



THREAT SUPPRESSION, INCORPORATED

THREAT SUPPRESSION®

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Tactical Emergency Casualty Care (TECC) Train-the-Trainer

Executive Summary

Tactical Emergency Casualty Care (TECC) prepares agency instructors and public-safety providers to deliver life-saving trauma care in hostile environments, including direct-threat, indirect-threat, and evacuation phases. Based on the framework developed by the Committee for Tactical Emergency Casualty Care (C-TECC), the program combines evidence-based instruction with practical skills application involving hemorrhage control, airway and respiratory emergencies, casualty movement, and other preventable causes of death. The course is available as an eight-hour or 16-hour program and is offered in conjunction with the Rescue Task Force Train-the-Trainer package.

THE CHALLENGE: Providers must recognize and treat preventable causes of death while balancing threat, access, movement, and evacuation. TECC gives agency instructors and providers a common framework for care and practical skill application. This course is designed to allow the host agency to deliver TECC certification training.

Course Overview

Length	8-24 hours, depending on the medical-training level and selected training scope.
Format	In-person, instructor-led program combining lecture, facilitated discussion, practical skills stations, and applied evolutions. We have a format that is lecture only (host agency conducts the medical skill stations internally), or a format that we provide both the lecture and practicals. The 16-hour course includes an additional paramedic instructor. The 24-hour course includes an additional physician instructor.
Audience	Agency instructors and tactical medical providers in law enforcement, fire, EMS, and public-safety organizations.
Class Size	Capped at 25 students.
Prerequisites	Offered only in conjunction with the Rescue Task Force Train-the-Trainer package. Prior medical training is not required to attend or successfully complete the eight-hour course. The 16 and 24-hour courses are for EMTs and paramedics.
Cost	Contact us for a quote, as pricing depends on length and scope of training.

What You'll Learn

TECC Framework and Phases of Care

The course is based on the Tactical Emergency Casualty Care framework created by C-TECC. It translates lessons from military and civilian trauma care into a practical approach for hostile environments. Participants examine direct-threat care, provided while an attack or imminent hostile threat remains; indirect-threat care, provided after the threat is suppressed while recognizing that it may emerge or reemerge; and the evacuation phase, which covers movement and care as casualties are removed from the threat area.

The program organizes the primary preventable causes of death through the MARCH framework: massive hemorrhage, airway complications, respiratory complications, circulation compromise, and hypothermia. Participants also consider injury patterns associated with mass shootings, mass stabbings, vehicle-as-a-weapon events, explosive events, chemical-weapon attacks, and pediatric trauma.

Recognition and Management of Life Threats

Participants develop a structured approach to tactical patient assessment and the management of life threats within their scope of practice. Instruction addresses tourniquets, hemostatic agents, wound packing, pressure dressings, basic airway management including nasopharyngeal airways, chest seals, respiratory emergencies including tension pneumothorax, bomb-blast and burn injuries, and prevention of hypothermia. The course also examines current debates involving triage, intravenous access, advanced airway management, needle decompression, sedation-facilitated airway management, and related interventions.

Practical Skills and Casualty Movement

Lecture material is reinforced through practical stations and applied evolutions. Depending on the selected course scope and participant skill level, students practice patient assessment, recovery position and nasopharyngeal airway placement, tourniquet application, wound packing, pressure dressings, chest seals, marking of the dead, and patient drags and carries. Participants also evaluate casualty collection points and the advantages and disadvantages of using them in a hostile-event response.

Agency Instructor Pathway and Supporting Resources

Threat Suppression is an approved C-TECC training provider. Participants do not need prior medical training to attend or successfully complete the course. Upon successful completion, a participant may become a TECC instructor if the participant's agency meets the requirements to become an approved C-TECC provider. The agency remains responsible for the applicable provider and certification requirements. The host receives a site license and a supporting resource package that includes a 250-slide TECC PowerPoint in voice-over and non-voice-over versions, TECC guidelines and training materials, position statements, resource articles, skill checkoff sheets, direct-threat, indirect-threat, and bleeding-control resources, airway-management resources, and additional training resources, videos, and PowerPoints.

