



Deployment Medicine Operators Course (DMOC)

The need has never been more critical to equip those who will first contact the battlefield casualty with lifesaving knowledge to improve survivability.

Course Intent

Originally, the intended audience of the Deployment Medicine Operators Course (DMOC), the Tactical Combat Casualty Care (TCCC) course, and the Combat Trauma Management course (all with LTT) was the non-medical “shooter” operator, individual Marine, or non-medical Special Operations Forces Soldier, Sailor, Marine or Airman—or equivalent. Additionally, the course was designed to accommodate the training needs of local, State and Federal law enforcement agencies, other government agencies, as well as private military corporation non-medical personnel or equivalent.

However, with the advent of the Global War on Terror (GWOT) supporting Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), as well as the sustainment and support of Homeland Security issues and other operational theatres; the requirement to train a wider spectrum and larger number of non- medical personnel in combat casualty trauma medicine and emergency life saving measures that exceed the standard skill criteria for non-medical personnel is in fact an obligation in support of our national effort.

These mission requirements to support the national forces’ operational tempo have shifted the prerequisite skill levels necessary to attend DMOC to include basic graduates of the Field Medical Training Battalion “corpsman training” (and equivalent), as well as, medically trained members of the Local, State and Federal law enforcement Agencies, and other government agencies.

Essentially, whether you are a non-medical operator (or equivalent), a combat lifesaver, or if you have any medical training at all, you will benefit from the training offered in this course. Physicians, physician assistants, and Independent Duty Corpsman have attended this basic medical training course and have expressed a relative degree of comfort with the material (due primarily to the manner and mechanism of instruction) and have stated and demonstrated increased confidence and competence in providing medical aid in emergency trauma situations. It never hurts to listen to another perspective, and to benefit from the “real time” combat experience of others. Furthermore, DMOC is a functional, practical exercise driven course focusing on the application of techniques that construct muscle memory—it is not primarily a scientific or theoretical course. It is focused and managed by the teaching of



emergency medical principals, case studies, OIF and OEF examples, demonstrations and practical hands-on application of the techniques and procedures.

However, understanding the level of medical information offered, each operational commander should make the decision to send personnel to this course based on this understanding—it is a basic to intermediate combat trauma and emergency medical skills course. If the operational Commander feels the training needs of the force may be more adequately met with training that targets a higher skill level—other DMI courses are available, including the Operational Emergency Medical Skills (OEMS) course, and Combat Trauma Management training, as well as other custom curriculums. It is entirely the decision of the operational commander to challenge the student to meet or exceed the Commander's training expectations. DMI will meet the expectations of any operational commander to train their troops, to augment their skills, improve their confidence and competence to sustain life at the point of wounding on the battlefield.

DMI conducts all training in accordance with the applicable guidelines established by TCCC, and PHTLS (Military Version Six) and other policy guidance for combat trauma training (CTT) that LTT.

Course Content

1. INTRODUCTION TO OPERATIONAL MEDICINE: A brief introduction to the concept of Operational Medicine is provided, along with the description of how the non-medical care provider's (operator) role in immediate casualty response has changed from bystander to direct participant. The Combat Casualty Mortality Curve is discussed at length which serves to identify not only the priority for immediate care required on the battlefield, but also when and where non-medical operator's serve to be most useful while intervening during the timeline of casualty care. The Phases of Casualty Care are identified along with tactical and medical management concepts behind each one.

2. HEMORRHAGE CONTROL: Current medical statistics clearly indicate that the number one cause of preventable battlefield death is still massive hemorrhage. These early hours of instruction will provide a review of the ladder of wound management, starting with the concepts surrounding applied pressure and finally ending with the discussion of the latest hemostatic agents. Practical exercises throughout this block will enhance operator confidence and understanding of the principles of managing blood loss through the use of the latest pressure dressings, tourniquets and hemostatic agents.

