



COMBAT LIFESAVER
TACTICAL COMBAT CASUALTY CARE

MODULE 07:
AIRWAY
MANAGEMENT
IN TFC
SKILL INSTRUCTIONS

30 JUN 2020



**Committee on
Tactical Combat
Casualty Care
(CoTCCC)**

HEAD-TILT/CHIN-LIFT INSTRUCTION

TASK:	Open an airway using the head-tilt/chin-lift maneuver
CONDITION:	Given a simulated scenario where a casualty and responder are in combat gear and the casualty is unconscious without a patent airway
STANDARD:	Effectively open the airway by performing the head-tilt/chin-lift maneuver following all steps and measures correctly without causing further harm to the casualty
EQUIPMENT:	N/A

PERFORMANCE MEASURES: step-by-step instructions

NOTE: Do not use if a spinal or neck injury is suspected.

- 01** Roll the casualty onto their back, if necessary, and place them on a hard, flat surface.
- 02** Kneel at the level of the casualty's shoulders. Position yourself at the side of the casualty.
- 03** Open the mouth and look for visible airway obstructions (e.g., lacerations, obstructions, broken teeth, burns, or swelling or other debris, such as vomit).
NOTE: If foreign material or vomit is in the mouth, remove it as quickly as possible.
NOTE: Do not perform a blind finger sweep.
- 04** Place one hand on the casualty's forehead and apply firm, backward pressure with the palm to tilt the head back.
- 05** Place the fingertips of the other hand under the bony part of the lower jaw and lift, bringing the chin forward.
NOTE: Do not use the thumb to lift the chin.
- 06** While maintaining the open airway position, place an ear over the casualty's mouth and nose, looking toward the chest and stomach.
- 07** Look for the chest to rise and fall.
- 08** Listen for air escaping during exhalation.
- 09** Feel for the flow of air on the side of your face.
- 10** Measure the respiratory rate (see Respiratory Rate Measurement Instruction).
- 11** Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

JAW-THRUST MANEUVER INSTRUCTION

TASK:	Open an airway using the jaw-thrust maneuver
CONDITION:	Given a simulated scenario where a casualty and responder are in combat gear and the casualty is unconscious without a patent airway
STANDARD:	Effectively open the airway by performing the jaw-thrust maneuver following all steps and measures correctly without causing further harm to the casualty
EQUIPMENT:	N/A

PERFORMANCE MEASURES: step-by-step instructions

NOTE: Use this maneuver if a neck or spine injury is suspected.

CAUTION: Neck and/or spine injuries are suspected in obvious head or neck trauma and in blast injuries or motor vehicle accidents.

- 01 Roll the casualty onto their back, if necessary, and place the casualty on a hard, flat surface.
- 02 Kneel above the casualty's head (looking toward the casualty's feet).
- 03 Open the mouth and look for visible airway obstructions (lacerations, obstructions, broken teeth, burns, or swelling or other debris, such as vomit).
- 04 Remove any objects obstructing the airway as quickly as possible.
NOTE: Do not perform a blind finger sweep.
- 05 Rest your elbows on the ground or floor.
- 06 Place one hand on each side of the casualty's lower jaw at the angle of the jaw, below the ears. Stabilize the casualty's head with your forearms.
NOTE: Do not tilt or rotate the casualty's head.
- 07 Use the index fingers to pull the jaw up while using the thumbs to push the casualty's chin forward.
NOTE: If the casualty's lips are still closed after the jaw has been moved forward, use your thumbs to retract the lower lip and allow air to enter the casualty's mouth.
- 08 While maintaining the open airway position, place an ear over the casualty's mouth and nose, looking toward the chest and stomach.
NOTE: Avoid gross manipulation of the head and neck if tactically feasible. A second rescuer may be needed to maintain the jaw-thrust maneuver (if time and tactics dictate) as the primary rescuer continues with assessment and treatment of the casualty.
- 09 Look for the chest to rise and fall.
- 10 Listen for air escaping during exhalation.
- 11 Feel for the flow of air on the side of your face.
- 12 Measure the respiratory rate (see Respiratory Rate Measurement Instruction).
- 13 Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

