



Tactical Emergency Casualty Care



TECC focuses on the prehospital medicine during three phases of care and provides guidelines for managing trauma in the civilian tactical or hazardous environment. While TECC has a tactical (i.e. “Human Threat”) focus, it takes an all-hazards approach to providing care outside the normal operating conditions of most EMS agencies, such as responding to a mass casualty or active shooter event.

NAEMT's Tactical Emergency Casualty Care (TECC) teaches EMS practitioners and other prehospital providers how to respond to and care for patients in a civilian tactical environment. It is designed to decrease preventable deaths in a tactical situation. The course presents the three phases of tactical care:

- Direct Threat Care that is rendered while under attack or in adverse conditions.
- Indirect Threat Care that is rendered while the threat has been suppressed, but may resurface at any point.
- Evacuation Care that is rendered while the casualty is being evacuated from the incident site.

Case studies, complex integrated scenarios and more make this an exciting change from traditional training programs. The 16-hour course covers the following topics:

- Hemorrhage control - Tourniquets, Wound Packing, Hemostatic Dressings;
- Surgical airway control and needle decompression;
- Strategies for treating wounded responders in threatening environments;
- Mass casualty incidents and casualty collection points;
- Techniques for dragging and carrying victims to safety; and
- Dynamic scenario integration.

NAEMT's TECC course meets the guidelines established by the **Committee on TECC** and the updated **National Tactical Emergency Medical Support Competency Domains**. This course is accredited by CAPCE and recognized by NREMT.

Next available program:

March 8 and 9, 2020 0815 – 1700h

Professional Medical Associates
#112 – 11420 27 Street SE
Calgary, AB, T2Z 3R6
(403) 547-9709

Tuition \$495.00 includes course tuition
and PHTLS Military Edition e-book



PROGRAM APPLICATION FORM

Application for: (check one)

EMT-Paramedic Program - CMA Advanced Care Paramedic

Educational Seminars and Workshops

EMT - CMA Primary Care Paramedic and EMR Programs

First Aid, CPR and AED Programs - Needs Assessment and Training

Training Assessment, & Consulting

Interactive Multi-Media

High-Fidelity Simulator/Driving Programs

On-site Program Delivery Specialists

Paramedical and EMS staffing

Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services, PHALS, TECC, PALS and ACLS

<input type="checkbox"/> First Medical Responder (FMR/EMR1)* <input type="checkbox"/> Emergency Medical Responder+ <input type="checkbox"/> EMR Refresher Program* <input type="checkbox"/> Primary Care Paramedic (EMT)+ <input type="checkbox"/> PCP (EMT) Refresher Program* <input type="checkbox"/> Advanced Care Paramedic (EMT-P)+	<input type="checkbox"/> ACP (EMT-P) Refresher Program* <input type="checkbox"/> Fundamentals of Airway - Basic* <input type="checkbox"/> Difficult Airway Course - Advanced* <input type="checkbox"/> BLS for Health Care Professional (CPR)* <input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS <input type="checkbox"/> Other (specify): _____
--	--

LEGAL SURNAME		FIRST NAME/MIDDLE INITIAL	
ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	
()	()	()	
PHONE (HOME)	PHONE (BUSINESS)	PHONE (MOBILE)	
DATE OF BIRTH (MM/DD/YY)	DRIVER'S LICENCE #	EMPLOYER/POSITION	
PREVIOUS EMS TRAINING INSTITUTION (If Applicable)			GRADUATION DATE
EMAIL ADDRESS			ACP REGISTRATION #

FOR OFFICE USE ONLY:

AMOUNT PAID: \$ _____ MC Visa Debit Cash Chq # Other Authorization # _____ Security # _____ Invoice or PO# _____	COURSE CODE: _____ START DATE: _____	CONFIRMATION LETTER: Sent or P/U (SF) (MC) Date: _____ COMMENTS: _____
---	---	---

PLEASE NOTE - UPON COMMENCEMENT OF PROGRAM, FEES WILL NOT BE REFUNDED.

***FOR EMR, PCP AND ACP PROGRAMS - TUITION REFUNDS OF LICENSED PROGRAMS ARE GUIDED BY THE PRIVATE VOCATIONAL TRAINING REGULATION AS OUTLINED ON EXECUTION OF STUDENT CONTRACT.**

SIGNATURE: _____ DATE: _____