



Highlights From the Committee on En Route Combat Casualty Care Committee Meeting CoERCCC

01-02 Sep 2026 San Antonio, Texas



• **Top 3 Priorities:**

- LSCO and contested/degraded evacuation (and rocket/drone threat)
- Skill Sustainment/Clinical Currency
- Standardized Training and Common Operational Picture of ERC capabilities

• **Recently Released:**

- Revision: Interfacility Transport of Patients Between Medical Treatment Facilities Operational Guideline

• **Near-Term Actions:**

- ERC considerations added to all applicable CPGs & Arctic CPG
- JROCM 049-19 (ERC-Provider Joint Competency Model) to be published to JTS website (CAC enabled)
- Quick reference cards for platform familiarization
- ERC Guidelines quick reference cards
- Testing of new CoTCCC Triage process and integration into contested evacuation

• **Presentations:**

- **4700 Reporting from JTS:** an overview of DA 4700 reporting was presented, highlighting trauma and non-trauma patient data, injury and illness trends, patient demographics, and mechanisms of injury. Identified data-access and documentation gaps and discussed opportunities to improve data quality, definitions and training to better support ERC analysis.
- **Automating Trauma Care (Research from University of Pittsburgh):** Pitt is researching advanced autonomous trauma care, including AI-enabled decision support (Field Care GPT), predictive analytics including triage (Rapid Assessment of Prehospital Triage of Evacuation and medical Resources RAPTER), and Cardiovascular Resuscitation Using Informed Semi-Closed loop (CRUISE) designed to increase medical capability while reducing provider burden. The research also explores integration with unmanned platforms to support casualty movement in operational environments.
- **CoTCCC/CoSCCC Updates:** CoTCCC highlighted revisions to TCCC guidelines for antibiotics, tourniquet management, triage, analgesia, and evidence-based recommendations categorization. A TBI update was provided, focusing on Role-based guidance and management priorities for TBI with concurrent hemorrhagic shock. CoSCCC briefed ongoing CPG development, publication efforts, and clinical education initiatives. Additional efforts include a 10-year CoSCCC review and reinitiation of literature reviews.
- **Ft Bragg Installation MEDEVAC Mission:** The Assistant Medical Director of the program discussed mission highlights, including rotary wing advanced and critical care transports, impact to MEDEVAC capability in the area, and improvement of skill sustainment for future operations. The brief also covered established protocols, multiagency coordination, training and staffing efforts, and recent mission activity.
- **Injury Patterns from Current Operations:** The JTS PI Chief discussed drone-related injuries, TBIs, ear trauma, and delays to operative care. Efforts are focused on performance improvement, host nation coordination, and information sharing to improve casualty care and readiness.
- **Med Concept of Support & Lessons Learned for Op Epic Fury in Kuwait (D-30 to D+30):** Brief emphasized the need to adapt beyond traditional doctrine during major combat operations. Heavy reliance on host nation treatment facilities and need for improvised evacuation platforms comprised of enhanced provider capability (physician lead mobile teams). Maintaining continuous health service support and force health protection requires resilient communication and the ability to rapidly adapt and pivot as operational conditions evolve.
- **Augmented Reality tele-mentor (ARTM) in ERC-live demo:** A live demo showcased that the system connects the providers with remote clinical support for real time guidance at the point of need. The system also captures time stamped information for review and is designed for use in the tactical setting, with low size, weight, and power requirements.
- **8th Fwd Resus & Surg Det VALEX/105th Surg Aug Det RIMPAC Lessons Learned:** A Joint/Multinational medical team rapidly integrated surgical and trauma capabilities aboard littoral maritime platforms, increasing patient throughput and demonstrating effective clinical integration. Key lessons emphasized early coordination between evacuation and receiving elements, modular/distributed capabilities, and continuity of clinical information during transport. RIMPAC identified doctrinal gaps and operational challenges for maritime forward surgical care, including prolonged evacuations, limited resupply, communications, and patient movement. Findings emphasized the need for repeatable exercises to refine employment frameworks, TTPs, and doctrine for contested maritime operations. Takeaway that the Army does not have a doctrinal capability of augmenting littoral craft with forward resuscitation/surgery.
- **Somalia MASCAL:** The presenter discussed successful use of the new JTS triage approach in a non-permissive environment with limited personnel, time, and a language barrier. Lessons learned emphasized the use of the CoTCCC simplified triage approach, continuous reassessment, prioritizing high impact interventions, and near-real-time information sharing to support treatment and transport.

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

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