MED-TAC INTERNATIONAL

OFFICIAL OPERATIONAL MEDICAL PROTOCOL
MTC-RSO-001-P1 Rev 1.0 · POST AT THE FIRING LINE, EVERY BAY, AND THE COUNTER

UNIVERSAL RANGE EMERGENCY PROCEDURE

GUNSHOT WOUND ON THE RANGE
THE 60-SECOND PROTOCOL

CEASE FIRE! CEASE FIRE! CEASE FIRE!

"UNLOAD AND SHOW CLEAR. HOLSTER OR BENCH ALL FIREARMS. STEP BACK FROM THE FIRING LINE." The range is cold before anyone moves toward the casualty.

1 CALL THE CEASE-FIRE

Anyone on the range can call it. The RSO repeats it **three times, loud,** and gets a verbal "clear" from every firing point.

2 MAKE THE RANGE COLD AND SAFE

All firearms **unloaded, actions open, benched or holstered.** Nobody approaches a shooter still holding an unsecured weapon. If the casualty is holding a firearm, the RSO secures it before care begins.

3 ASSIGN ROLES — SAY THE NAMES OUT LOUD

Care lead (lead RSO): into the lane with the on-body IFAK. **Comms lead** (second RSO): calls 911 from the dispatch card, alerts the front desk. **Marshalling lead:** gate key and vest to the entrance to meet EMS.

4 CONTROL THE BLEEDING

Both hands on the wound while the kit opens. **Limb bleed you can see:** tourniquet on skin **2–3 in above the wound, never over a joint. Source hidden or clothing in the way:** high and tight over clothing, then reassess. Tighten until bleeding stops and the pulse below is gone. **Write the time.** Do not loosen it.

5 CHEST AND TORSO

Expose, wipe, apply a **vented chest seal.** Roll the casualty, find the exit wound, seal it. Breathing gets worse after sealing? **Lift one edge (burp), then reseal.**

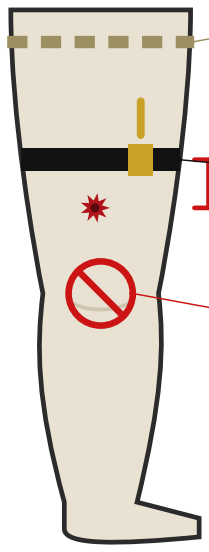
6 JUNCTIONAL AND EVERYTHING ELSE

Groin, armpit, neck: **pack hemostatic gauze onto the bleeding source,** hold firm pressure **at least 3 minutes,** then wrap. Cover the casualty with a blanket: blood loss makes people cold, and cold makes bleeding worse.

7 HAND OFF

Tell EMS **what happened, what you found, what you did, and the tourniquet time.** Hand over the incident form as soon as it is started.

TOURNIQUET PLACEMENT



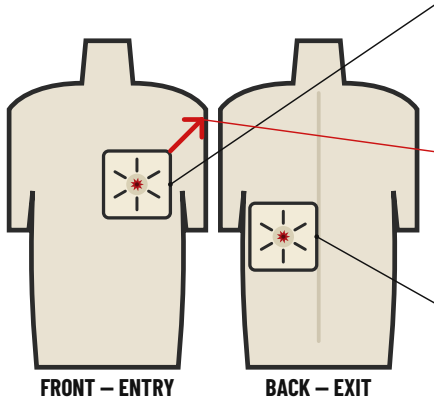
HIGH AND TIGHT — ONLY IF
the source is not obvious or clothing is in the way; over clothing is fine. Reassess. To convert (trained staff only): new TQ on skin first, then slowly release this one.

TOURNIQUET ON SKIN, 2-3 IN ABOVE THE WOUND
Two to three fingers above the hole. Tighten until the bleeding stops and the pulse below is gone. Write the time on the strap. Do not loosen it.

NEVER OVER A JOINT
If 2–3 in above the wound lands on the knee or elbow, go above the joint instead.

STILL BLEEDING?
Second tourniquet side-by-side, just above the first. Two are normal on a thigh.

CHEST SEAL



VENTED CHEST SEAL ON THE HOLE
Expose the wound. Wipe the skin dry. Seal, vent side out. Sit them up if it helps them breathe.

BURP IF BREATHING GETS WORSE
More distress, one side of the chest not moving, fading alertness: lift one edge to let air out, then reseal.

ROLL AND SEAL THE EXIT
Check the back and sides. Every hole gets a seal. Tell EMS the time you sealed.

COMMS LEAD — SAY THIS TO 911, IN ORDER

1. "911, this is (name) at (range name)."
2. "We are at (address). GPS (lat / long)."
3. "Gunshot wound. (n) casualties. Range is cold."
4. "Bleeding control in progress: tourniquet on at (time)."
5. "Enter via (gate). Our coordinator is there in a vest."
6. "Do not hang up. Tell me when the unit is dispatched."

Address, GPS, and gate are on the laminated dispatch card at this station. Read it. Do not improvise.

THE FIRST 180 SECONDS

0–15 s
CEASE FIRE AND MAKE SAFE
Called, acknowledged, every firearm secured.

15–60 s
CONTROL THE BLEEDING
Care lead on the casualty with the IFAK. Pressure, then tourniquet or packing.

60–120 s
CHEST AND AIRWAY
Torso exposed, chest seals front and back, position for breathing.

120–180 s
DISPATCH AND MARSHAL
911 card read top to bottom; gate open, EMS route cleared.

THIS RANGE

AED LOCATION _____ NEAREST BLEEDING CONTROL STATION _____ EMS GATE _____

MED-TAC INTERNATIONAL

MTC-RSO-001-P1 Rev 1.0 | MED-TAC International | Range Safety Officer Medical EAP

Educational protocol for trained range staff. It does not replace hands-on training, medical direction, or local EMS protocols. Tourniquet placement per current TCCC / C-TECC guidance and MED-TAC International doctrine. Companion to MTC-RSO-001, the Range Safety Officer Ballistic Trauma Readiness Checklist & Emergency Action Plan.

RANGE MEDICAL READINESS
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