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Hartford Consensus: a call to action for THREAT, a medical disaster preparedness concept.

Jacobs LM, Wade D, McSwain NE, Butler FK, Fabbri W, Eastman A, Conn A, Burns KJ

Quote:

"Tactical Combat Casualty Care in the civilian sector

Tactical Combat Casualty Care, as currently trained and executed throughout the US military, contains a number of interventions that are gaining increasing acceptance in civilian trauma care systems. The Committee for Tactical Emergency Casualty Care (C-TECC) has created guidelines to adapt TCCC principles for use in high threat civilian tactical and rescue operations. These guidelines are referred to as Tactical Emergency Casualty Care (TECC). Although it may not be practical for the civilian sector to adopt all of the strategies used by TCCC to control hemorrhage, certain of the TCCC interventions seem likely to be helpful in improving survival from active shooter incidents or terrorist bombings. These interventions that should be easy to adopt in the civilian sector include:

- 1. Tourniquets to control extremity hemorrhage
- 2. Hemostatic dressings to control bleeding from sites not amenable to a tourniquet
- 3. "Sit up and lean forward" posture for casualties with direct maxillofacial trauma that results in either airway obstruction or bleeding into the airway. In addition, TCCC quidelines have been recognized by the civilian community as a beginning point for the standardization of protocols for Tactical Emergency Medical Support (TEMS), which was initiated in the 1960s to support SWAT operations. A goal of TEMS is to maximize survival of victims and minimize the threat to medical providers while supporting the law enforcement mission in hostile situations. Widespread support for TEMS now exists in the law enforcement and medical communities. The National Tactical Officers Association (NTOA) recognizes TEMS as the standard of care for law enforcement special operations and views the TCCC guidelines as the foundation for TEMS protocols, practices, and training. Further, the position of the National Tactical Officers Association is that every police officer should possess basic medical skills and equipment to save lives. These skills include the control of life-threatening hemorrhage, triage of victims, security of casualty collection points and coordination with EMS. This stance of the National Tactical Officers Association coincides with the recommendations of the Hartford Consensus."