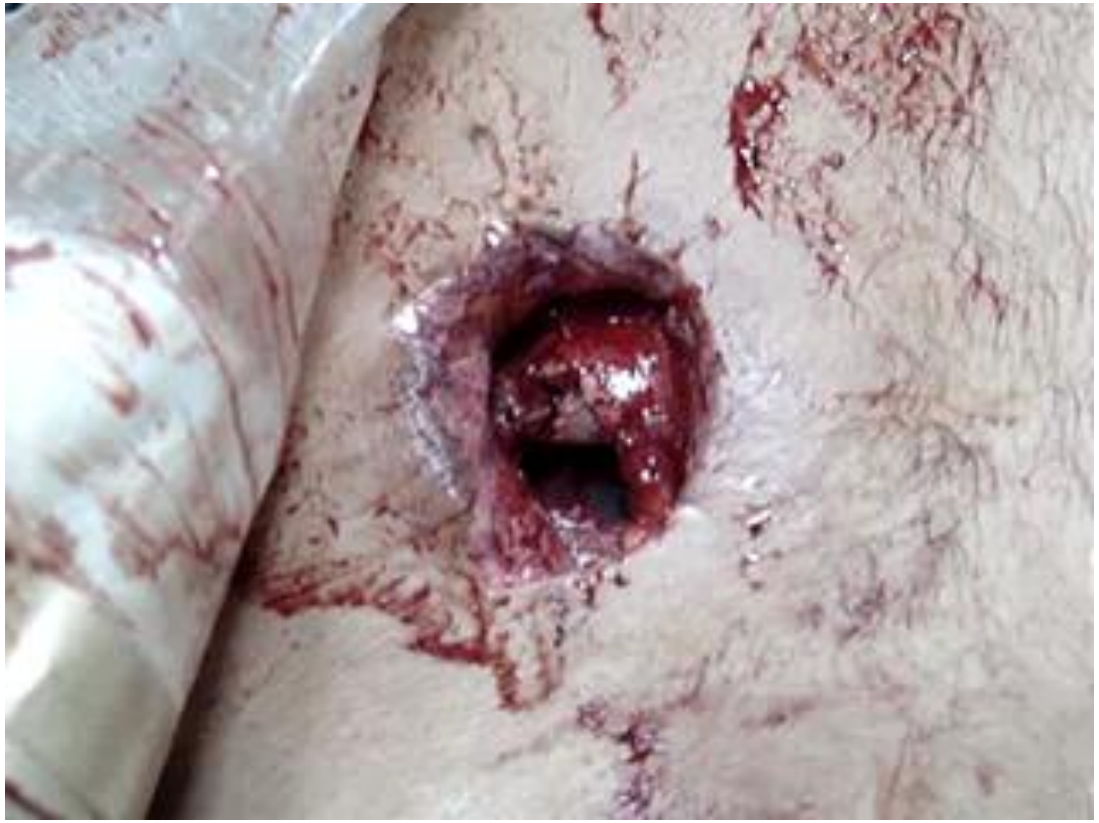
M.A.R.C.H. - Respirations



Pneumothorax is a collection of air between the lung and chest wall

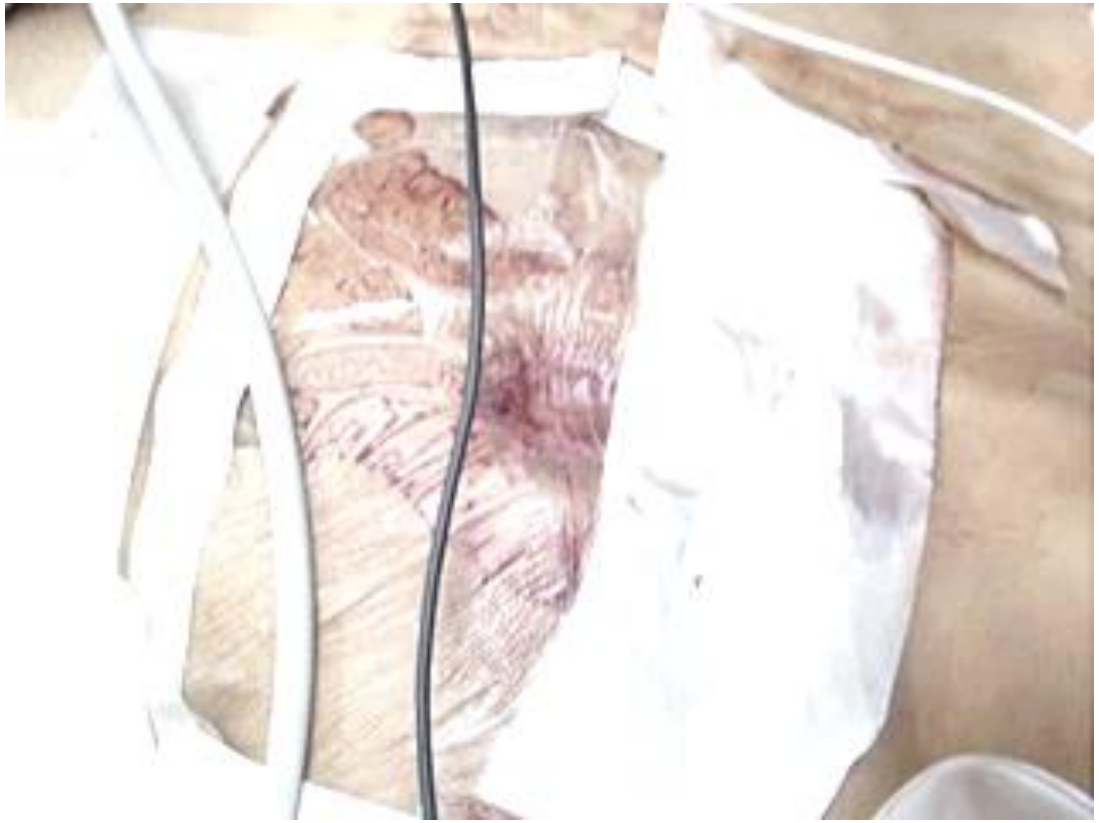
- May be due to blunt or penetrating trauma
- May be open or close

M.A.R.C.H. - Respirations



Sucking Chest Wound

M.A.R.C.H. - Respirations



