

Basic Training Module Specifications

<u>Functional Area:</u>	IV. Police Skills
<u>Subject Area:</u>	A. First Aid
<u>Module Title:</u>	4. TACTICAL EMERGENCY CASUALTY CARE (TECC) FOR LAW ENFORCEMENT
<u>Hours:</u>	Not less than 4 hours

Notes to Instructor:

This module must be taught by a law enforcement officer or a law enforcement officer must be part of the teaching team.

The training specifications in this module are based upon the guidelines and best practices established by the Committee for Tactical Emergency Casualty Care (C-TECC). The purpose of this module is to provide operational guidance for patrol officers rendering emergency medical aid and pre-hospital care as first responders under conditions of active threat (under fire).

Focus the training on what a patrol officer can do at the scene to remain safe while at the same time preventing injuries to themselves or others. Consider an all-hazard approach—the scene may involve an active shooter, an overturned school bus, a chemical spill, a hostage situation, etc. The TECC guidelines, which are based on the military model of Tactical Combat Casualty Care (TCCC) and federal guidelines, are intended to be supported by basic first aid skills taught in the other MCOLES first aid modules.

Handling personal physical injury, or injury to a fellow officer, is a vital part of law enforcement first aid. During training, have the students analyze situations from the perspective of a law enforcement officer and have them think beyond the conventional civilian or military response.

Make the training relevant for the students, emphasize safety, and reinforce sound tactics. Students must recognize that an officer's responsibility differs from both civilian EMS and the military TCCC. Proper decision making in high stress situations is essential so make sure the students can perform basic first aid skills well. Situations can be constantly changing or evolving, and officers must adapt accordingly.

Module Objectives start on the next page:

IV.A.4.1. Demonstrate an Understanding of the Principles of Tactical Emergency Casualty Care.

- a. Identifies the three stages of care during the patrol officer's response to critical incidents as:
 - (1) *direct threat* care (tactical care under fire), which may:
 - (a) prevent the responding officer from providing prompt treatment;
 - (b) place the responding officer at risk for self-injury;
 - (c) require the use of officer safety techniques and tactics; and
 - (d) require a downed officer to return fire, if responsive and able to do so.
 - (2) *indirect threat* care (tactical field care not under fire) in which injuries can be stabilized and further injuries prevented by:
 - (a) stopping massive bleeding;
 - (b) managing the airway;
 - (c) providing the requisite care (chest injuries, e.g.); and
 - (3) *casualty evacuation* care, which includes:
 - (a) getting a downed officer, casualty, or self to safety;
 - (b) rational decision making under stressful conditions; and
 - (c) continuous patient assessment and stabilization of injuries.
- b. Distinguishes life threatening injuries from non-life-threatening injuries, as:
 - (1) critical (massive blood loss, not breathing, serious chest injury, e.g.); or
 - (2) non-critical, where the victim can survive for some time.
- c. Recognizes the concept of self-aid/buddy-aid during critical incidents, by:
 - (1) evaluating the severity of self-injuries;
 - (2) safely determining the severity of injuries of others; and
 - (3) adopting a "survivor's" frame of mind, or perspective, throughout the incident.
- d. Continues to monitor victim for changes in condition, including:
 - (1) shock;
 - (2) increased blood loss;
 - (3) chest injuries; and
 - (4) mental alertness.
- e. Communicates EMS and medical personnel upon their arrival.

Notes to Instructor:

TECC is essentially an overall operational approach to casualty management during high threat situations. For example, officers may respond to a hostage incident, be the first on the scene of an active shooter at a local school, respond to an officer involved shooting, or respond to a terrorism related incident. High stress situations are dynamic, and fluid and officers must adapt their safety strategies depending on the circumstances of each incident.

Notes to Instructor (continued):

The TECC guidelines are based on the military model of Tactical Combat Casualty Care (TCCC), which is an operational approach to casualty management in combat settings. TCCC originated from research conducted by military strategists in the early 1990s. They studied the causes of death in combat and created TCCC as a way to reduce deaths on the battlefield. Although there are similarities between military care in combat and law enforcement care under fire, the guidelines were eventually modified for civilian policing by the TECC Committee. The guidelines emphasize what officers should do when providing direct threat care, indirect threat care, and casualty evacuation care.

Consider the Colorado movie theater shooting in 2012. It produced an incident that combined a law enforcement response with a major medical emergency. Unlike military combat, law enforcement officers needed to respond with appropriate legal authority, with victims of various ages and underlying health, and to wounds unique to the civilian setting. Debriefing such an event during training can generate a discussion of law enforcement issues as they relate to officer safety, tactics, self-aid/buddy-aid, and public service in general.

When working the street, an officer's decision making in high-threat environments is based on a) experience, b) preparation and rehearsal, c) training, d) sound tactics, and e) mindset. Basic recruits have not reached the level of an experienced officer, of course, but provide them with the basic concepts and principles of TECC. Put them in the right frame of mind prior to working the street.

IV.A.4.2. Perform Direct Threat Care.

- a. Returns fire or attempts to neutralize the threat to minimize casualties.
- b. Evaluates the scene upon arrival by considering the importance of:
 - (1) the overall safety of self and others;
 - (2) cover and concealment;
 - (3) tactical movement and approach;
 - (4) communication (others, back-up, casualties, dispatch, etc.);
 - (5) preventing further injuries and public harm; and
 - (6) overall situational awareness.
- c. Safely identifies the situation as "critical" or "not critical" for self-aid/buddy-aid by communicating at a distance with the downed officer or casualty.
- d. When a downed officer is at the scene, directs the casualty to:
 - (1) remain engaged with the threat, if able;
 - (2) move to a safer position, if possible; and
 - (3) provide self-care, if needed and able.

