

Certified Tactical Paramedic (TP-C) Detailed Content Outline



I. TACTICAL CASUALTY CARE (TECC/TCCC) (55 questions in the section)

A. Tactical Casualty Care (TECC/TCCC) Methodology Perform Tactical Medical Skills in the:

1. Direct Threat / Care Under Fire / Hot Zone care
2. Indirect Threat / Tactical Field Care / Warm Zone care
3. Evacuation / Tactical Evacuation Care / Cold Zone care

B. Hemostasis

1. Recognize wound types/mechanisms at high-risk for life-threatening hemorrhage, both internal and external
2. Reassess efficacy of previously employed hemorrhage control techniques
3. Perform hemorrhage control using:
 - a. tourniquet (extremity and junctional)
 - b. direct pressure
 - c. indirect pressure
 - d. wound packing
 - e. wound dressing
 - f. pressure dressing
 - g. hemostatic agent (e.g., combat gauze, chito gauze)

C. Airway

1. Perform airway assessment
2. Manage the airway using:
 - a. casualty positioning (e.g., recovery position)
 - b. basic airway techniques (e.g., chin-lift, jaw-thrust)
 - c. suction devices
 - d. airway adjuncts (NPA)
 - e. supraglottic airway (SGA) device (e.g., King, LMA)
 - f. surgical airway (cricothyroidotomy)
 - g. endotracheal (ET) intubation
 - h. rapid sequence intubation (RSI)
 - i. verification of tube placement:
 - (i) Bougie
 - (ii) End tidal CO₂ detection / capnography
 - (iii) Esophageal detection device (e.g., bulb, syringe)

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D. Respiration/Breathing

1. Assess respiratory status
2. Use capnography
3. Use pulse oximetry
4. Seal penetrating thoracic wounds with occlusive dressing
5. Perform needle thoracostomy (e.g., needle decompression)
6. Perform tube thoracostomy (e.g., chest tube)
7. “Burp” a chest wound

E. Circulation

1. Assess adequacy of perfusion (e.g., monitoring, physical exam)
2. Recognize potential causes of shock
3. Perform Damage Control Resuscitation (DCR)
 - a. crystalloid
 - b. colloids
 - c. blood products
 - d. TXA
4. Provide oral fluid resuscitation

F. Vascular Access

1. Peripheral intravenous access
2. Intraosseous access

G. Medication Administration

1. Provide oxygen therapy
2. Administer analgesia / sedation agents
 - a. Morphine
 - b. Ketamine
 - c. Midazolam
 - d. Diazepam
 - e. Fentanyl
 - f. Naloxone
3. Administer non-prescription medications:
 - a. anti-inflammatories
 - b. antihistamines
 - c. antidiarrheals
4. Administer prescription medications outside of the standard paramedic scope of practice
 - a. antibiotics

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- b. non-narcotic analgesics
- c. nerve agents antidotes
- d. cyanide antidotes
- e. antiemetics
5. Administer pharmacology for neurological management of head injuries
6. Administer pharmacology for trauma management

H. Casualty Immobilization and Packaging

1. Perform neurologic assessment
2. Manage suspected spinal injuries in the following settings/scenarios:
 - a. unconscious
 - b. blunt trauma
 - c. penetrating trauma
 - d. blast injuries
3. Determine the differential diagnosis of a comatose patient
4. Manage patients with seizures
5. Perform a baseline neurologic assessment of a trauma patient
6. Assess changes in intracranial pressure using clinical findings
7. Perform a focused neurological assessment
8. Assess a patient using the Glasgow Coma Scale
9. Manage patients with head injuries
10. Provide care for the patient with orthopedic injuries (e.g., pelvic, femur, spinal)
11. Perform fracture dislocation management
12. Reduce dislocations
13. Perform an assessment of the burn patient
14. Calculate the percentage of total body surface area burned (e.g., Rule of Nines)
15. Calculate fluid replacement amounts based on the patient's burn injury and physiologic condition
 - a. Rule of Tens
 - b. Parkland formula