NASOPHARYNGEAL AIRWAY (NPA) INSERTION INSTRUCTION

TASK:	Insert an NPA airway
CONDITION:	Given a combat environment where casualty and responder are in combat gear and an unconscious or semiconscious casualty has a need for a patent airway and the necessary materials to treat the casualty
STANDARD:	Insert an NPA following all steps and meeting performance measures without causing further injury to the casualty
EQUIPMENT:	Joint First Aid Kit (JFAK) with an NPA

PERFORMANCE MEASURES: step-by-step instructions

- 01 Place the casualty supine (on their back) with their head in a neutral position.
- 02 Inspect the nose and nasal passages for any obstructions that would prevent insertion of an NPA.
- 03 Open the NPA device provided in the casualty's JFAK.
 - NOTE:** The standard NPA (size 32 Fr) that comes in most first aid kits fits an average-size male.
 - NOTE:** Do not use the casualty's blood, petroleum-based, or non-water-based substances to lubricate the device. The casualty's saliva can be used (but not your saliva), if the proper lubricant is not available.
- 04 Lubricate the end of the NPA device with the sterile water-based lubricating jelly found in the JFAK or with water.
- 05 Expose the opening of the casualty's **right** nostril by pushing the tip of the nose upward gently ("piggy the nose").
- 06 Position the tube so that the bevel (pointed end) of the device faces toward the septum (the strip of skin inside the nose that separates the nostrils).
- 07 Insert the NPA device into the right nostril (at a 90-degree angle to the casualty's face) with the beveled tip pointed toward the middle of the nose. Advance the NPA until the flange (flared end) is flush with the nostril, using a fluid movement pushing toward the ground and not toward the top of the head.
 - CAUTION:** Never force the NPA into the casualty's nostril. If resistance is met, attempt a slight twisting motion and try to gently reinsert. If successful, but the casualty begins to gag or choke, pull the NPA out slightly and leave it in place. If unsuccessful, pull the NPA completely out and attempt to insert it into the **left** nostril. If inserting in the left nostril, you will need to rotate the NPA after it is approximately 2 inches into the casualty's nose, so the curve of the NPA is oriented downward.
- 08 With the NPA inserted, reassess breathing and respiration by using the look, listen, and feel technique to assess for air movement.
- 09 Position the casualty. Place a casualty who is awake in a sitting or recovery position (whichever is most comfortable). Place an **unconscious** casualty in the recovery position to prevent aspiration of blood, mucus, or vomit.
- 10 Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

RECOVERY POSITION INSTRUCTION

TASK:	Position a casualty in the recovery position
CONDITION:	Given a scenario in which casualty and responder are in combat gear and the casualty is unconscious or cannot sit up on their own
STANDARD:	Position the casualty in the recovery position following all steps and meeting the performance measures without causing further injury to the casualty
EQUIPMENT:	N/A

PERFORMANCE MEASURES: step-by-step instructions

- 01** Position the casualty supine (on their back) without causing any further injuries.
- 02** Gently pick up the casualty's arm (nearest to you) and place it at a right angle to the casualty's body, bent at the elbow with the hand pointing upward.
- 03** Using your hand closest to the casualty's head, grasp the casualty's other arm and place the back of their hand against the opposite cheek (for example, against the left cheek if it is the casualty's right hand).
- 04** Keep your hand there to guide and support the casualty's head as you roll them over.
- 05** Use your other arm to reach across to the casualty's knee that is further from you, and pull it up so that the casualty's leg is bent and foot rests on its side.
- 06** Gently pull the casualty's knee toward you so the casualty rolls over onto their side, facing you.
NOTE: The casualty's body weight should help them roll over easily.
- 07** Move the bent leg that is nearest to you, in front of the casualty's body so that it is resting on the floor.
NOTE: This position will help to balance the casualty.
- 08** Gently raise the casualty's chin to tilt their head back slightly.
NOTE: This will open up their airway and help the casualty to breathe.
- 09** Document all findings and treatments provided on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.