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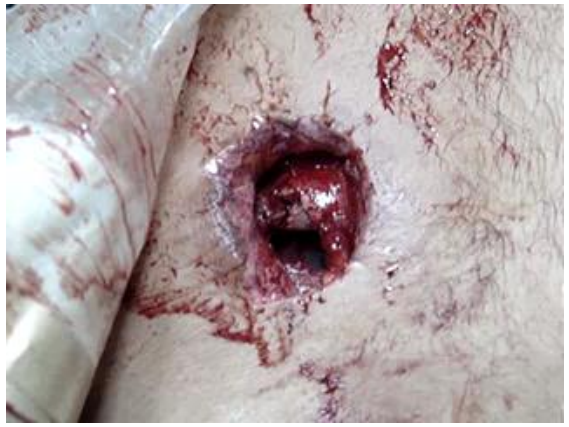
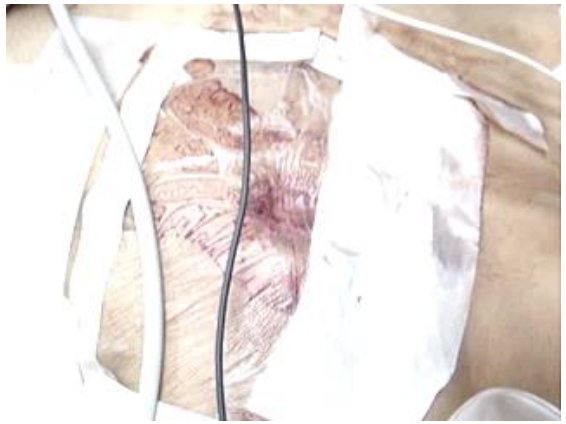




Sucking Chest Wound

- Wound may interfere with ventilation.
- Treat by applying a vented chest seal over the open wound.
- Allow the casualty to adopt the sitting position if breathing is more comfortable.

