

Development of educational materials on tactical medicine in Ukraine



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American Ukrainian Medical Foundation,
Secretary and member of the board of directors
Project manager for tccc.org.ua

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Partner organizations



Ukrainian
Resuscitation
Council



American Ukrainian
Medical Foundation



NGO Reformation

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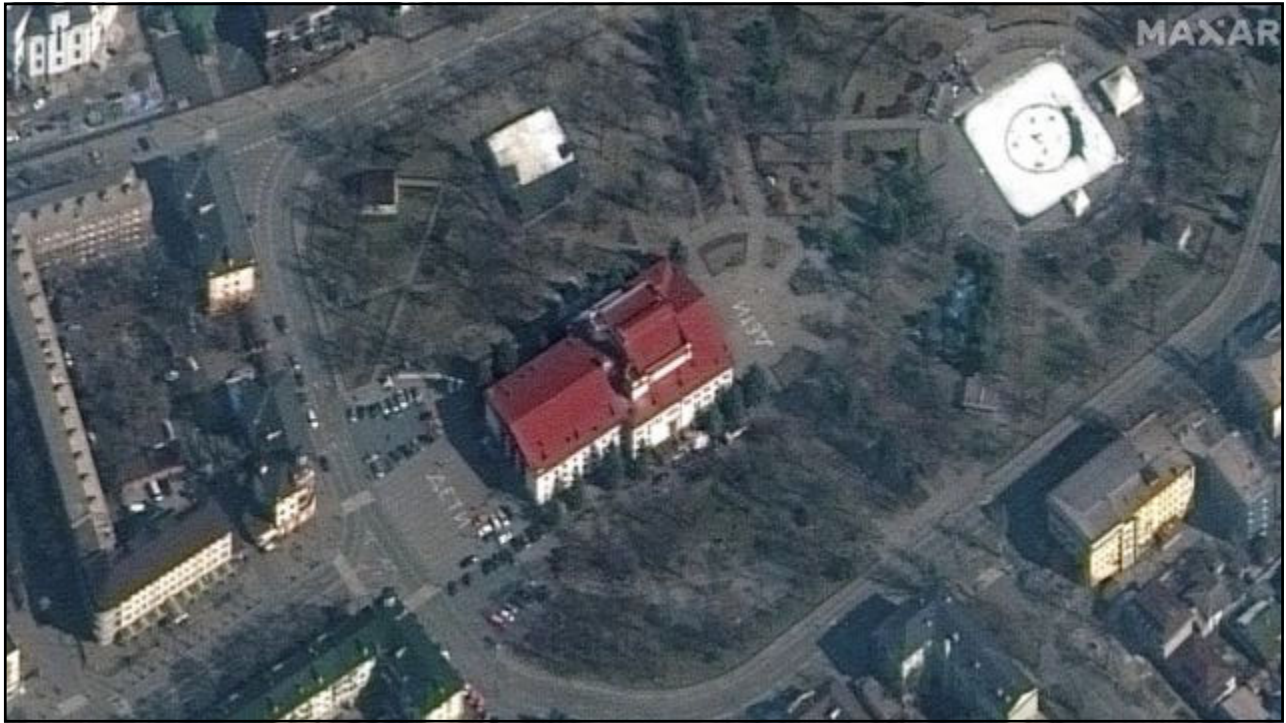
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deployedmedicine.com



A screenshot of the website deployedmedicine.com. The page features a dark header with the text "DEPLOYED MEDICINE" and a search bar. Below the header is a main banner with the text "STANDARDIZED TCCC TRAINING ACROSS THE ENTIRE U.S. MILITARY" and several small thumbnail images. The "FEATURED CONTENT" section includes several articles with titles like "PROLONGED CASUALTY CARE GUIDELINES (PCC)", "TCCC GUIDELINES 2021", "CANINE TCCC GUIDELINES", "TCCC UKRAINIAN", and "TCCC RECOMMENDED DEVICES & ADAPTORS". The "COLLECTIONS" section at the bottom displays larger thumbnails for "TACTICAL COMBAT CASUALTY CARE", "CLINICAL PRACTICE GUIDELINES", "PCC PROLONGED CASUALTY CARE", "CANINE TACTICAL COMBAT CASUALTY CARE", "ALL SERVICE MEMBERS", and "COMBAT LIFESAVER".

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Skill cards

Розділи колекції

Навчальні розділи

Відео і навчальні картки

- 1. Вступ до ТССС. Курс для бойових медиків.
- 3.1 Допомога під вогнем контроль кровотечі
- 3.2 Накладання турнікету однією рукою
- 3.3 Накладання турнікету із зубчастим механізмом однією рукою (допомога в зоні обстрілу)
- 3.4 Техніка накладання джгута із зубчастим механізмом (самодопомога). Алгоритми для бойових медиків
- 3.5 Накладання турнікету обома руками
- 3.6 Переміщення пораненого - одна людина
- 3.7 Переміщення пораненого двома особами
- 6.1 Оцінка травми в тактичних умовах
- 6.2 Огляд на травми під час бою у тактичних умовах: перестрілка, поранений у свідомості
- 6.3 Огляд на травми під час бою у тактичних умовах: вибух, поранений без свідомості
- 6.1 Огляд масивної кровотечі в тактичних умовах
- 6.2 Накладання турнікету із зубчастим механізмом двома руками
- 6.3 Накладання турнікету з воротком обома руками

3.2 Накладання турнікету однією рукою

Завантажити відео

Щодо ви знайдете незрозумілий матеріал: будь ласка, повідомте про це на електронну пошту training@tccc.org.ua. Завантажити документ

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Videos

Розділи колекції

Навчальні розділи

Відео і навчальні картки

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- 6.1 Огляд масивної кровотечі в тактичних умовах
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- 6.3 Накладання турнікету з воротком обома руками

1. Вступ до ТССС. Курс для бойових медиків.

