Disclosures

- My views and opinions may not reflect those of the Defense Health Agency, the Joint Trauma System, the U.S. Navy, the U.S. Marine Corps or the Department of Defense
- My opinions may not reflect those of other medical directors
- No financial conflicts
- My friends and I share slides
Background

• Joint Trauma System (JTS)
  – DoD Reference Body for Trauma
  – Guidelines and curricula
  – “Coalition of the Willing”

• Tactical Combat Casualty Care (TCCC)
  – Prehospital medicine
  – Blended tactics with medicine
  – DoD Standard of Care

Perspective

• An end-user of TCCC for 20 years
• My son is an end user
• Marine Expeditionary Force
  – Privileging Authority for 250+ providers
  – Medical director
  – No command authority
Nothing gets a pass because “That’s the way we’ve always done it.”

Focus

• Evidence
• Logistics
• Recommendations
• Guidelines (not protocols)
TCCC Employment

Medical Direction

Curriculum

Change Paper

Guidelines

Detail

PFC vs PCC

- Prolonged Field Care Continues
  - SOCOM effort
  - Broader focus
- Prolonged Casualty Care
  - Conventional Forces
  - Narrower focus
    - Continuation of TCCC
  - JTS Guidelines
  - JTET Curriculum
The “Capability Brief”

• Unreasonable logistical expectations of prehospital providers delivering care out of a backpack
• Unreasonable expectations placed on prehospital providers employing TCCC

Prolonged Casualty Care

• The “impossible problem set”
• Not a capability
• Not a solution to the problem set
• What it is:
  – Logistical continuation of TCCC
  – Approach to the problem set
• Leverage the work of PFC experts for the conventional force
Prolonged Casualty Care

Prolonged Field Care (PFC): Training in the Special Operations Forces (SOF) Unit Level

**TCCC** (*Ruck*)
1 Hr

**CASEVAC** (*Truck*)
3-6 Hrs

**Patient Hold** (*House*)
3-72 Hrs

**MEDEVAC** (*PLANE*)
7 Hrs-UTC

PCC Consensus Statement

**RECOMMENDATIONS**

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

- As it pertains to trauma, there is no PCC without TCCC.
- PCC should never serve as the primary medical plan in support of a Commander’s casualty response system.
- Tourniquets, blood transfusion, airway, and ventilatory support are frequently required interventions for the seriously injured. Future PCC efforts should direct resources, technology, and training to field capabilities for sustained resuscitation, airway, and breathing support in the austere environment. TCCC provides the foundation of skills upon which to build more advanced airway, ventilation, pain control, and resuscitation skills needed for complex trauma and disease non-battle injury patients.
- The recommendations within the PCC guidelines should be incorporated into medical planning, pre-deployment training, service individual and collective training requirements, and combatant command theater entry requirements.
- PCC may require a triage methodology that shifts away from medically salvageable criteria to a continuous tactically or logistically salvageable paradigm.

The PCC paradigm for subsequent Role 1 phases of care, based on time, should be incorporated into doctrinal and logistics planning criteria:

<table>
<thead>
<tr>
<th>Role</th>
<th>Definition</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Carried/Point of Need/Ruck</td>
<td>&lt;1 Hour</td>
</tr>
<tr>
<td>1b</td>
<td>Mission-specific transportation platform/Truck</td>
<td>5-4 Hours</td>
</tr>
<tr>
<td>1c</td>
<td>Mission support site/House</td>
<td>&gt;4 Hours</td>
</tr>
<tr>
<td>1d</td>
<td>Evacuation platform/Plane (as planned or available)</td>
<td>No Timeframe</td>
</tr>
</tbody>
</table>
Prolonged Casualty Care (PCC)

- PCC Guidelines published Dec 2021
- PCC Curriculum Working Group developing learning objectives and curricula core requirements.

- PCC Working Group transitioning to standing subcommittee under CoTCCC.
Spectrum of Role I Care

DNBI:
- Tropical Medicine
- Mental Health
- Ortho Injuries
- Women’s Health

30 min 90 min 70 hours +

Sick Call Screener
Prev Med Techs
Embedded Mental Health

TCCC Valkyrie Whole Blood

Prolonged Casualty Care

Photo: 31st MEU COMMSTRAT

Deployed Medicine

www.deployedmedicine.com
“Deployed Medicine” mobile app on iOS or Android

- A Training, Education, Pre-Deployment and Down-Range Tool for individuals and organizations.
- All Course and Content can be downloaded to personal and gov EUD Smart Devices and Desktop
- Assessments are taken within Deployed Medicine and maintained in student record
- Now:
  - All TCCC Training & Reference
  - JTS Clinical Practice Guidelines
  - Canine Casualty Care
  - Prolonged Casualty Care
- Coming:
  - EWSC, ASSET+, KSA-related, Equipment Ref & Tng

Emerging:
- Equipment
- Behavior Health
- SOF Medicine
- Global Health
QUESTIONS/COMMENTS

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Partnerships
Partnerships

• Barriers
  • Variation
    • Service product lines
    • Service medic/Corpsman training
    • Civilian certifications
    • Civilian institutions’ motivation
  • Lack of standardization

• High acuity
  • Frequent tunnel vision

Balanced Model

• Clarify focus
  • Individual training
  • Team training

• Institution
  • MTF
  • Local civilian
  • Remote civilian/military
Institutional Characteristics

- University
- Research
- Commercial
- Site survey
  - GME
  - Supervision practices
  - Billing
  - Liability environment

Questions/Comments

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