



Tactical Emergency Casualty Care (TECC) Guidelines for Active Bystanders

- 1) In the presence of a direct threat to life, take definitive action towards mitigating that threat, ensuring everyone's safety, and facilitating rescue of injured persons.
 - a. Follow established emergency procedures for the location.
 - b. If no such procedures exist, follow appropriate response for current situation (e.g., Run/Hide/Fight procedure, fire suppression procedures, shelter in place, evacuation, etc.)

- 2) Communicate with others immediately involved.
 - a. Tell both injured and uninjured to *move to a safer position* if able and apply self-aid.
 - i. If unable to self-evacuate, it is appropriate to move them to safer position.
 - b. Provide direction, coordinate and enlist the assistance of others involved as needed.
 - c. Ensure 9-1-1 or emergency response system is activated; however, it may be appropriate to delay notification until you are in a safer position.
 - d. Provide psychological support through encouragement, reassurance, and by explaining the care being provided.

- 3) Treat severe extremity bleeding:
 - a. Apply immediate direct pressure to the wound to stop or slow bleeding while preparing to use additional hemorrhage control supplies.
 - i. Minimally bleeding wounds are not life-threatening and do not need immediate treatment.
 - ii. Use a tourniquet or a pressure dressing to control severe extremity bleeding.
 - a. If utilizing a tourniquet, apply it as high as possible on the limb, either directly to the skin, or if unable to fully expose the wound, over the clothes.
 - i. Do not apply over a joint or an open fracture.
 - b. For any traumatic total or partial amputation, a tourniquet should be applied regardless of bleeding.
 - c. A tourniquet should not be released or loosened because of pain.
 - d. If the tourniquet is properly applied but bleeding is not controlled, apply a second tourniquet if available, adjacent to the first tourniquet (closer to the torso if possible).
 - e. Pack any deep wound with gauze or hemostatic agent, if available, prior to application of a pressure dressing. Then,

Final 2020-1-2

properly apply the pressure dressing directly over the wound to generate constant direct pressure.

iii. For severe bleeding in anatomic junctional areas where a tourniquet or pressure dressing cannot be used:

- a. If available, pack the wound with hemostatic agent and apply direct pressure as per manufacturer's directions, then apply an appropriate dressing.
- b. If no hemostatic agent is available, pack the wound with gauze and apply direct pressure to control bleeding, followed by an appropriate dressing.

iv. For severe bleeding, when neither a tourniquet nor packing materials are available, apply pressure directly on the wound.

4) Airway Management:

- a. Ensure an open and clear airway on all patients. In an unconscious individual, manually clear the airway of any obvious foreign material.
- b. Allow awake and alert injured person(s) to assume position of comfort, including sitting up. Do not force an awake and alert patient to lie down.
- c. Unconscious injured person(s) should be placed in the recovery position to maintain an open airway.
- d. Cardiopulmonary resuscitation (CPR) within a high threat environment for victims of blast or penetrating injury who have no pulse, no breathing, and no other signs of life will not be successful and should not be attempted.

5) Breathing:

- a. All potential open and/or sucking torso wounds (above the umbilicus to the shoulders, front or back), should be treated by immediately applying a non-occlusive (vented) seal to cover the defect. If none is available, leave the wound open.
- b. Monitor the injured person for the potential development of a tension pneumothorax
 - i. If tension pneumothorax is suspected, attempt to 'decompress' the pressure building up by removing the chest seal and "burping" the wound.

6) Prevent hypothermia:

- a. Protect injured person from exposure to the elements.
- b. Wet outer garments should be removed and the person dried.
- c. Place the injured person onto an insulated surface as soon as possible to decrease conductive heat loss to the ground.
- d. Cover the injured person with a commercial warming device, dry blankets, coats, sleeping bags, or anything that will retain heat and keep the injured person dry.

7) Burns:

- a. Stop the burning process
- b. Cover the burned area with dry, clean (sterile if available) dressings and initiate measures to prevent hypothermia.