Опубліковано: 10.11.2022

Авторизуватись, щоб додати до обраного

Поділитись матеріалом: [f](#) [s](#) [t](#) [v](#)

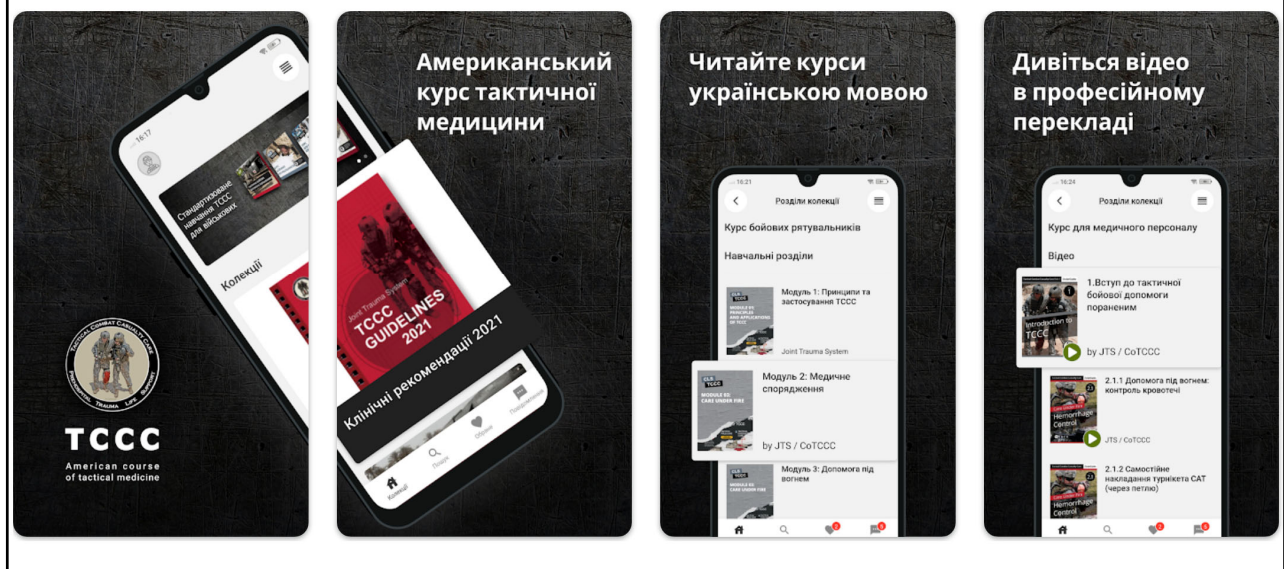
1. Вступ до ТССС. Курс для бойових медиків.