M.A.R.C.H. - Circulation

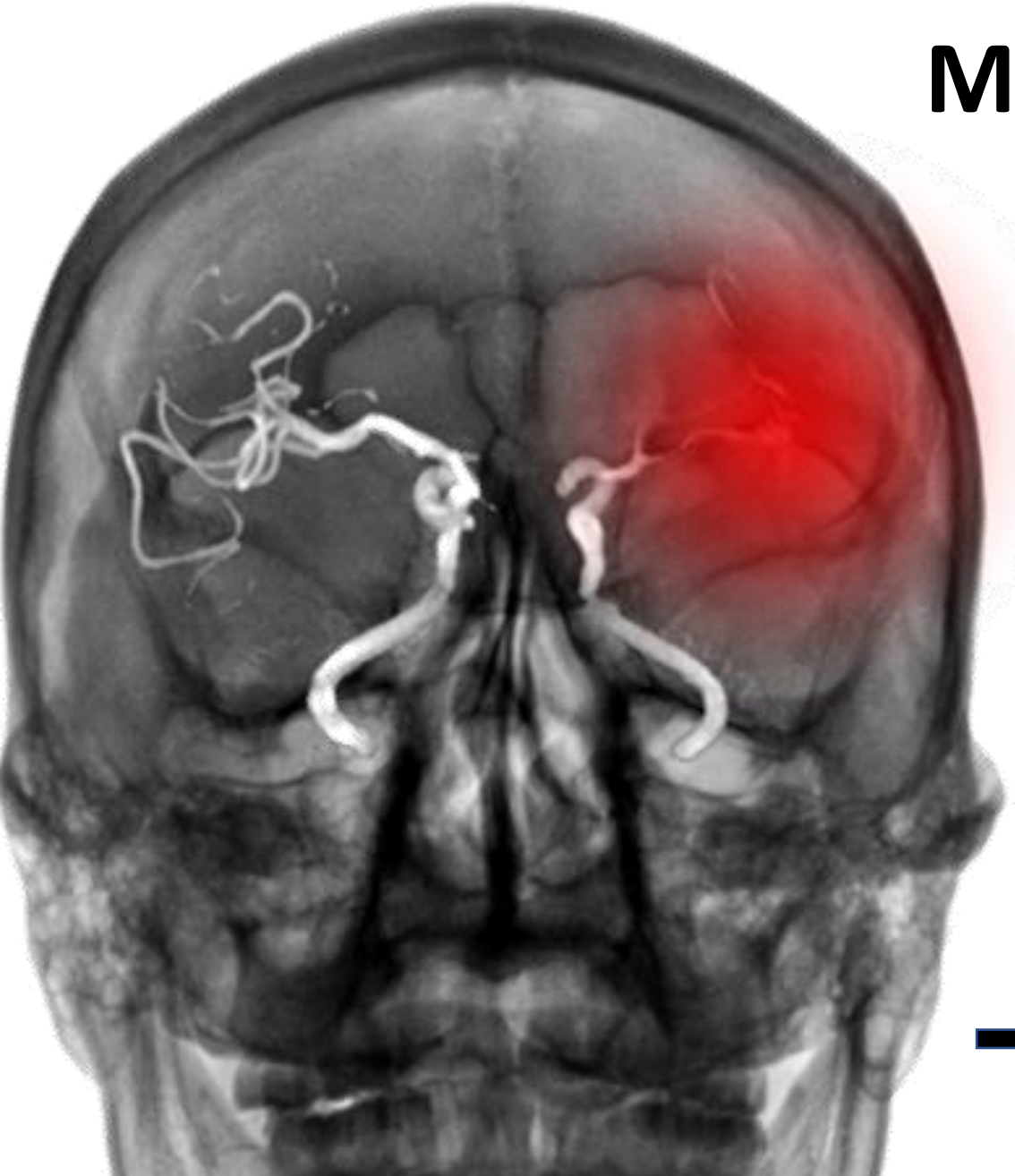
The best indicators of shock in Indirect Threat Care phase are:

- Decreased level of consciousness (in the absence of a head injury)AND/OR
- Abnormal character of the radial pulse (weak or absent)

M.A.R.C.H. - Circulation

Check for signs of shock

- Does the injured person have a radial pulse? Is the casualty alert?
- Be sure all bleeding is controlled, have or help the patient lie down.