Learning Objectives

At the conclusion of the program, participants will be able to:

1. Describe wounding patterns associated with mass shootings, mass stabbings, vehicle-as-a-weapon events, explosive events, and chemical-weapon attacks.
2. Explain the history of Tactical Combat Casualty Care and Tactical Emergency Casualty Care.
3. Discuss current debate regarding triage, triage methods, and patient outcomes.
4. Conduct a tactical patient assessment.
5. Apply the MARCH framework.
6. Explain how tourniquets work and why many improvised tourniquets fail.
7. Demonstrate pediatric tourniquet use.
8. Demonstrate wound-packing techniques.
9. Explain how hemostatic agents work.
10. Manage a patient's airway within the provider's scope of practice.
11. Discuss the controversy surrounding sedation-facilitated airway management in the polymorphic trauma patient.
12. Differentiate Hot Zone, Warm Zone, and Cold Zone care.
13. Select and apply appropriate methods for tactically evacuating a casualty.
14. Evaluate casualty collection points, including the advantages and disadvantages of using them.
15. Discuss medical best practices, including controversies involving IV access, advanced airway management, needle decompression, and related interventions.
16. Conduct practical evolutions that apply skills learned during the lecture.

Supporting Resources

At course completion, the host client receives the following supporting resources:

- 250-slide Tactical Emergency Casualty Care PowerPoint package, including voice-over and non-voice-over versions
- TECC training materials and guidelines
- Position statements and resource articles
- Skill checkoff sheets
- Direct-threat, indirect-threat, and bleeding-control resources
- Airway-management resources
- Training resources, videos, and PowerPoints

Host Requirements

The host agency is responsible for providing a suitable classroom and practical-training environment, including a computer, projector, audio system, issued tactical medical equipment, ballistic protective equipment, medical-training equipment, wound-packing props, and a minimum of two mannequins. The host must confirm that the practical-training area can safely support the selected stations and that the classroom and skills areas will be available for the full 8-, 16-, or 24-hour program. Additional mannequins or task trainers may be required when the class is divided into simultaneous practical stations.

The course may be delivered as lecture and TECC instructor materials only, or as a combination of lecture and practical skill stations. Some state and federal agencies select the lecture-only option and use paramedic or physician providers assigned to the agency to conduct practical skill checkoffs. Other organizations select both components because they do not have sufficient in-house medical staff to conduct practical training. Threat Suppression can provide the practical component for organizations that require that additional support.

Regardless of the selected delivery option, the host agency is responsible for obtaining and maintaining the TECC training equipment required for the course. The equipment remains with the host agency so it can be used to train additional personnel, conduct refresher training, and complete future skill checkoffs. Appendix A identifies the required equipment for the basic TECC course. Appendix B identifies the required equipment for advanced EMT and paramedic courses. Any invasive procedure equipment, ALS-specific equipment, medication, controlled substance, blood product, or other patient-care supply must be included only when specifically identified in the approved course scope and authorized by the host agency's medical director and applicable EMS protocols.

Insurance, Clinical Oversight, and Liability

Threat Suppression does not provide medical malpractice or professional liability insurance coverage for the host agency, its medical director, employees, students, instructors, or other course participants. Threat Suppression will not represent that its commercial general liability coverage provides medical malpractice coverage, and any certificate of insurance or other insurance documentation describes only the coverage actually maintained under Threat Suppression's policies. No certificate, additional-insured designation, indemnification provision, or other contract term should be interpreted as creating medical malpractice coverage where none exists. Providing additional medical malpractice insurance can eliminate or reduce an agency's statutory protection, causing additional liability for the client.

The host agency and its designated medical director retain responsibility for clinical governance, protocols, scope-of-practice determinations, medication and equipment approvals, student credentialing, practical skill-checkoff requirements, and other clinical decisions made under the agency's authority. Threat Suppression does not control or assume responsibility for medical-director decisions, host-agency clinical operations, or acts performed outside Threat Suppression's direction and control.