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Mobile application





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Mobile application



iPhone

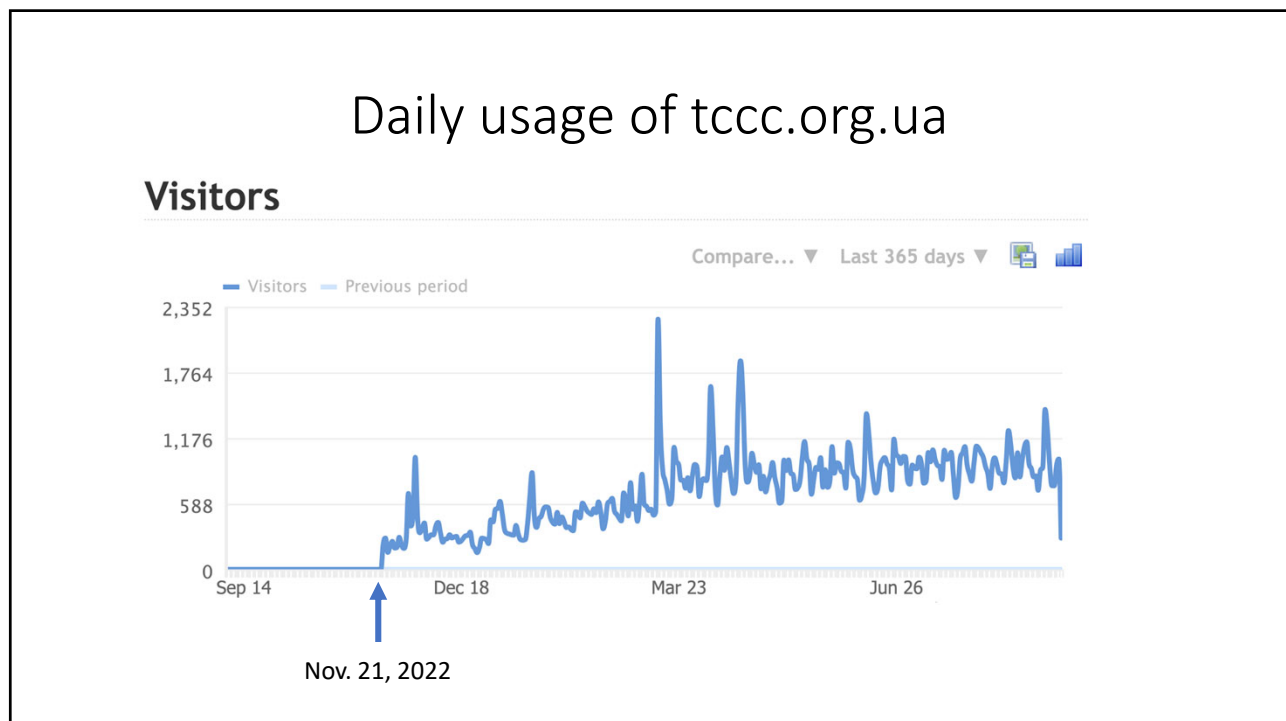






Android

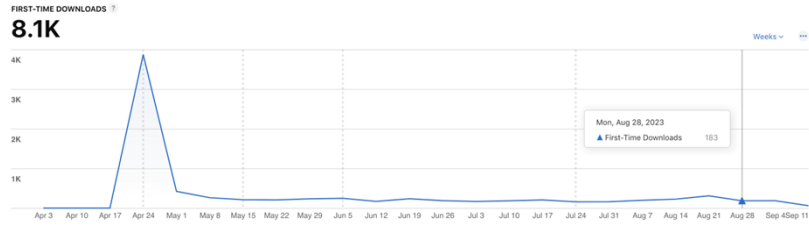
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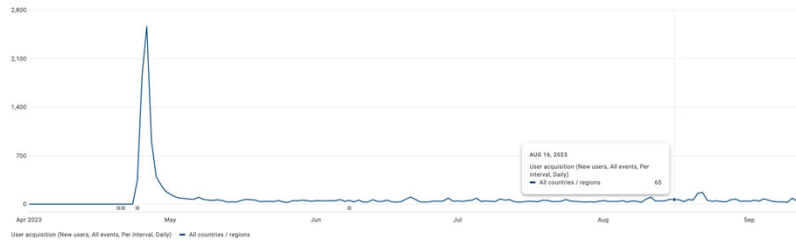
App downloads:

Apple:



Android:

10,670



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NAEMT-certified training centers in Ukraine

Training Center	City	State	Country	Representative Email
Military Medical Clinical Center of Western Region	Lviv		UKRAINE	rihrih@wlfuma.org
Ukrainian Special Operations Forces	Berdychiv	Zhytomyr region	UKRAINE	doctorstarosta15@gmail.com
Kyiv Emergency and Medical Catastrophe Center	Kyiv	Kyiv	UKRAINE	chellew.patrick@gmail.com
PULSE	Odesa		UKRAINE	admin@pulse.charity
ODESA NATIONAL MEDICAL UNIVERSITY	Odesa	Odesa	UKRAINE	andrey.dobrovolskiy@onmedu.k
Karazin Medical Simulation Center	Kharkiv	Kharkiv Oblast	UKRAINE	oleksandr.onikienko@gmail.com
ALL-UKRAINIAN RESUSCITATION COUNCIL AND EMERGENCY MEDICINE	Starychi		UKRAINE	surkov.tccc@gmail.com
National EMS center MOH of Ukraine	Kyiv		UKRAINE	vo.krylyuk@gmail.com
Charitable Foundation "Soloma Cats"	Kyiv		UKRAINE	xenashelev@gmail.com
Volunteer medical battalion "Hospitaliers"	Kyiv	Kyiv	UKRAINE	svyryn.oleksandr@gmail.com

<https://www.naemt.org/education/authorized-naemt-training-centers>

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The screenshot shows the NAEMT website's 'NAEMT Training Center Requirements and Application' page. The header includes the NAEMT logo and tagline 'Advancing the EMS profession', along with navigation links for 'Member Portal' and 'Course Administration'. A blue navigation bar contains links for 'JOIN', 'EDUCATION', 'ADVOCACY', 'INITIATIVES', 'RESOURCES', 'EVENTS', 'ABOUT NAEMT', and 'ABOUT EMS'. The main content area features a breadcrumb trail: 'Home / Course Administration / NAEMT Training Center Requirements and Application'. The page title is 'NAEMT Training Center Requirements and Application'. The mission statement reads: 'The mission of NAEMT education is to improve patient care through high quality, cost effective, evidence-based education that strengthens and enhances the knowledge and skills of EMS practitioners. NAEMT seeks partnerships with EMS training centers which have the interest, expertise and capacity to establish and promulgate our education programs. Your organization can apply to become an NAEMT training center by completing the Training Center Application.' Below this, it states 'NAEMT is interested in working with reputable EMS training centers which:' followed by a bulleted list of requirements:

- Possess dedicated facilities used for training EMS, prehospital and/or other medical personnel,
- Employ or contract experienced EMS faculty and a physician medical director,
- Maintain affiliation with an emergency medical institution in their country, and
- Are committed to developing and sustaining a quality EMS training program at their center.