3. AIRWAY MANAGEMENT: The focus of this instruction is designed to establish the early recognition and intervention to casualties with inadequate or unprotected airways. The tools available to the operator are limited; however, the management of

airway obstruction cannot be overlooked in the initial part of casualty care. Airway management is the second priority for the management of battlefield casualties and quick recognition of the signs and symptoms associated with obstruction and distress are vital to the immediate outcome of the casualty. Emphasis is placed on the recognition and treatment of unprotected airways throughout the continuum of casualty care. Practical exercises during this time are designed to provide the basic and advanced skills of airway management with respect to the phases of combat casualty care.

4. RESPIRATION: This instructional block is designed to provide the basics of anatomy, physiology, and mechanics of the breathing and respiratory process. Emphasis is placed on the understanding of the disruption of the organs and mechanisms of acute chest injury and the development of respiratory distress. Practical exercises provide experience and confidence in intervening with simple and advanced field capable management methods.

5. CIRCULATION (SHOCK): During this period of instruction, the principles of “Shock Science” are described providing a better understanding of the immediate and prolonged management of a casualty suffering from shock. A timeline for the understanding of hemorrhagic shock is provided along with the latest scientific concepts of intravenous (IV) and oral resuscitation as well as fluid management. This lesson also includes current advanced resuscitation fluid options and administration guidelines.

6. HYPOTHERMIA: With acute trauma, a loss of core body temperature is almost guaranteed in every environment and all seasons. This life- threatening condition is very often overlooked until it becomes a deadly complication. Understanding the causes directly affects the quality of treatment and both facets are covered in depth. This training provides the operator with the presence of mind and innovative skills to mitigate the insidious decline.

7. COMBAT CASUALTY ASSESSMENT (M.A.R.C.H.): By means of an assessment methodology, the care provider may approach the injured casualty, determine life-threatening problems, and quickly intervene. This block of instruction teaches a simple, reproducible primary and secondary casualty assessment and provides the understanding of when to intervene. The essential treatments regarding head, neck, abdominal, and extremity injuries are also covered. Practical exercises focus on making the assessment simple and reproducible.

8. MEDICAL RAMIFICATIONS OF BLAST: An explanation of the effects of blast weapons, as they apply as a mechanism of injury. Emphasis is placed on the specific treatments required to increase survivability of blast casualties. Video presentations provide case studies that facilitate treatment consideration discussions. Audiovisual

presentations also provide an understanding of current IED tactics, techniques, and procedures of employment, as they apply to combat casualty care.

9. BURN INJURIES: The prevalence of burn injuries in modern warfare requires more advanced training to prevent casualty death and disability. The injury process and management of life threatening burn injuries is covered at length. Short and long-term burn care concepts and techniques at the operator level are discussed.

10. PROLONGED FIELD CARE: Historically, non-medical care providers have been viewed as non-participants in this aspect of casualty care. Unfortunately, the time before casualties are evacuated can be several hours to days and it is therefore necessary for all members of the combat team to contribute to the long term care of casualties. Emphasis is placed on specific areas that non-medical care providers can contribute to the prevention of preventable deaths due to lack of care after emergency procedures have been completed.

11. WOUND CARE: The physiology of wound infection is covered in depth as well as the basic principles of modern wound care; along with the scientific understanding behind the use of antibiotics and wound care techniques. Emphasis is placed on field ready techniques and the concepts of mitigating infection.

12. OPERATIONAL PAIN MANAGEMENT: This block covers the importance of pain management in the care of battlefield casualties. Pain physiology is discussed to provide an understanding of how minor techniques and medications are utilized to facilitate better casualty outcome. Current medications are discussed at length with emphasis placed on practical field administration.

13. CASUALTY EVACUATION: This block of instruction covers the preparation, loading and transport of casualties with special consideration for casualty evacuation request (9-Line), preparation, triage, and platform variance.

14. COMBAT CASUALTY CARE IN VEHICLE SCENARIOS: Motor Vehicle Accidents (MVA) are the third highest cause of death in Iraq. Due to the high probability, MVA and vehicle rollover considerations relative to safety and immediate casualty response are covered in depth. Practical exercises employ techniques for extrication, assessment, and casualty care in this environment.

- *The price is \$2030 for classes within the contiguous US (*WTA discount is available, other custom course price and discounts are available through direct coordination)*



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