



**UNITED STATES SPECIAL OPERATIONS COMMAND**

OFFICE OF THE COMMANDER  
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9 December 2005

MEMORANDUM FOR

COMMANDER, UNITED STATES ARMY SPECIAL OPERATIONS COMMAND, FORT BRAGG, NC 28310-5000

COMMANDER, NAVAL SPECIAL WARFARE COMMAND, 2000 TRIDENT WAY, SAN DIEGO, CA 92155-5037

COMMANDER, AIR FORCE SPECIAL OPERATIONS COMMAND, 100 BARTLEY STREET, COMMAND SUITE ONE, HURLBURT FIELD, FL 32544-5273

COMMANDER, JOINT SPECIAL OPERATIONS COMMAND, P.O. BOX 70239, FORT BRAGG, NC 28307-5000

SUBJECT: Combat Trauma Training in Special Operations Forces

1. References:

- a. USSOCOM msg 222016 March 2005
- b. CDR, USSOCOM ltr dtd 9 March 2005
- c. USASOC Regulation 350-1

2. Combat Trauma Training (CTT) is a high priority for Special Operations Forces (SOF). SOF are heavily engaged in the Global War on Terrorism and have sustained over 700 casualties in this conflict. The primary venues for initial medic training in CTT are the Special Operations Combat Medic (SOCM) courses currently taught at both the Joint Special Operations Medical Training Center (JSOMTC) and the Pararescue School at Kirtland. Sustainment CTT training for medics is accomplished at the Special Operations Combat Medic Skills Sustainment Course taught at JSOMTC.

3. It is important that all SOF operators be taught essential life-saving Tactical Combat Casualty Care (TCCC) skills prior to deployment. Pre-deployment TCCC training was directed by USSOCOM in reference (a). The primary venue for accomplishing this required training is the USSOCOM-sponsored TCCC Transition Initiative sponsored by USSOCOM and conducted by the U.S. Army Institute of Surgical Research. The TCCC Transition Initiative training is provided at no cost to the SOF unit receiving the training. Some SOF commands, such as 75th Ranger Regiment units, are accomplishing the required pre-deployment TCCC training through unit-based initiatives. Special Forces

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units have also conducted CTT, to include Live Tissue Training (LTT), for their non-medical personnel in the past and this remains an option for the SOF community.

4. Other SOF units have elected to obtain CTT from courses outside of SOF. Availability of LTT for non-medical SOF operators and flexibility of scheduling are the major attractions of these courses. Concern for the need to oversee the content of these courses resulted in a Commander, USSOCOM-directed evaluation of one course by personnel from the Medical Training section of the USSOCOM Command Surgeon's office and a veterinarian from the USASOC Command Surgeon's office. The trip reports from this evaluation revealed a number of problems, including deviations from the SOF standard of combat trauma care as outlined in reference (b), potentially hazardous physiological demonstrations being conducted on volunteers from the course attendees, use of expired medications on course attendees, and minor violations of animal use guidelines.

5. Effective immediately, no SOF personnel will attend CTT courses conducted by organizations other than their parent unit, the JSOMTC, Pararescue School at Kirtland AFB, or the ISR TCCC Transition Initiative until these courses have been evaluated by USSOCOM and found to be in compliance with the enclosed training guidelines. Personnel from component surgeon medical offices may be tasked to provide support by conducting these evaluations and providing their findings and recommendations to the USSOCOM Command Surgeon. These findings and recommendations will be reviewed by the USSOCOM Command Surgeon's office and a recommendation regarding the suitability of the proposed CTT will be forwarded to the Commander, USSOCOM. Decisions, when made, will apply to USSOCOM and all USSOCOM components. CTT courses conducted by non-SOF personnel will be re-inspected periodically at intervals of not more than 2 years to ensure that they remain in compliance.

6. USSOCOM point of contact for this issue is CAPT Frank Butler, MC, USN, DSN 299-6347/5442 or commercial 813-828-6347/5442.

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BRYAN D. BROWN  
General, U.S. Army  
Commander

**Combat Trauma Training Guidelines for Special Operations**  
**31 October 2005**

1. No potentially hazardous demonstrations or tactically inappropriate medical procedures will be conducted on course attendees. Specifically prohibited are:

- a. Administration of fluids, diuretics, vasodilators, or other medications to demonstrate shock, volume overload or other abnormal physiological states.
- b. Arterial blood draws.
- c. Central venous catheter placement.
- d. Insertion of sternal intraosseous devices on volunteers from the course attendees.
- e. Local and regional anesthesia injections by non-medics.

2. The academic setting of the course must be suitable, with Powerpoint presentations, handouts, classroom size, quality of instructors, practical sessions, etc conducive to the effective learning of the course material.

3. Any medications administered to either course attendees or other demonstration subjects must be within their indicated shelf life and must be used appropriately (eg, lidocaine for local anesthesia).

4. The CTT will adhere to the guidelines for Tactical Combat Casualty Care found in the current edition of the PHTLS Manual.

5. No techniques that are inappropriate for either the tactical environment or the recommended skill set of the first responders being trained will be taught.

Examples include:

- Arterial blood draws
- Central venous catheters
- Diagnostic peritoneal lavage
- Chest tubes by non-medics
- Surgical airways by non-medics
- Local and regional anesthesia techniques by non-medics
- Sternal intraosseous device placement by non-medics

6. Use of course attendees for demonstration purposes is appropriate for some techniques. Specifically recommended for inclusion are:

- Tourniquet placement
- Splinting
- Buddy carries
- Peripheral IV insertion
- Chin-lift/jaw thrust technique
- Wound dressing
- Direct pressure to control external hemorrhage
- Application of occlusive dressings for simulated sucking chest wounds

7. Training aids are the best method for teaching some techniques.

Recommended examples are:

- Nasopharyngeal airways
- Needle thoracostomy
- Sternal intraosseous devices for medics

8. If Live Tissue Training (LTT) is included in the course, the protocols to be used must be reviewed by a veterinarian to ensure compliance with appropriate USASOC animal use guidelines contained in reference (c). Areas of concern include but are not limited to:

- Adequate veterinary care during LTT
- Appropriate anesthesia and analgesia to ensure that animals are pain-free
- Review of proposed protocols by an approved IACUC
- Obtaining animals from appropriate vendors
- Adequate holding facilities
- Adequate food and water
- Appropriate animal handling procedures
- Adherence to established and reviewed protocols
- Prevention of non-anesthetized animals from seeing ongoing LTT
- Appropriate training area for LTT

9. If LTT is included in the course, personnel receiving the LTT will be in civilian clothes during this phase of the training.

10. If Live Tissue Training is included in the course, the following specific techniques are recommended for inclusion in this phase:

- HemCon dressing application
- Tourniquet application
- Use of direct pressure to stop external hemorrhage
- Needle thoracostomy
- Surgical airways by medics
- Chest tubes by medics

11. The use of historical or hypothetical SOF combat casualty scenarios to illustrate representative combat casualty situations and elicit from attendees their description of optimum medical and tactical management of these casualty scenarios is strongly encouraged.