 The text then defines an NAEMT TRAINING CENTER as an organization (public, private for-profit, or private non-profit) providing initial and/or continuing education to EMS practitioners and other prehospital healthcare providers. It lists 'NAEMT Training center requirements:' in two numbered sections:

1. Facility Requirements:
 - a. Classrooms must be safe for all faculty and participants.
 - b. Classrooms used for all aspects of the course, including lectures, skills stations and scenarios, must be of adequate size relative to class size, with adequate lighting, acoustics, and air quality.
 - c. Classrooms must have appropriate audio-visual equipment, training equipment and supplies as required to facilitate a successful NAEMT education course.
 - d. All equipment must be in good working order.
2. Personnel Requirements:

Approved NAEMT training centers are required to have the following key personnel in place:

 - a. Training center representative - the individual employed or contracted by the training center who is authorized to sign the NAEMT Training Center Agreement and who is responsible for ensuring that the training center complies with all NAEMT training center requirements. May be the chief operating officer or president, or a designated representative of the organization. Responsible for the oversight of all NAEMT courses conducted by the training center. Serves as the day-to-day point of contact for all NAEMT course activity.
 - b. Training center medical director - A physician licensed in the country and state/province in which the training center operates who practices emergency medicine or is board certified in a relevant specialty, and is employed or contracted by

 A URL is provided at the bottom left: https://naemt.org/course-administration/site_application.aspx

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NAEMT instructor prep course

The screenshot shows a presentation slide for the 'NAEMT Instructor Course'. The slide title is 'NAEMT Instructor Course' and the subtitle is 'Курс для інструкторів NAEMT'. The main heading on the slide is 'Введення' (Introduction). The slide features the NAEMT logo and the text 'NAEMT EDUCATION'. Below the slide, there is a section titled 'НОТЕНКИ ІНСТРУКТОРА' (Instructor Notes) with the text 'Ласкаво просимо на Модуль 1: Введення.' (Welcome to Module 1: Introduction.)

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Partner organizations



Ukrainian
Resuscitation
Council



American Ukrainian
Medical Foundation



NGO Reformation

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The team

- The materials:
 - ~300 text documents
 - ~200 videos
- 3 partner organization
- 2 project managers
- 30 translators
- 1 translator coordinator
- 5 literary editors
- 1 scientific editor
- 1 dubbing company
- 2 IT companies
- Legal and accounting team
- Funding sources



Данус Марія



Батталова Анжелі



Серєда Ганна



Пілат Інна



Басіста Анастасія



Кліменко Олександр



Козачук Марія



Куденко Софія



Павлішынська Тетяна



Артемуха Катерина



Григоренко Олександра



Кравчук Тетяна



Габалюк Роксолана



Нешчинська Діана



Зубчєн Орєст



Пєчєнєко Вікторія



Антофайчук Тетяна



Фролова Сергій

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Collaborators



FullmetalDoc's



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Sponsors



UKRAINIAN AMERICAN
FREEDOM FOUNDATION



JOHNS HOPKINS
M E D I C I N E



Український Конгресовий Комітет Америки
UKRAINIAN CONGRESS COMMITTEE OF AMERICA

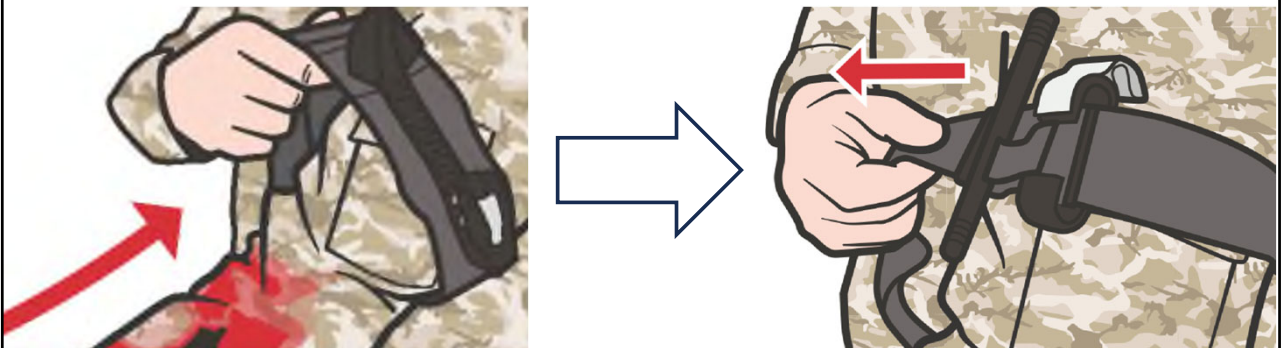


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What's next

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Next steps: improved quality of materials



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Next steps: Improved usability

НАКЛАДАННЯ ТУРНИКЕТА З ВОРОТКОМ І ПРЯЖКОЮ ОДНІЮ РУКОЮ (ДОПОМОГА ПІД ВОГНЕМ, CUF)

