



Tactical Emergency Casualty Care (TECC) Guidelines

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Preamble

In environments with real or perceived threat(s), traditional response paradigms that prioritize scene safety before patient care may result in treatment delays that negatively affect patient and rescuer outcomes. To address this gap, the Tactical Emergency Casualty Care (TECC) guidelines describe patient care standards for persons of all age groups in an all-hazards, high-threat environment.

The TECC construct consists of three dynamic phases of care: Direct Threat, Indirect Threat, and Evacuation. These phases are intended to correlate directly with the contemporaneous threat level and are not solely geographic in nature. Immediate access to the injured, rapid life-saving interventions at or near the point of injury, and early extraction of those needing transport to definitive medical care are paramount considerations to reduce mortality and morbidity throughout all phases of TECC. In addition to treating physical injuries, limiting exposure of personnel to the incident and providing appropriate early psychological support are key principles for addressing the mental health needs of patients, survivors, and responders.

The TECC system of care is applied during incidents where operational threats (e.g. active violence, hazardous material, fire, structural instability, etc.) shape the medical response. This system of care is based upon principles, not protocols. And, while the TECC principles are universal, application thereof is agency, provider, practitioner, and resource-specific.

The TECC guidelines are agnostic to specific commercial products, scope of practice dependent, and require a systems approach that accounts for the totality of the event including available resources and clinical capabilities. The Committee for Tactical Emergency Casualty Care does not endorse specific training programs or instructors but encourages all end-users to appropriately employ these guidelines.