M.A.R.C.H. - Head Injury

Prevent/treat hypotension and hypoxia to prevent worsening of traumatic brain injury (TBI), and prevent/treat hypothermia

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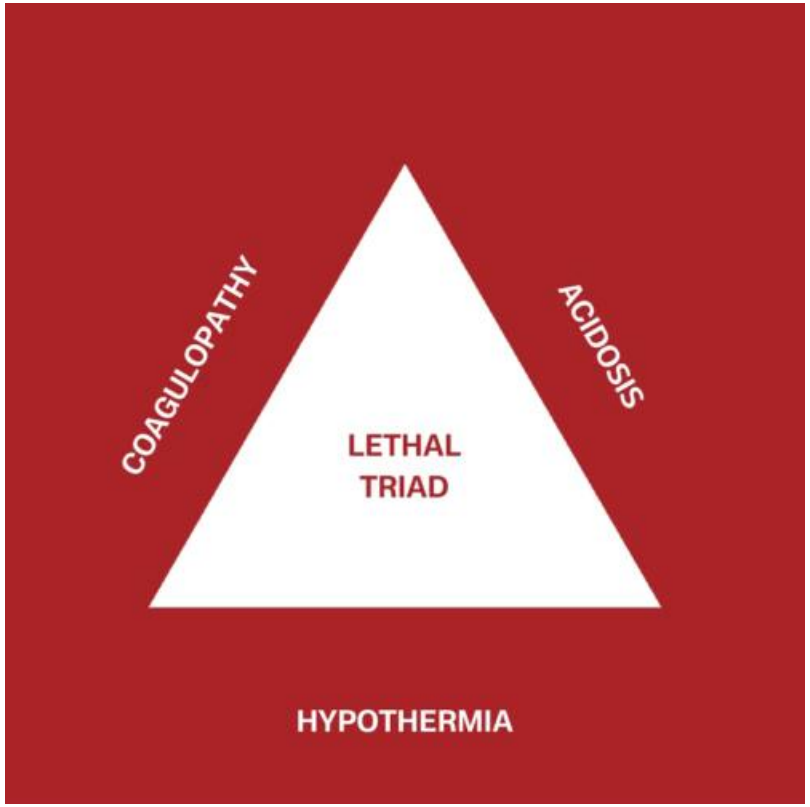
M.A.R.C.H. - Hypothermia

Keep the patient warm – decreasing body temperature inhibits the body's ability to clot

Constantly reassess patient to assure bleeding is controlled, airway remains patent, and shock is treated



R5 TRAUMA

Understanding T H R E A T

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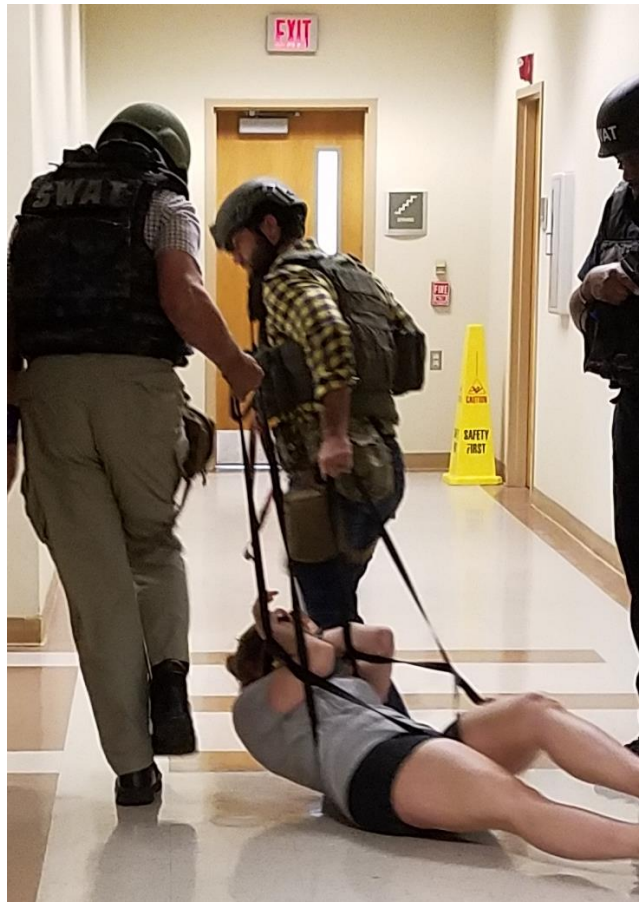
Rapid Extrication