ONE-PERSON BAG VALVE MASK (BVM) INSTRUCTION

TASK:	Perform an effective one-person BVM ventilation
CONDITION:	Given a scenario where casualty and responder are in combat gear and the casualty is unconscious, unresponsive, and not breathing but has radial pulses and you have a BVM
STANDARD:	Perform effective one-person BVM ventilation following all steps and performance measures
EQUIPMENT:	Bag Valve Mask

PERFORMANCE MEASURES: step-by-step instructions

- 01** Position yourself at the top of the patient's head.
- 02** Insert a nasopharyngeal airway (NPA).
- 03** Assemble the BVM (connect the mask to port on the bag).
- 04** Perform an "EC" technique to hold the mask in place over the patient's mouth by:
 - (a) Forming the "C" by placing your thumb over the part of the mask covering the bridge of the nose and your index finger over the part covering the cleft of the chin.
 - (b) Sealing the mask firmly on the face by pushing down with the thumb and index finger while pulling up on the mandible, form the "E" with the other three fingers, opening the airway by performing the head-tilt, chin-lift maneuver.
- NOTE:** The EC hand position technique is performed using one hand.
- 05** Maintain a leakproof mask seal with one hand by using firm pressure to hold the mask in position and seal over the patient's mouth.
- 06** Squeeze the bag with your other hand for 1–2 seconds while observing the chest rise to make certain lungs are inflating effectively.

NOTE: Alternatively, the bag may be compressed against your body or forearm to deliver a greater tidal volume to the patient or help with hand fatigue.
- 07** Continue squeezing the bag once every 5–6 seconds (10–12 breaths/minute).

NOTE: For pediatric patients, the rate would be 20–30 breaths/minute.
- 08** Continue ventilation, observe for spontaneous respirations, and periodically check the pulse.
- 09** Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

TWO-PERSON BAG VALVE MASK INSTRUCTION

TASK:	Perform effective two-person Bag Valve Mask (BVM) ventilation
CONDITION:	Given a scenario where casualty and responder are in combat gear and the casualty is unconscious, unresponsive, not breathing, but has radial pulses and given a BVM device and a second rescuer to assist with ventilation
STANDARD:	Perform effective two-person BVM ventilation following all steps and performance measures without further injuring the casualty
EQUIPMENT:	Bag Valve Mask

PERFORMANCE MEASURES: step-by-step instructions

- 01 Position yourself at the top of the casualty's head, and your partner to the side of the casualty's head.
- 02 Insert a nasopharyngeal airway (NPA).
- 03 Assemble the BVM (connect the mask to port on the bag).
- 04 Place the mask over the casualty's mouth and nose.
- 05 Place your little, ring, and middle fingers along the mandible (lower jaw).
- 06 Place your thumb on the upper portion of the mask above the valve connection.
- 07 Place your index finger on the lower portion of the mask under the valve connection.
- 08 With your other hand, duplicate the above steps on the other side (mirror image).
- 09 Hold the mask in place with both hands to achieve a leakproof seal.
- 10 The second rescuer slowly squeezes the BVM with two hands for 1–2 seconds until the chest rises.
- 11 Observe for rise and fall of the patient's chest.
 - (a) If the chest does not rise, reposition the mask to ensure a good seal. Tilt the head and lift the chin to open the airway.
 - (b) If the chest rises and falls, continue with step 11.
- 12 Squeeze once every 5–6 seconds (10–12 breaths/minute).
NOTE: For pediatric patients, the rate would be 20–30 breaths/minute.
- 13 Continue ventilations, observe for spontaneous respirations, and periodically check the pulse.
- 14 Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

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