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Tactical First Aid

Self Registration

www.con10gency.com/crosschurch

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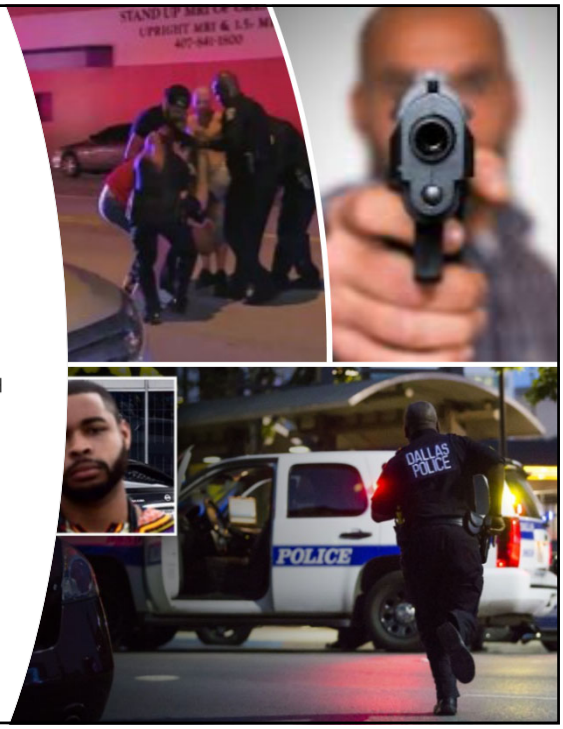
Class Overview

- Active Shooter Case Studies
- Priority of Actions
  - Fight vs. Medical (SIM)
- Rapid Trauma Assessment, MARCH
- Injuries & Interventions
- Basic Medical Equipment
- Skills Lab



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Lakewood Church, Houston, TX. February 11, 2024

Case Study- Be prepared to provide constructive feedback

One Death (Perpetrator) Two Injured (Including Perpetrator's Son)

3

Covenant Presbyterian Church, Nashville, TN. March 27, 2023

Case Study- Be prepared to provide constructive feedback

Seven Deaths (Including Perpetrator), Two Injured

4

Are You Ready?

December 29, 2019 - West Freeway Church of Christ, White Settlement, Texas

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Have a Plan & Be Prepared

- Don't be caught in Condition BLACK!
- Tactical Skills are perishable
- Practice your skills
- Mental tactics / What if…….
- Be ready if you are called to act!!

If you fail to plan, then you plan to fail.

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Incident Zones & Priority of Actions

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Incident Zones & Priority of Actions

Hot Zone
- Stop the Killing

Warm Zone – SIM Assessment
- Stop the Dying - CCPs/Medical Care

Cold Zone
- Rapid Evacuation to Definitive Care
- Assist LE as Needed

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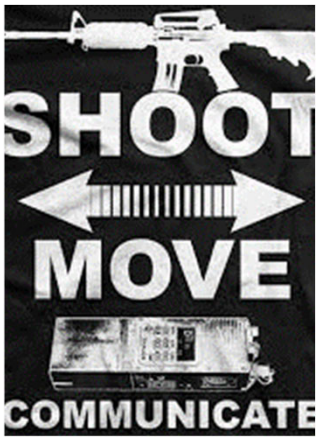
Priority of Actions
Hot Zone

- **STOP THE THREAT – Driving Forces!**
- Let your tactical situation dictate your tactical plan
  - Press vs. Withdraw
- If you or someone else is injured:
  - Do not lie down and give up
  - Stay in the fight
  - **DO NOT CONSIDER MEDICAL INTERVENTIONS**



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Priority of Actions
Warm Zone (SIM)

- Security
  - Ensure safe area (cover vs. concealment)
  - Establish lethal cover if you have help
  - Report location and injuries
- Immediate Action Plan
  - What is our plan if the threat re-emerges?
- Medical
  - Medical assessment/treatments

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Priority of Actions Cold Zone

- Re-assessment of Warm Zone medical interventions
- Continued medical treatment and supportive care
- Casualty Evacuation (CASEVAC)

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MARCH Assessment & TCCC Interventions

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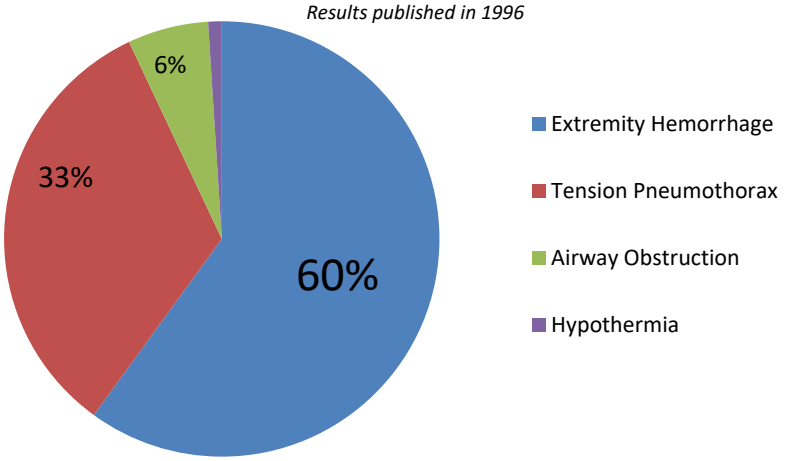
1993 Co-TCCC Study