01. Дистануйте турнікет з тактичної передбаченої витяжки (РІАК) та/або підсумка.
02. Просуньте поранену кісточку крізь петлю, яку утворив самокльована стрічка (турнікет у вигляді замкнутої петлі).
03. Розмістіть турнікет над місцем кровотечі, вищею на кісточці поверх одягу/униформи.
- 04a. Перед затягуванням турнікета та закручуванням воротка персоналіться, щоб стрічка протягнута крізь прорізу без провисання.
- 04b. Зафіксуйте самокльовану стрічку по всій довжині навколо кісточки, але не над шкостями, які фіксують воріток.
05. Закручіть воріток до тих пір, поки кісточка не зупиниться (кровоі 1-5 слід виконати менш, ніж за 1 хв).
06. Закріпіть воріток за допомогою фіксатора.
07. Проміть самокльовану стрічку навколо ворітка та між фіксувальними шкостями.
08. **ЗАКРІПІТЬ** усі фіксувальні стрічки.

ПРИПІТКА: Не докладайте час накладання турнікета до перерви в фази Допомоги в пошковленій зоні.

09. Якщо відсутні ознаки інших масових кровотеч, ПЕРЕМІСТІТЬСЯ В УКРИТТЯ.

CLC TCCC CMC TCCC CUF TCCC

COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE

YouTube QR code

https://youtu.be/4em6rjgum0w#TCCC-Pwr

LAST UPDATED: 2023-09-17T15:53:02Z

#TCCC-CMC-SC-01 4 MAY 2021

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Next steps: improved functionality and navigation

TCCC American College of Tactical Medicine

Tactical Combat Casualty Care > Combat Medics > Educational activities > Introduction to Medical Equipment

Module 02: Medical Equipment
Published 18.05.2023

Read online | Read in PDF | Download PDF

Share the material: Facebook, WhatsApp, Viber, Telegram

During this module, we cover medical equipment use during Tactical Combat Casualty Care. There are seven learning objectives starting with understanding how first aid kits are used in accordance with Service policy, in addition to identifying the contents of the Individual Survive First Aid Kit (IFAK), Combat Responder kit, and medic or companion aid bags, and to learn the use of those kits and the general maintenance and readiness procedures as defined by the Services.

Medical Equipment

TCCC MP – Tactical Combat Casualty Care

The Tactical Combat Casualty Care (TCCC) curriculum was created by the Committee on Tactical Combat Casualty Care (COTCCC), providing military personnel with resources to promote the implementation of their medical practices in the treatment of injuries on the battlefield. Thanks to the support of training for deployed and returning US, service members, the material can be used by individuals for self-study and by instructors as educational guides to complement official training programs.

Educational sections: Skill cards, Video

Educational sections

- 1 Introduction to TCCC
- 21 Care Under Fire
- 22 TCCC Hemorrhage Control
- 23 TCCC Hemorrhage Control
- 24 TCCC Airway
- 25 TCCC Respiration (Chest Trauma)
- 26 TCCC Respiration
- 27 TCCC Splinting
- 28 TCCC Triage
- 29 TCCC Triage
- 30 TCCC Triage

Private messages

User: [Name] | 20:43:33

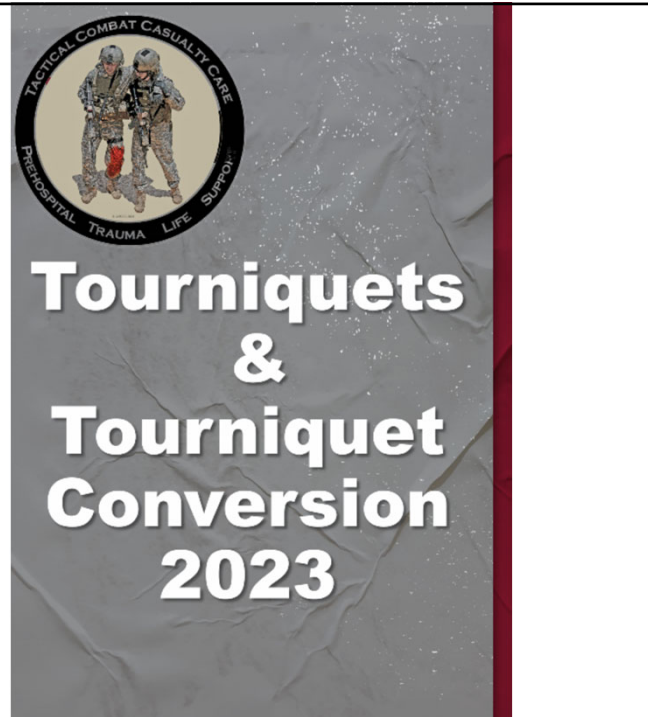
Content: [Message text]

Send

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Next steps

- New materials on deployedmedicine.com



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Next steps: additional materials from deployedmedicine.com

DEPLOYED MEDICINE Search Deployed Medicine [INSTRUCTORS](#) [ABOUT](#) [CLASSES](#)

INSTRUCTOR/TRAINER COLLECTION

Home / Instructor/Trainer Collection

Filter by Channels

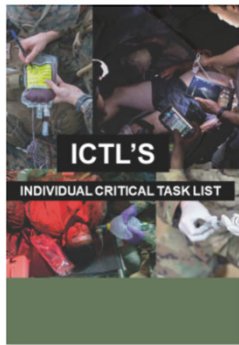
COLLECTION HOME This collection consists of the training curriculum that is needed to teach all tiers of the Tactical Combat Casualty Care (TCCC) levels of care. This collection includes learning objectives, train the trainer video tutorials and other training tools to help facilitate the courses.