[Foxtrot® Litter – TacMed Solutions™]

[Rescue Essentials Quiklitter™ Lite]



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R5 TRAUMA

Transport to Definitive Care

RIGHT PATIENT

RIGHT PLACE

RIGHT TIME

RIGHT MEANS

R5 TRAUMA

Three Main Goals of TECC

- Prevent Further Casualties
- Treat the Casualties
- Complete the Mission

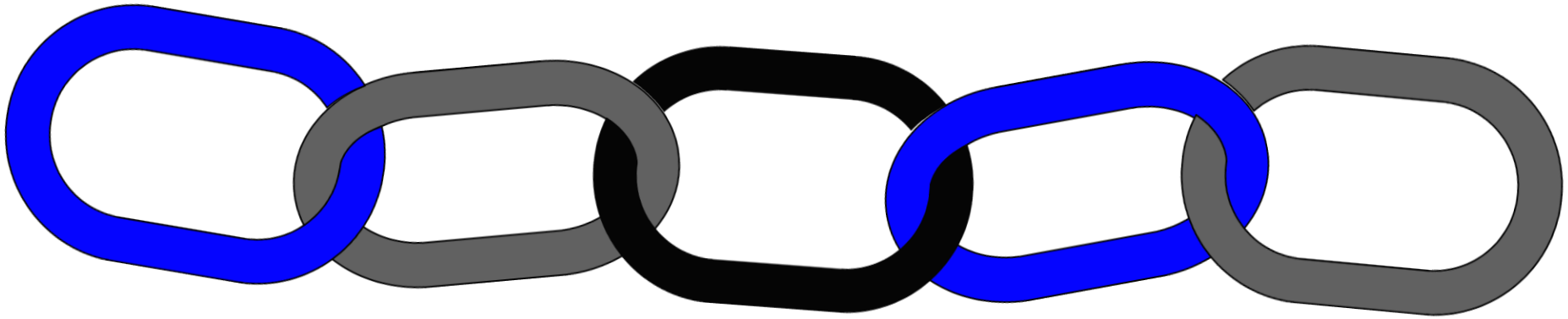
STOP
THE KILLING

STOP
THE DYING

R5 TRAUMA

Complete the Mission

Immediate Responders | Non-Medical First Responders | Medical First Responders | Emergency Medicine | Trauma Surgery & Critical Care



TECC CHAIN OF SURVIVAL

TRAUMA

Who can respond and control bleeding?

Three types of responders who, when properly trained, are crucial to saving victims with severe bleeding:

Trauma professionals

Hospitalists; emergency department physicians, nurses, and technicians; and trauma surgeons

Professional first responders

Law enforcement, emergency medical service personnel, fire fighters, and rescue workers

Immediate responders

Civilian bystanders present at the scene who perform external bleeding control for victims at the point of wounding before the arrival of professional responders

BLEEDINGCONTROL.ORG

Source: The Hartford Consensus

Call to Action

- Include the citizen bystander-as-responder concept into training and planning

STOP THE BLEED®

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Call to Action

- Ensure that all first-responding law enforcement officers have training and proficiency in bleeding control
- Integrate fire/rescue/EMS early into the response continuum

STOP THE BLEED®

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“Georgia Kit”

North American Rescue
Cost per kit: $49.98
Item #: 85-1563
Phone: 888.689.6277
Email: info@NARescue.com

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https://www.surveymonkey.com/r/TECCSkills23

QUESTIONS?