IV.A.4.2. Perform Direct Threat Care (continued).

- e. Recognizes the substantial risks for aid under fire for downed officers, or other victims, by considering the ever-changing nature of the scene and the:
 - (1) decision to enter the direct threat environment (the area under fire or threat of fire);
 - (2) moving the victim as a point of potential threat;
 - (3) limitations in providing care while under fire;
 - (4) decision to move the downed officer or victim to safety; and
 - (5) importance of *not* becoming an additional victim.

Notes to Instructor:

This objective emphasizes the unique nature of pre-hospital care under fire, threat of fire, or other hostile situations patrol officers may encounter. Officers often work alone, without immediate back-up, and sometimes must make critical decisions under life threatening conditions, for themselves and others. These types of situations are rare, but officers must be prepared.

The assessment of injuries is critical but can be initiated without being physically close to the downed officer or victim. And, by engaging in conversation, the responding officer can begin evaluating the victim's mental state, which may require a downed officer to be disarmed.

Focus on the risks for aid under fire and the decision to enter a "hot zone." Talk with the students about how to go about making such crucial decisions. Often there will be no time to think analytically and so their decisions will be based on intuition and impulse, driven by their underlying beliefs. Rehearsal and preparation through reality-based scenarios will help the decision-making process.

IV.A.4.3. Perform Indirect Threat Care.

- a. Confirms the incident is no longer under fire or immediate threat of fire and is stable enough to enter the environment.
- b. Stabilizes and monitors the casualty while maintaining a tactical advantage.
- c. Identifies that immediate indirect threat care includes managing and stabilizing injuries by evaluating the following:
 - (1) massive bleeding;
 - (2) airway or airway obstruction;
 - (3) respirations;
 - (4) circulation;
 - (5) hypothermia; and
 - (6) altered mental state.

IV.A.4.3. Perform Indirect Threat Care (continued).

- d. Recognizes chest cavity trauma by monitoring and providing care for:
 - (1) pneumothorax (air in chest cavity);
 - (2) open pneumothorax from gunshot, stab wound, etc.; and
 - (3) tension pneumothorax (collapsed lung).
- e. Properly applies tourniquet (self or buddy) by determining:
 - (1) if a tourniquet should be used;
 - (2) where it should be placed (above the edge of the wound, e.g.);
 - (3) how it should be secured; and
 - (4) preventing further injury.

Notes to Instructor:

The intent of this objective is to reinforce skills learned in the other first aid modules, but within the context of a hostile environment. Such training supports the management of injuries while performing tactical field care. Refer the students to the objectives in the first aid module that are relevant to this objective, including care for bleeding, airway management, and chest wounds.

The students should be introduced to the application of a tourniquet (CAT, e.g.), but recognize that not all agencies provide tourniquets to their officers and some may prohibit their use.

IV.A.4.4. Move Casualties.

- a. Assesses the situation and maintains life-saving interventions.
- b. Implements a safe and rapid evacuation plan, based on distance, number of rescuers, and type of incident, which requires the officer to:
 - (1) act quickly and decisively, yet safely, to avoid further injury;
 - (2) move self or downed officer out of danger;
 - (3) adapt to the limitations of one-person rescue;
 - (4) recognize that proper equipment may not be available; and
 - (5) determine a proper carry technique (drag, drag-carry, high shoulder assist, two-officer carry, etc.).
- c. Determines whether to transport victim or wait for EMS.
- d. Communicates with additional units or EMS upon their arrival.

IV.A.4.5. Demonstrate an Understanding of the Survival Mindset in Medical and Tactical Emergencies.

- a. Defines survival mindset as possessing a positive mental attitude to survive life threatening physical injuries using any and all available tools, including the ability to manage injuries, using sound officer safety tactics, and maintaining the proper mental and emotional belief system for survivability.
- b. Identifies the characteristics of the survival mindset, which include:
 - (1) physical fitness and conditioning, which improves the ability to survive severe injuries, act, and move “off-target”;
 - (2) a positive mental outlook or mental perception of survivability, which helps minimize fear and builds confidence;
 - (3) a moral belief in the value and protection of human life;
 - (4) situational awareness, which improves rational decision making under intense pressure; and
 - (5) understanding what a body will experience when severely injured.
- c. Recognizes the importance of emotional and tactical preparation to survive a life-threatening situation or severe injury, which includes:
 - (1) periodic relevant training, practice, and rehearsal to reduce stress;
 - (2) mental imaging and mental visualization, including positive “self-talk”, to create an attitude of survivability;
 - (3) survival instincts and intuition, which are developed over time through work and life experiences;
 - (4) sound tactics and techniques to avoid life threatening situations or reduce risks.
- d. Takes appropriate action to manage severe injuries by:
 - (1) utilizing controlled breathing (combat breathing) to reduce stress and ease fear, which enhances performance;
 - (2) treating and managing severe or extreme bleeding;
 - (3) preventing shock; and
 - (4) identifying potential options, or limitations, to movement.

Notes to Instructor:

The survival mindset goes beyond the immediacy of a life-threatening situation so be sure to emphasize what can be done in preparation for such instances, including rehearsal, physical fitness, training, proper mindset, self-talk, etc.

For additional information refer to the books *Officer Down! A Practical Tactical Guide to Surviving Injury on the Street*, by Dr. Andrew Dennis and *A Police Officer’s Guide and Handbook to Tactical Casualty Care Under Fire*, by Rafael Navarro.