The host agency is responsible for confirming that its own insurance, risk-management requirements, statutory protections, governmental or sovereign immunity, and applicable law permit the selected course activities. Neither this course brief nor ordinary scheduling correspondence is intended to waive, limit, modify, or otherwise affect any immunity, defense, statutory protection, or liability limitation available to the host agency or its personnel. Any insurance, indemnification, waiver, or additional-insured requirements must be addressed expressly in the final written agreement and reviewed by the host agency's legal, risk-management, and medical-authority representatives before training begins.

About Threat Suppression

Threat Suppression, Incorporated is a research-driven safety, security, and public-safety training and consulting firm founded in 2012. The company is a leading provider of integrated active assailant training for the Department of War, providing more than 165 classes at 45 major installations. The company has invested more than 50,000 hours in internal active assailant research. Threat Suppression serves as a principal member of NFPA 3000 and participates in multiple state and federal ASHE workgroups that shape national active assailant preparedness standards and policy.

The company's leadership has commanded active assailant events and was lead author on the 2021 Oxford High School mass shooting after-action report, one of the most comprehensive analyses of an active assailant incident response. Threat Suppression provides active assailant preparedness, rescue task force training, emergency management support, behavioral threat assessment and management, exercises, after-action reviews, and physical security services to federal agencies, military installations, public safety organizations, healthcare systems, schools, and private organizations. Our work combines operational experience, applied research, and field-tested instruction.

To Schedule or Learn More:

Phone: 1-800-231-9106

Email: info@ThreatSuppression.com

Course Page: <https://www.threatsuppression.com/tecc-train-the-trainer>

Website: www.threatsuppression.com

Appendix A: TECC Practical Training Recommended Equipment

Required classroom and scenario equipment

- Classroom capable of seating 20–25 students
- Computer, projector, projection screen, HDMI connection, and speakers
- Two whiteboards or flip charts
- Markers, tape, clipboards, pens, and printed skill-check sheets
- Portable radios, preferably one per two students
- Spare radio batteries and charging capability
- Incident command vests or role-identification vests
- Floor plans, maps, casualty cards, triage tags, and MIST or patient-report forms
- Cones, caution tape, signage, and scene-marking materials
- Separate practical-training area with adequate lighting and ventilation
- Tables for equipment stations
- Restroom, water, and climate-controlled classroom access

Personal protective equipment

For each student:

- Four to six pairs of nitrile gloves
- Eye protection
- High-visibility vest
- Hearing protection if scenario activities require it
- Appropriate footwear and clothing for practical evolutions

For the training area:

- Hand sanitizer and disinfectant
- Biohazard bags
- Sharps containers if invasive skills are taught
- Cleaning supplies
- First-aid kit and AED
- Emergency medical plan and on-site emergency contact procedure

Hemorrhage-control equipment

For 20–25 students:

- 40–50 training tourniquets, preferably two per student
- Five to six bleeding-control trainers capable of simulating arterial bleeding
- Five to six wound-packing trainers or wound-packing task stations
- 40–50 rolls or packages of training gauze
- 20–25 packages of hemostatic training gauze
- 15–20 pressure dressings
- 15–20 elastic compression wraps
- 40–50 rolls of medical or athletic tape
- Assorted trauma dressings
- Junctional hemorrhage trainer, if junctional bleeding is included
- Pelvic binders or pelvic-training devices

- Commercial and improvised hemorrhage-control materials for comparison
- Permanent markers for documenting tourniquet application

Training tourniquets should be clearly identified as training equipment and should not be returned to operational medical kits after repeated practice.

Airway equipment

- Five adult airway mannequins or airway heads
- One pediatric airway mannequin if pediatric trauma is included
- Adult and pediatric bag-valve-mask devices
- Assorted adult and pediatric masks
- Oropharyngeal airways in multiple sizes
- Nasopharyngeal airways in multiple sizes
- Water-soluble lubricant
- Manual and portable suction units
- Yankauer and flexible suction catheters
- Oxygen cylinders with regulators
- Nasal cannulas
- Non-rebreather masks
- Simple oxygen masks
- Oxygen tubing
- Supraglottic airway trainers and devices, if included in the curriculum
- Endotracheal intubation trainers, if included
- Laryngoscopes or video-laryngoscopy trainers, if included
- Endotracheal tubes, stylets, bougies, and tube holders, if included