Final 2020-1-2

- c. Aggressively act to prevent hypothermia for all large burns.
- 8) Pain Control (analgesia)
- a. Provide pain control if possible. Adequate pain control can reduce physiologic stress, may decrease post-traumatic stress, and may help to prevent chronic pain syndromes.
 - b. Interventions such as ice, elevation and immobilization to decrease movement of an injured extremity should be considered.
 - c. Avoid the use of non-steroidal anti-inflammatory medications (e.g. aspirin, ibuprofen, naproxen) in the trauma patient as these medications interfere with platelet functioning and may exacerbate bleeding. Acetaminophen, in regularly used doses, can provide effective pain control if person is not vomiting and is able to take the medication.
- 9) Monitor mental status for shock:
- a. An injured person who can't follow simple commands (e.g. "show me two fingers", "squeeze my hand") is either in shock or has a head injury.
 - b. In an injured person without obvious head injury, altered mental status PLUS weak or absent peripheral pulses are the best field indicators of traumatic shock (low blood pressure).
- 10) Prepare injured person for movement:
- a. Consider environmental factors for safe and expeditious evacuation.
 - b. Common items can be used to evacuate casualties, e.g. sheets, chairs, blankets, lightweight tables.
- 11) Documentation of Care:
- a. Communicate any interventions to the personnel that are evacuating the injured to the next level of care.



Tactical Emergency Casualty Care (TECC) Guidelines

For Active Bystanders

Definitions:

Active Bystander - Empowered community members, who are present in the event but not so severely injured that they cannot assist others, can serve a critical role during the initial moments after complex and dynamic disasters. They must have immediate access to severely injured victims and can provide time-sensitive, life-saving interventions; they are the first link in the trauma chain of survival.

Safer Position – The further you can get from the danger area, the safer. If you can't get very far away from the threat, cover is an object that can stop bullets, flying glass, and explosive fragments. Concealment is something that only hides you from view but doesn't stop bullets, flying glass, and explosive fragments. Attempt to find cover.

Severe Bleeding – Anytime there is an injury and:

- Massive squirting or steady bleeding from the wound
- Blood pooling on the ground
- Overlying clothes are soaked with blood
- Bandages or makeshift bandages used to cover the wound are ineffective and steadily becoming soaked with blood
- There was prior bleeding and the injured person is now in shock.

Tourniquet - A constricting device placed around a limb and tightened to eliminate arterial blood flow past the device. A proven commercial tourniquet is always the first tourniquet choice if available. Improvised tourniquets don't always work and may be difficult to make under stress.

Pressure Dressing – An elastic dressing that is wrapped around the limb over a shallow, unpacked or packed deep bleeding wound.

Traumatic Amputation - The complete or partial removal of a limb by injury.

Wound Packing – Pushing plain or specially treated gauze as deep as possible into a severely bleeding wound to put pressure directly on the deep blood vessels that are the source of bleeding.

Hemostatic Agent – A commercially available product treated with special substances that accelerate the clotting to stop bleeding in wounds.

Recovery Position – A position an unconscious but breathing injured person(s) is / are placed in to help keep their airway open and allow blood and vomit to drain from their mouth. Generally, the injured person(s) is rolled on to their side with top leg in contact with the ground bent at the hip and knee.

Non-occlusive chest seal – Synthetic material placed over a torso wound to prevent air passage into the chest and allow air to vent out of the chest.

Tension Pneumothorax – A type of collapsed lung and life-threatening problem where more and more air escapes from the lung, but is trapped within the chest, further collapsing the injured lung. It will manifest as increasing anxiety and increasing difficulty breathing/breathlessness in a patient who has injury to the upper torso. These patients need to be evacuated to a higher level of care as soon as possible.

Burping – The act of removing a chest seal and manipulating the skin around the wound to allow a potential tension pneumothorax to be relieved.

Shock – A state of inadequate blood flow preventing proper brain and vital organ function.

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