



C-TECC OVERVIEW

- Tactical Emergency Casualty Care is a set of best practice treatment guidelines for trauma care in the high-threat prehospital environment freely available to all interested stakeholders. These guidelines are built upon critical medical lessons learned by US and allied military forces. They are appropriately modified to address specific needs of civilian populations and civilian EMS practice.
- The C-TECC was formed in 2010 to formally translate military trauma lessons learned into the civilian high-threat prehospital community. C-TECC is modeled after the highly successful Committee on Tactical Combat Casualty Care (CoTCCC).
- C-TECC is a not-for-profit (501c3) that brings together multidisciplinary whole community subject matter experts from EMS, fire, law enforcement and DHS/FEMA as well as physicians from emergency departments, trauma centers, and the military.
- TECC Guidelines use the military battlefield guidelines as an evidence based starting point in the development of civilian specific medical guidelines for high threat operations:
 - Preamble
 - TECC for Active Bystander Guidelines
 - TECC for First Responders with a Duty to Act
 - TECC for Basic Life Support (BLS)/ Advanced Life Support (ALS) Medical Providers
 - TECC for Pediatric Care
 - TECC for Chemical, Biological, Radiological, and Nuclear (CBRN)
- C-TECC working groups cover areas of guidelines which may need future revisions and topics that could influence changes in the guidelines, to include Active Bystanders, Civil Disobedience, Equipment, First Receivers, K-9 TECC, Pediatrics, Tourniquets, and Triage.
- C-TECC has made impacts beyond direct Committee work with participation on NFPA 3000 Standard for an Active Shooter/Hostile Event Response (ASHER) Program and a position statement on Supraglottic Airway (SGA) Devices in Tactical Emergency Casualty Care. CTECC and its leadership have been instrumental in further understanding wounding patterns for mass casualty events.
- C-TECC has identified several areas of patient care that need significant research conducted before definitive guidelines can be created. Areas of research include: pediatric tourniquet use, prehospital Tranexamic acid (TXA) use, resuscitation guidelines for pediatrics, hemorrhage control in anti-coagulated patients, methods of evacuation, and physiologic monitoring of casualties in mass casualty.
- Organizations are encouraged to incorporate the principles of TECC into their curricula and training in order to advance the practice of trauma care in the prehospital civilian environment as Recognized Educational Partners. C-TECC has more than 600 educational partners representing more than 50 countries.