COURSES

TRAINING RESOURCES In order to become a Trainer, the prospective trainer should be qualified to provide medical care at a higher level of care than the level they wish to train others at. All Service Members is the only level in which non-medical personnel can be qualified to train others as long as the following are met:

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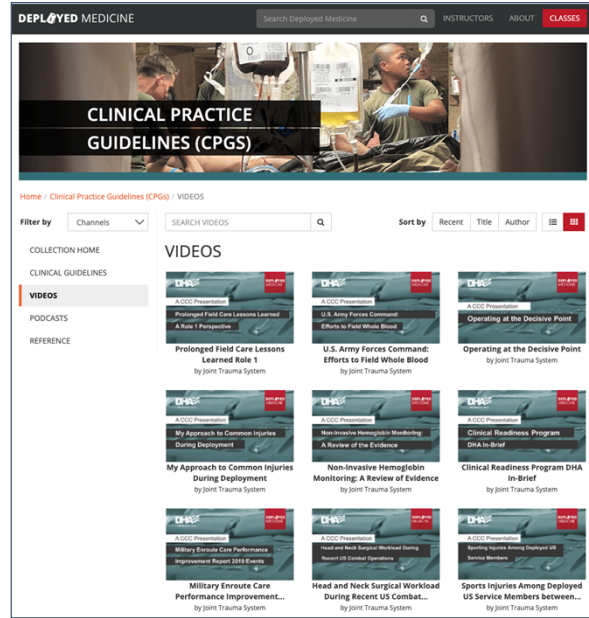
Next steps:
materials from
deployedmedicine.com



Individual Critical Task List (ICTL's)
by Joint Trauma System



EWSC Course Material
by JTS



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Next steps

Free Whole Blood Field Transfusion Course
23 Lessons

The THOR Network presents a current evidence based field transfusion course.

[View course](#)

THOR
Whole Blood Field Transfusion Course
1.1 Introduction

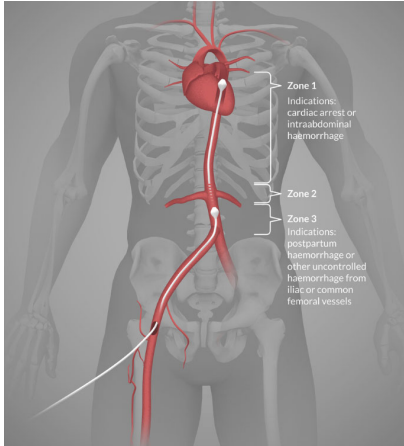
Risk Benefit Analysis
Clinical Judgement

Optimize outcome | First do no harm

Updated June 2019

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Next steps: more educational materials on tccc.org.ua



REBOA catheter from Prytime Medical

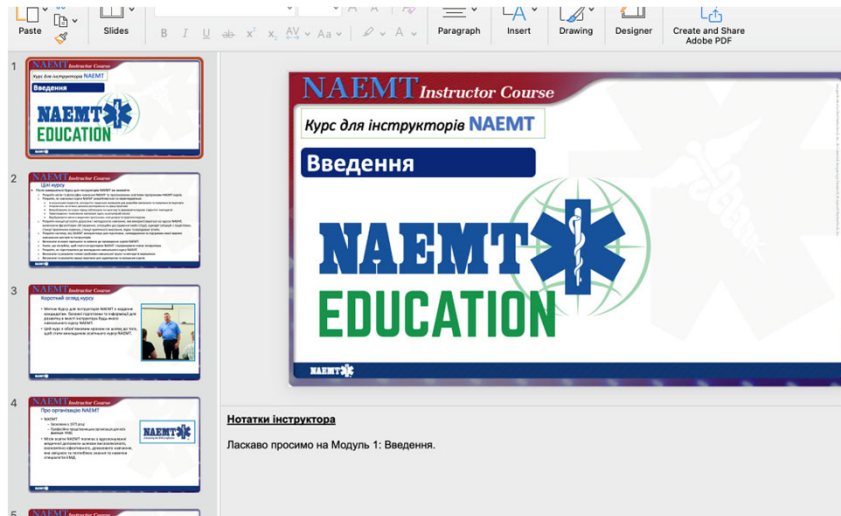


MOVES SLC from Thornhill Medical

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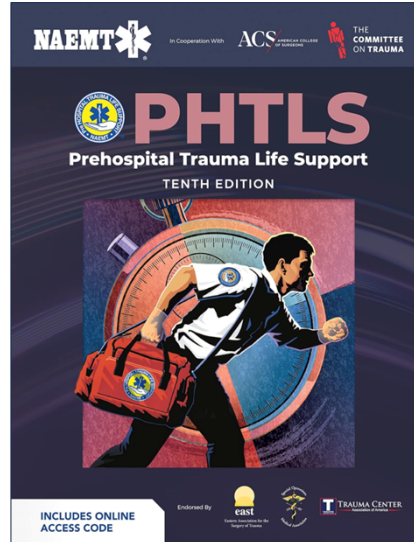
Next steps

