



COMMITTEE ON TACTICAL COMBAT CASUALTY CARE AND PROLONGED CASUALTY CARE WORKING GROUP CONSENSUS STATEMENT



"...but first, Tactical Combat Casualty Care."

Tactical Combat Casualty Care is foundational
to Prolonged Casualty Care

BACKGROUND AND RELEVANCE

The Prolonged Casualty Care (PCC) Guidelines are the standard of care for developing and sustaining Department of Defense (DoD) programs required to enhance confidence, interoperability, and common trust among all PCC adept personnel, but first, Tactical Combat Casualty Care (TCCC)¹ and how it relates to PCC.

TCCC serves as the DoD standard of care for non-medical and medical first responders.² The concepts outlined within the TCCC guidelines are prerequisite to developing and implementing capable PCC programs. TCCC provides a "principles-based" approach to casualty management that is applicable to trauma and disease non-battle injury patients.

PCC CONSIDERATIONS AFTER TCCC INTERVENTION

The PCC mnemonic "MARC²H³-PAWS-L" helps guide users through what to consider *after* all TCCC interventions have been effectively performed:

1. Address and reassess all immediate life threats and interventions, per current TCCC guidelines, before moving onto PCC considerations.
2. Re-triage casualties and resources, as required, using appropriate triage decision tools.
3. Confirm notifications of the incident, telemedicine, and requests for evacuation were sent and received through the proper channels. This must be evaluated no later than the "C-Communications" in MARC²H³-PAWS-L.
4. When in doubt refer to the initial assessment and treatments per TCCC guidelines.

Note: The first action, within every PCC role-based guideline category, is to complete basic TCCC management.¹

The primary goal in PCC is to get out of PCC; thus, operational, and medical planning should avoid categorizing PCC as the primary medical support capability or control factor during deliberate risk assessment. However, an effective medical plan should always consider PCC as a contingency.¹

MARC²H³-PAWS-L

Massive Hemorrhage/MASCAL
Airway
Respirations
Circulation
Communication
Hypothermia/Hyperthermia
Head Injury
Pain Control
Antibiotics
Wounds (+ Nursing/Burns)
Splints
Logistics

RECOMMENDATIONS

The Committee of TCCC and PCC-WG advocate for the following:

- Completion of TCCC is prerequisite to PCC.
- TCCC supports a Commander's Casualty Response System as part of the primary medical plan; PCC ensues when movement and logistics are contested or constrained.
- Tourniquets, blood transfusion, airway, and ventilatory support are frequently required interventions for the seriously injured. Future PCC efforts should direct resources toward technology, medical planning, and most importantly- **training**.³ TCCC provides the foundation upon which to build more advanced resuscitation skills needed for complex trauma and disease non-battle injury patients.
- PCC may require a triage methodology that shifts away from medical criteria to balancing logistical, tactical, or operational outcomes.
- Service individual and collective training requirements, and combatant command theater entry requirements, should incorporate PCC standards.
- The PCC paradigm for subsequent Role 1 phases of care, based on time, should be incorporated into doctrinal and logistics planning criteria:

Role	Definition	Time Period
1a	Carried/Point of Need/Ruck	<1 Hour
1b	Mission-specific transportation platform/Truck	1-4 Hours
1c	Mission support site/House	>4 Hours
1d	Evacuation platform/Plane (as planned or available)	No Timeframe

REFERENCES

1. Joint Trauma System, Prolonged Casualty Care Guidelines, 21 Dec 2021
2. DoD Instruction 1322.24, Medical Readiness Training (MRT), 15 Feb 2022
3. Shackelford, SA, del Junco, DJ, Riesberg JC, et al. Case-control analysis of prehospital death and prolonged field care survival during recent U.S. military combat operations. *The Journal of Trauma and Acute Care Surgery* vol. 91,2S (2021): S186-S193.

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