I. Trauma Management

1. Perform patient triage
2. Identify top 3 causes of preventable death from tactical trauma (i.e., TECC/TCCC)
3. Use MARCH algorithm: massive bleeding, airway, respiration, circulation, hypothermia/head injuries
4. Differentiate injury patterns associated with specific mechanisms of injury

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5. Provide care for the patient with thoracic injuries (e.g., pneumothorax, flail chest, cardiac tamponade)
6. Provide care for the patient with abdominal injuries (e.g., diaphragm, liver and spleen)

J. Mass Casualty Triage

1. Perform START triage
2. Perform SALT triage

II. TACTICAL OPERATIONS) (30 questions in the section)

A. Remote Medical Assessment and Surrogate Treatment

1. Perform a remote assessment/surrogate care
2. Determine situational variables impacting rescue
3. Communicate findings to the team leader for integration into extraction plan
4. Direct a surrogate to assess the need for life saving medical care
5. Direct a surrogate to provide lifesaving medical care

B. Operational Rescue and Casualty Extraction

1. Perform high threat extraction
2. Use methods of rescue breaching (e.g., evacuation through drywall, cinderblock, window)
3. Recommend extraction method based on the casualty's specific injuries

C. Tactical Familiarization

1. Identify specialized equipment and its use in tactical operations and TEMS:
 - a. personal protective equipment (PPE)/uniforms
 - b. breaching/diversionary
 - c. firearms/weapons: clear and render safe
2. Stage standardized team medical equipment
3. Understand basic individual and team tactical movement techniques and their importance to team safety
 - a. demonstrate open field movement
 - b. cover and concealment
 - c. fatal funnel
 - d. stack
 - e. wedge
 - f. slicing the pie
 - g. clearing threats
 - h. building sectoring/tactical numbering

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4. Situational awareness to personal, patient and team safety in a tactical operation
 - a. implement noise/light discipline
 - b. manage stress response
 - c. execute 5 S's (seize, secure, search, segregate, speed)
 - d. use the contact and cover technique
 - e. employ PIE (proximity, immediacy, expectancy)
 - f. employ critical stress mitigation techniques
5. Manage Injuries and Complications Associated with Less Lethal Weapons
 - a. Chemical munitions (e.g., CS, OC)
 - b. Conducted energy weapons
 - c. Impact weapons
 - d. Light/sound diversionary devices (e.g., flash-bang)
6. Canine Management
 - a. Manage working dog trauma
 - b. Manage environmental emergencies in dogs

III. PLANNING) (21 questions in the section)

A. Medical Planning

1. Provide medical mission analysis
 - a. pre-mission
 - b. establish and manage a Casualty Collection Point (CCP)
 - c. infiltration
 - d. actions on objective
 - e. exfiltration
 - f. post-mission
 - g. special population (e.g., pediatric, elderly, cultural)
2. Provide medical threat assessment
 - a. environmental hazards (e.g., heat, cold, wind, rain)
 - b. tactical threats (e.g., weapons, dogs, improvised explosive devices (IEDs))
 - c. hazardous materials / clandestine labs
 - d. weapons of mass destruction (WMD) / chemical biological radiological nuclear explosives (CBRNE)
3. Incident Command Structure(ICS)
 - a. Use a centralized command and control system

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b. Interface with local medical authority

B. Legal Aspects of TEMS: Comply with legal aspects of the following:

1. Patient privacy
2. Evidence preservation and Chain of Custody
3. Scope of Practice
4. Warrants, search and seizure laws

IV. Specialized Medical Care) (19 questions in the section)

A. Force Health Protection

1. Manage work/rest/sleep cycles
2. Evaluate pertinent medical history of assigned personnel
3. Identify immunizations and chemoprophylaxis (e.g., malaria) for a given team and settings
4. Identify aspects of hydration for a given team and setting
5. Identify aspects of nutrition and food safety for a given team and setting
6. Identify aspects of field sanitation for a given team and setting
7. Monitor team use of tactical protective equipment (e.g., ballistic eyewear, body armor, fire resistant gloves)

B. Environmental Factors

1. Identify environmental emergencies
2. Manage environmental emergencies

C. Hazardous Materials Management

1. Recognize hazardous materials
2. Administer antidotes
3. Perform field decontamination