



# Highlights from the Committee on En Route Combat Casualty Care Committee (CoERCCC) Meeting

03-04 Sep 2025 San Antonio, Texas



## Theme: Continued Challenges of Optimal Combat Casualty Care in Resource Constrained Environments

### 1. CoERCCC priorities:

- Large Scale Combat Operations (LSCO)
- Mass Casualty (MASCAL)
- U.S. Indo-Pacific Command (INDOPACOM)
- Interoperability
- Arctic/Cold Weather
- Skill Sustainment/Clinical Currency
- Maritime
- Patient Movement Items/Medical Logistics
- Patient Monitoring
- Decision Support
- Documentation

### 2. Current CoERCCC efforts:

- En Route Care (ERC) Guidelines: (Finalizing edits)
- Position Statement: Medical Oversight (editing after Sep '25 committee meeting discussion)
- Clinical Practice Guidelines (CPGs): prehospital whole blood, arctic, interfacility transfer (possible operational planning guidance), palliative care and ultrasound (collaborating with Committee on Tactical Combat Casualty Care (CoTCCC) and Committee on Surgical Combat Casualty Care (CoSCCC) subject matter experts and possible Peds ERC supplement)
- Form DD3104 (awaiting DHA-PI to be updated and released by the Washington Headquarters Services --projection mid-Oct)
- Joint Requirements Oversight Council 049-19 Multimodal Patient Movement - Patient Movement, Equipment Readiness Condition, Pacing Service Circulation (routing through J 3/5/7)
- Development of Master Privileging List for Joint Centralized Credentials & Quality Assurance System to credential and privilege ERC and Prehospital Medical Directors
- Deployed Medicine resource for platform familiarization
- ERC guidelines quick reference handbook
- Encourage Military Departments Research Labs (including 711 HPW Simulation) on testing newly developed CoTCCC Mass Casualty Incident Triage Guidelines
- CASEVAC Planning Document/Risk Matrix (Commanders need to support intro) +Expanded scope document (more hands)
- Patient Reception and Generation DHA-PI ask from U.S. Transportation Command (Enterprise Resource Planning System)
- Joint Patient Evacuation Coordination Center and Intra-theater planning

### Items briefed and discussed:

- 3. AFSOC TOMS Lab/SOF Medics Capes** discussed Air Force Special Operations Command Special Operations Force (SOF) medical training capabilities made by the Tactical Operations Medical Skills Lab (TOMS) and the different capabilities the SOF medics provide.
- 4. CoTCCC** provided updates that each service branch is drafting Military First Responder (MFR) guidelines on standardized Tactical Combat Casualty Care (TCCC) training, along with Prolonged Combat Casualty Care (PCCC) guidelines. The antibiotics section of TCCC has been revised along with the Triage in MASCAL. Discussions of *First Pass*, *Second Pass*, & *PCCC actions* were discussed in triage updates. CoTCCC outlined its priorities which includes the DHA MFR on Battlefield Pain Control with Ketamine for Acute Pain.
- 5. CoSCCC** discussed position papers on Role 2 Orthopedic Surgery, Single Surgeon Teams for LSCO, emphasizing enhanced Surgical Capes and mobility challenges. CoSCCC reviewed neurosurgical needs for traumatic brain injury management and statement on drone-era medical and burn care gaps. Regional Support Command operational planning CPG is being developed, incorporating Global War on Terrorism lessons, air security, mobile battalion aid station roles and other CPGs.
- 6. Position Paper Medical Oversight** leads readdressed with the committee the recommendations on appointed medical directors for authority for prehospital and ERC clinician credentialing to perform their clinical scopes of practice within the ops environment after voting members had concerns with wording in Tier I-III.
- 7. Arctic Exercise March '25** focused on cold weather injury management, psychological effects, and Arctic mission planning, with discussion of Extreme Cold Weather Considerations in TCCC and PCCC. Medics trained on patient packaging, equipment challenges, and casualty transportation in sub-zero capabilities.
- 8. Army MEDEVAC Updates from Medical Evacuation Concepts and Capabilities Division** provided the CoERCCC a U.S Army Medical Evacuation Force Structure and Capes update post Army Transformation
- 9. Head-Neck Motion of Supine Humans During Pre-Hospital Transport: Implications of Injury Models** highlights the lack of proper spinal stabilization in transport environment which can lead to exacerbating injury or cause secondary injury. U.S. Army Aeromedical Research Laboratory long term effort is to provide kinematic data to optimize immobilization methods which can help develop injury mitigation in future transports.

**The Joint Trauma System and the Defense Committees on Trauma – Saving Lives with Data. Contact Us:**

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