Ukrainian dubbing
of NAEMT
instructor prep course



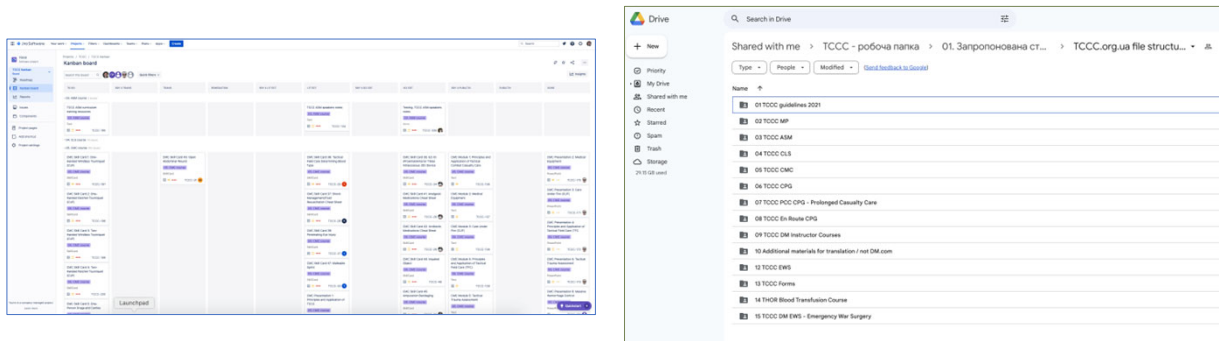
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Next steps: Ukrainian translation of PHTLS, Prehospital Trauma Life Support



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Next steps: translation in other NATO languages



Jira



Google Drive

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TCCC 2.0

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TASK © PURPOSE

NEWS - CULTURE - MILITARY LIFE - THE GEAR LOCKER - TECH & TACTICS - HISTORY - WRITE FOR US


Opinion

Opinion: The risks of prolonged casualty care for conventional forces in large-scale combat operations

The military must recalibrate and expand its focus to mastering Tactical Combat Casualty Care.

BY LTC STEVEN G. SCHNEIDER, COL WELLYN MICHAEL D. APPEL, MAJ DPHM, WPC, LTC BRAD WANDER, CAPT LT COL JOSEPH W. ANDREWS, WFLC, COLVINAR D. STALLARD, PHM, SGTJLT T. FORTMEYER, PHM, COL J. JENNETTE W. GONZALES, MAJ WEA, ANDREW S. FOSTER, MAJ, WMA, COL J. BRENNAN LAMAR, MAJ, COL ANDREW T. FAY, MAJ, PHC | PUBLISHED MAY 9, 2023 10:18 AM EDT

OPINION TECH & TACTICS



1. The 2018 National Defense Strategy's ... focus ... has largely been on future large-scale combat operations (LSCO) against a near-peer ... (China and Russia).
2. The US military has enjoyed nearly total **uncontested air superiority** in every major combat operation since World War II. **In the future, they will not have that luxury.**

<https://taskandpurpose.com/opinion/risks-prolonged-casualty-care-large-scale-combat-operations/?mibextid=Zxz2cZ>

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MILITARY MEDICINE, 00, 00:1, 2023

Prehospital Lessons From the War in Ukraine: Damage Control Resuscitation and Surgery Experiences From Point of Injury to Role 2

John Quinn, MD, MPH, PhD, EMT-P^{*,†}; Serhii I. Panasenko, MD, DSci (Med)^{‡,§};
 Dr Yaroslav Leshchenko, MD[§]; Col Konstantyn Gumeniuk, MD, PhD^{||,¶}; Anna Onderková, MD, MSc^{||,¶};
 Maj (OF-3) David Stewart, USAF, BSC (Ret.)^{||,¶}; A.J. Gimpelson, FP-C, CCP-C, TP-C, CICP^{††};
 Mykola Buriachyk, MD, R&D^{‡‡}; Manuel Martinez, PMD, CCEMTP, DMT, TP-C^{§§};
 Tracey A. Parnell, MD, MRM, PGD-RCDM (UK)^{||||}; Leonid Brain, RN, MSN^{†††};
 Luke Sciulli, BS, NRP, FP-C, TP-C, ATP^{***}; Col John B. Holcomb, MC, USA (Ret.)^{*,**}, †††

Prehospital lessons from the War in Ukraine: Damage Control Resuscitation and Surgery Experiences from Point of Injury to Role 2

J. Quinn, S. Panasenko, Y. Leshchenko, K. Gumeniuk, A. Onderkova, D. Stewart, A.J. Gimpelson, M. Buriachyk, W. Martinez, TA Parnell, L. Brain, L. Sciulli, JB Holcomb