Breathing and chest-trauma equipment

- Five chest-trauma trainers or mannequins
- Vented and non-vented chest-seal trainers
- Commercial chest seals
- Improvised occlusive-dressing materials
- Simulation supplies for open and tension pneumothorax
- Needle-decompression trainers
- Blunt or simulated decompression devices
- Chest-decompression needles only if specifically approved for the course
- Stethoscopes
- Pulse oximeters
- Portable capnography equipment, if included
- Thoracostomy trainers, only if the course specifically includes that procedure

I would not require actual decompression needles for a general advanced TECC course unless the procedure is formally included, supervised by qualified instructors, and approved by the agency medical director.

Circulation and vascular-access equipment

- Five vascular-access task trainers
- IV-start practice arms or mannequins
- Peripheral IV catheters in assorted sizes
- IV-start kits

- IV tourniquets
- Alcohol or antiseptic prep materials
- Simulated saline bags
- IV tubing and extension sets
- Needleless connectors
- Syringes and blunt-fill practice needles
- Pressure bags
- Intraosseous-access trainers
- IO practice needles and training devices
- Simulated blood or crystalloid
- Labels and documentation materials
- Sharps containers

Actual medications, controlled substances, blood products, or patient-care IV supplies should be supplied only through the agency EMS system and only when authorized by the medical director.

Monitoring and cardiac equipment

- Four to six cardiac monitors or monitor trainers
- AED trainer
- Defibrillator training pads
- ECG electrodes
- Three-lead and four-lead ECG cables
- Twelve-lead ECG capability if included
- Pulse oximeters
- Capnography equipment, if included
- Blood-pressure cuffs in adult and pediatric sizes
- Stethoscopes
- Glucometers and simulated testing supplies, if included
- Thermometers, if hypothermia assessment is included

Splinting and patient movement

- Two to four litters or stretchers
- Soft stretchers or drag devices
- Drag straps
- Stair chair, if included in the scenario
- Long spine boards or equivalent movement devices, if used by the agency
- Blankets
- Commercial and improvised litters
- Five or more moving mannequins or weighted rescue dummies
- Patient packaging materials
- SAM splints or equivalent splinting devices
- Commercial pelvic binders
- Cervical collars in multiple sizes, if included
- Patient-transfer sheets
- Tarps or rescue platforms

Hypothermia and prolonged-care equipment

- Hypothermia blankets
- Insulating blankets

- Emergency sleeping bags
- Heat packs
- Chemical warming packs
- Ground insulation
- Dry clothing or simulated replacement clothing
- Patient packaging materials
- Temperature-measurement devices
- Shelter or wind-protection materials

Pediatric equipment

If pediatric TECC is included:

- Pediatric trauma mannequin
- Pediatric airway mannequin
- Pediatric bag-valve-mask devices
- Pediatric tourniquets
- Pediatric blood-pressure cuffs
- Pediatric chest-seal trainers
- Pediatric splints
- Pediatric dosing-reference materials
- Pediatric casualty cards and triage tags

Recommended scenario package

For the practical and integrated exercises, the host should also provide:

- Five to six weighted rescue mannequins
- Simulated blood and wound moulage
- Simulated vomit, contamination, or environmental hazards if appropriate
- Training weapons or inert props, only when legally authorized and controlled
- Training vehicles or a suitable vehicle-access area if vehicle extrication or casualty movement is taught
- Smoke or visual-obstruction equipment only if safely managed
- Portable lighting
- Portable generators or battery packs if power loss is part of the scenario
- Scene clocks and timekeeping devices
- Camera or recording system for hotwash and performance review
- Incident action plan or scenario briefing materials

Module dependent equipment

- Cricothyrotomy trainers
- Surgical-airway equipment
- Video-laryngoscopy trainers
- Intraosseous-access equipment
- Advanced ventilators
- Portable ultrasound
- Blood warmers
- Mechanical CPR devices
- Actual EMS medications
- Tranexamic acid

- Analgesics or sedatives
- Blood products
- Chemical, biological, radiological, or nuclear protective equipment