Preventable Combat Deaths

Results published in 1996



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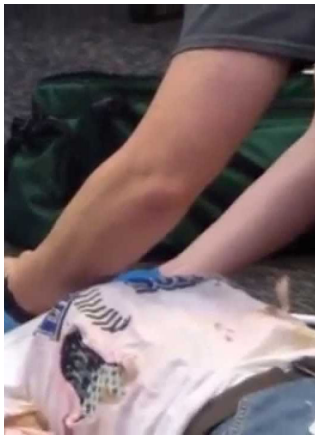
MARCH
Trauma Assessment

- Follows TCCC guidelines
- Rapid
- Systematic
- Head-to-toe trauma assessment
- Assessment of exclusion
- Designed for:
  - The battlefield
  - Other hostile environments
  - To treat what will kill you first!!



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MARCH Algorithm

- M
  - Major Hemorrhage
    - Tourniquets or wound packing
- A
  - Airway
    - Open – Clear – Maintain – Supplement
- R
  - Respirations
    - Chest seals
- C
  - Circulation
    - Re-assessment of hemorrhage
- H
  - Hypothermia
    - Maintain body heat

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How Fast Can We Bleed Out?

July 11, 2022
Brisbane Valley,
Australia
16.65 sec.

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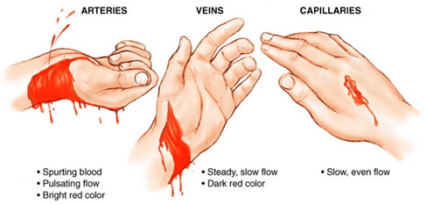
Life-Threatening Hemorrhage

- Wet – Red – A-lot
  - Dripping
    - After applying pressure
  - Soaking
    - Through clothing
  - Pooling
    - On ground



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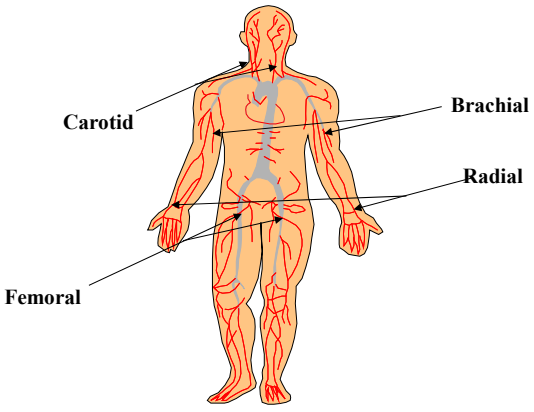
Pressure First, Then Make It Better



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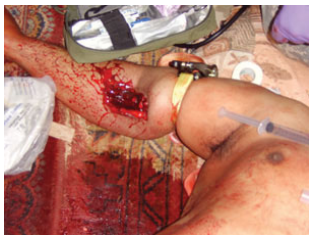
Tourniquets

- A tourniquet should be used to control a major extremity hemorrhage
- No need to remove most clothing
- Do not place over bulky items in pockets
- Combat-grade tourniquet is best (CAT Gen 7)
- Hasty tourniquets should be 1 in wide upon compression
- Place “High or Die” on the arm or leg
- Can be left in place 6 to 8 hours
- Do not remove a tourniquet once applied
- Never place a tourniquet around the neck



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TQ Buddy Demo Adult Arm & Leg

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TQ Self Application Demo

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TQ Demo/Child

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Operational TQ Applications

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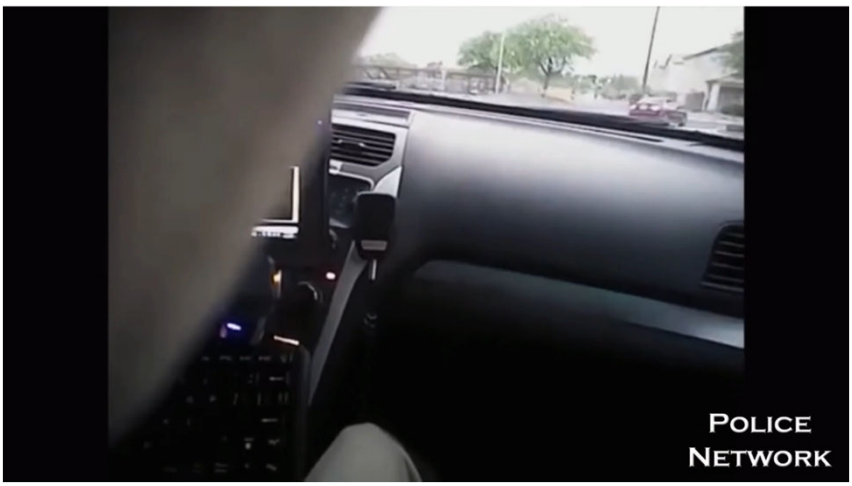
Las Vegas, Nevada, 2017