- The safety of rescue and medical personnel is at risk due to multiple war-related challenges. A large number of medical personnel have been killed or injured in the line of duty. The use of medical personnel in the field is often limited by the lack of communication, transportation, and other resources. The use of medical personnel in the field is often limited by the lack of communication, transportation, and other resources.
- In modern multi-state battles and high-intensity conflicts, medical personnel face challenges due to the lack of medical facilities, access to medical facilities, and the need to transport patients. Adapting to these challenges is critical to manage non-injury situations and avoid casualties with medical support.
- In high patient volume situations, such as mass casualty incidents, through primary and secondary triage assessments, teams attempt to identify and treat life-threatening injuries. These injuries are often life-threatening and require immediate attention. The high volume of patients and the need for immediate attention often result in a high number of patients being left behind.
- Ensuring proper triage and use of resources is critical to patient survival. The use of resources is often limited by the lack of medical facilities, access to medical facilities, and the need to transport patients. Adapting to these challenges is critical to manage non-injury situations and avoid casualties with medical support.
- Effective team management in prehospital settings is a challenge. The use of resources is often limited by the lack of medical facilities, access to medical facilities, and the need to transport patients. Adapting to these challenges is critical to manage non-injury situations and avoid casualties with medical support.
- Transportation is a critical element of prehospital care. An effective air medical team is essential for the transport of patients to the hospital. The use of medical personnel in the field is often limited by the lack of communication, transportation, and other resources.
- Ensuring proper patient warming is critical to patient survival. The use of resources is often limited by the lack of medical facilities, access to medical facilities, and the need to transport patients. Adapting to these challenges is critical to manage non-injury situations and avoid casualties with medical support.
- The proper use of antibiotics is critical to patient survival. The use of resources is often limited by the lack of medical facilities, access to medical facilities, and the need to transport patients. Adapting to these challenges is critical to manage non-injury situations and avoid casualties with medical support.
- As the conflict progresses in a civilian population, medical professionals must be prepared to care for a wide range of patients. Beyond the traditional focus on injury, medical professionals must be prepared to care for a wide range of patients. Beyond the traditional focus on injury, medical professionals must be prepared to care for a wide range of patients.
- Effective team management and coordination are critical to patient survival. The use of resources is often limited by the lack of medical facilities, access to medical facilities, and the need to transport patients. Adapting to these challenges is critical to manage non-injury situations and avoid casualties with medical support.

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Next steps:

Ukrainian
trauma registry

Home About Committees Education PI/CPGs Data Documents JTS Operations

Joint Trauma System
The Department of Defense Center of Excellence for Trauma
Bold, Responsible Practice of Battlefield Medicine

Data

Registries

How to Request DoDTR Data

DoD Trauma Registry Data in Action

Home » Data » Registries

Print Friendly

Share / Save

Registries

The flagship product of the JTS is its Department of Defense Trauma Registry (DoDTR) a web-based data collection tool which supports US military performance improvement initiatives with global collection and aggregation of combat casualty care epidemiology, treatments and outcomes. The trauma data registry captures and documents, in electronic format, information about the demographics, injury-producing incident, diagnosis and treatment, and outcome of injuries sustained by US/Non-US military and US/Non-US civilian personnel in wartime and peacetime from the point of injury (POI) to final disposition. An adjunct to the DoDTR is the Store-and-Forward version that is rapidly deployed into austere environments with little to no internet connectivity.

As of Jan 2022, DoDTR housed data from over 144,637 trauma patient records, representing 106,819 unique trauma patients, and from after action reports to develop clinical practice guidelines (CPGs). The CPGs minimize medical practice variations from known evidence-based best practices and help save lives. The DoDTR also generates actionable medical information leading to advancements in trauma care. DoDTR data-driven advancements in the military trauma care such as Tranexamic Acid (TXA), hemostatic dressing and junctional tourniquets are being applied to civilian trauma care.

DoDTR data enables JTS to conduct performance improvement studies and gap analyses for medical capabilities to direct ongoing and future combat casualty care research, trauma skills training, and direct combat casualty care. DoDTR data analysis was instrumental in proving the Golden Hour evacuation policy saves lives. DoDTR data provided the supporting evidence to prompt a doctrinal change of Army flight medics from EMT-Basic to an EMT-Paramedic to improve the survivability of combat casualties.

DoDTR is the first trauma registry designed to function with fully integrated multi-specialty sub registries. These are:

- Acoustic:** Collects data related to acoustic trauma injuries to the inner ear. The registry tracks the patient's acoustic injury, evaluation results, and care management that is not included in initiating DoDTR trauma record.
- Infectious Disease (ID):** Collects trauma-related ID epidemiology; a central repository for bacteria isolates infecting war wounded.
- COVID-19 Registry:** As part of the ID registry, the COVID-19 registry collects

Click here for COVID-19 ICD-9 & ICD-10 Codes Descriptions, Definitions and Rules

DoD Trauma Registry Data Dictionary

Click here for the DoD Trauma Registry Data Dictionary

JOINT TRAUMA SYSTEM CASUALTY LOG

Click here for the JTS Casualty Log

The Casualty Log is a communication tool which allows external DoD Medical Treatment Facilities the ability to submit trauma encounters on a scheduled basis to

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