The Tactical Combat Casualty Care (TCCC)
The U.S. Department of Defense’s Tactical Combat Casualty Care (TCCC) course, conducted by NAEMT, introduces evidence-based, life-saving techniques and strategies for providing the best trauma care on the battlefield. NAEMT’s TCCC course is the only TCCC course endorsed by the American College of Surgeons.

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NAEMT’s TCCC courses use the PHTLS Military textbook and are fully compliant with the Department of Defense’s Committee on Tactical Combat Casualty Care (CoTCCC) guidelines. It is the only TCCC course endorsed by the American College of Surgeons.

The TCCC-MP (TCCC for Medical Personnel) course is designed for combat EMS/military personnel, including medics, corpsmen, and pararescue personnel deploying in support of combat operations. NAEMT also offers Tactical Emergency Casualty Care (TECC) for civilian tactical EMS.

The TCCC-AC (TCCC for All Combatants) course is designed for non-medical military personnel and includes first responder skills appropriate for soldiers, sailors, airmen and marines.

NAEMT’s TCCC courses are taught by a global network of experienced, well trained instructors. To support course sites, instructors and students, NAEMT maintains a network of tactical affiliate faculty both in the U.S. and internationally, and staff at its Headquarters Office. Course administration is streamlined and cost-effective.

Almost 90% of American service men and women who die from combat wounds do so before they arrive at a medical treatment facility. This figure highlights the importance of the trauma care provided on the battlefield by combat medics, corpsmen, PJs, and even the casualties themselves and their fellow combatants. With respect to the actual care provided by combat medics on the battlefield, however, J. S Maughon noted in his paper in Military Medicine in 1970 that little had changed in the preceding 100 years. In the interval between the publication of Maughon’s paper and the United States’ invasion of Afghanistan in 2001, there was also little progress made. The war years, though, have seen many lifesaving advances in battlefield trauma care pioneered by the Joint Trauma System and the Committee on Tactical Combat Casualty Care. These advances have dramatically increased casualty survival. This is especially true when all members of combat units – not just medics – are trained in Tactical Combat Casualty Care (TCCC.).

Combat medical personnel and non-medical combatants in U.S. and most coalition militaries are now being trained to manage combat trauma on the battlefield in accordance with TCCC Guidelines.

Tactical Emergency Casualty Care (TECC)
Developed by NAEMT’s Prehospital Trauma Life Support (PHTLS) Committee, the TECC program is based on the guidelines from the Committee on Tactical Emergency Casualty Care (Co-TECC) and the Tactical Combat Casualty Care (TCCC) program. TECC uses lessons learned from our military and applies them to the civilian world of tactical medicine.

This 16-hour course covers topics designed to decrease preventable death in the tactical situation. Topics include: Hemorrhage control; surgical airway control and needle decompression; strategies for treating wounded responders in threatening environments; caring for pediatric patients; and techniques for dragging and carrying victims to safety.

At the core of the TECC program are three distinct phases that have been well-proven by TCCC-trained personnel in the war against terrorism in Iraq and Afghanistan. The phases are as follows:

**Direct Threat Care**
Care that is rendered while under attack or in adverse conditions.

**Indirect Threat Care**
Care that is rendered while the threat has been suppressed, but may resurface at any point.

**Evacuation**
Care that is rendered while the casualty is being evacuated from the incident site.

TECC focuses on the medicine during these phases of care and provides guidelines for managing trauma in the civilian tactical or hazardous environment. While TECC has a tactical slant, it takes an all-hazards approach to providing care outside the normal operating conditions of most EMS agencies, such as responding to a mass casualty or active shooter event.