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Tourniquet application

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Junctional Hemorrhage Wound Packing

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Airway

Is this a good, or bad airway?

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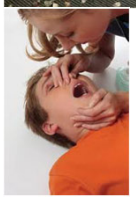
Airway

- OPEN
- CLEAR
- MAINTAIN
- SUPPLEMENT





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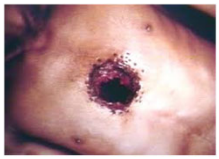
Respirations

- Assess the "muscle shirt area" of a casualty, searching for any holes (penetrating trauma). Search the chest, back, sides, and armpit areas.
- Bullet holes can be very small and difficult to locate, especially in the armpit area. Look for entrance and exit wounds.

"Skin on Skin Assessment"



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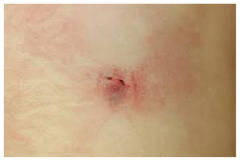

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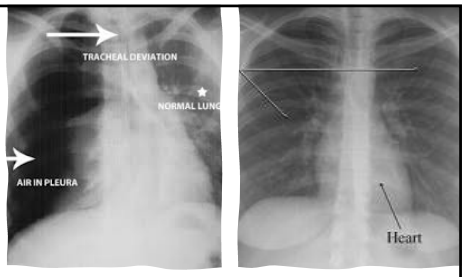
Respirations

- Danger comes from air entering the pleural space through the wound and creating a "Tension Pneumothorax."
- Left untreated, this accumulation of air within the chest will create an increase of pressure which can prevent the heart and lungs from functioning normally.
- The prevention/treatment of this wound is accomplished by applying an air-tight seal over the entry/exit wounds and subsequent needle/chest tube decompression by a trained medical professional.



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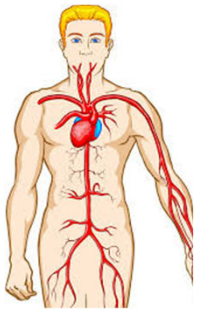
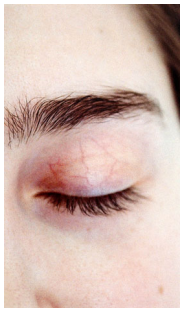
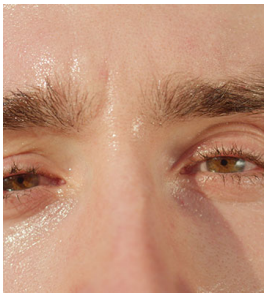
Circulation

- Reassess massive bleed interventions
- Assess shock progression
  - Do they look sick?
  - Level of consciousness ?
- Check for additional bleeds







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Hypothermia & Head

- Hypothermia is defined as a low body temperature
- Normal temp is 98.6°
- Body temperature below 91° causes the body to go into shock
- Hypothermia won't allow blood to clot
- Prevention is the best remedy
- Keep the victim warm, even in warm environments
- Check the head for any signs of trauma

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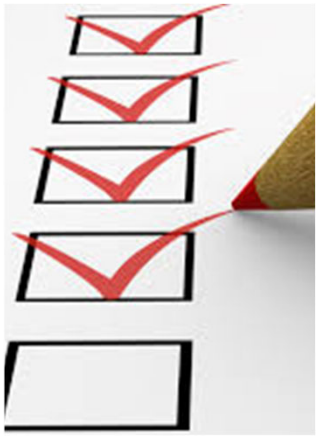
Practice Check List

- SIM
  - Security – Immediate Action Plan – Medical
- MARCH Assessment
- Major hemorrhage control
  - TQs & hemostatic gauze
- Airway management
  - Mechanical manipulation (Open – Clear – Maintain – Supplement)
- Respirations = penetrating chest trauma
  - Chest seals
- Circulation = Reassessment of bleeding
  - Pulse or cap-refill assessment for shock
- Hypothermia prevention
  - Keep patient warm
- Recovery position (if unconscious)
- SIM



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Three Types of Outcomes

- Will Live
  - No matter what you do
- Will Die
  - No matter what you do
- Live or Die
  - Depending on what you do!

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Please click link to review class

https://forms.gle/oGsf7eEURUdoQLFy9

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