FIRST 15 SECONDS · EVERY PERSON ON THE LINE

Cease-fire commands and the three roles

CEASE FIRE! CEASE FIRE! CEASE FIRE!

"UNLOAD AND SHOW CLEAR. HOLSTER OR BENCH ALL FIREARMS. STEP BACK FROM THE FIRING LINE." Anyone on the range can call it. The RSO repeats it three times and gets a verbal "clear" from every firing point. Nobody moves toward the casualty until every firearm is secured.



THE RANGE IS COLD WHEN

1. **Every firearm is unloaded, action open, benched or holstered**
2. **Every shooter has stepped back and acknowledged**
3. **The casualty's own firearm is secured by the RSO**
4. **The RSO says "RANGE IS COLD" — the care lead moves**

THREE ROLES — SAY THE NAMES OUT LOUD

CARE LEAD

Lead RSO

Grabs: on-body IFAK (Tier 1), gloves on.

Goes: straight to the casualty once the range is cold.

Does: pressure, tourniquet or packing, chest seal, blanket. Writes the tourniquet time.

Says: what is bleeding, what is on, the time — loud enough for comms.

COMMS LEAD

Second RSO or counter staff

Grabs: the laminated 911 dispatch card and a phone.

Goes: to a quiet spot within sight of the casualty.

Does: reads the card top to bottom, stays on the line, alerts the front desk, starts the incident form.

Says: "Unit dispatched, ETA ___, coming in via ___."

MARSHALLING LEAD

Assistant RSO or a designated shooter

Grabs: gate key, high-visibility vest, radio.

Goes: to the EMS entrance named on the card.

Does: opens the gate, clears vehicles from the route, brings EMS straight to the casualty.

Says: "EMS on site" when the crew is at the casualty.

NEVER

- **Approach a shooter who is still holding an unsecured firearm.**
- **Move the casualty's firearm yourself if you are not the RSO — call the RSO to it.**
- **Send the only trained person to the gate. The marshalling lead is whoever is left.**
- **Let the range go hot again until EMS has the casualty and the incident form is started.**

MASSIVE HEMORRHAGE · ARM OR LEG

Tourniquet: limb bleeding you can see

BLOOD THAT POOLS, SPURTS, OR SOAKS THROUGH = TOURNIQUET NOW

Both hands on the wound while someone opens the kit. A tourniquet goes on in under 60 seconds. Write the time on the strap and the incident form.



1 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.

2 THE WOUND
Limb bleed you can see: pool, spurt, or soak-through. Both hands on it while the kit opens.

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

4 HIGH AND TIGHT — ONLY IF
the source is hidden or clothing is in the way: as high on the limb as it goes, over clothing, then reassess. Still bleeding? Second tourniquet side-by-side above the first.

1 Route the strap around the limb
On bare skin, **2–3 in above the wound.** If that is a joint, go above the joint. If the source is hidden or clothing is in the way, **high and tight** over clothing, then reassess.

2 Pull the tail tight — no slack
You should not be able to slide three fingers under the strap before the windlass turns.

3 Twist the windlass until the bleeding stops
And the pulse below the tourniquet is gone. It will hurt. Keep going.

4 Lock the rod and secure the strap
Clip or triangle per the device. **Write the time.**

5 Still bleeding? Second tourniquet
Side-by-side, directly above the first. Do not remove the first one.

NEVER
- **Over a joint (knee, elbow).**
- **Loosen or "check" it. It stays tight until EMS.**
- **Cover it. Keep it visible; tell EMS the time.**
- **Use a belt, cord, or improvised band when a real tourniquet is in reach.**

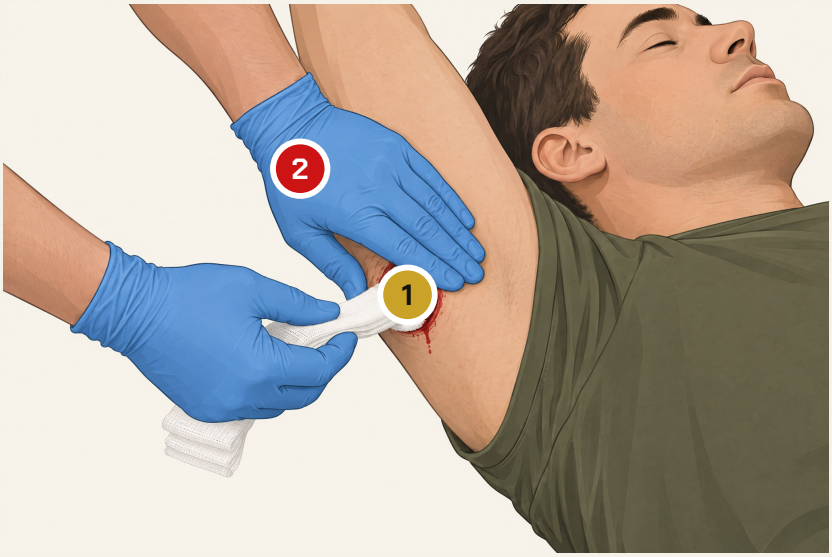
THIS RANGE STOCKS
- **CoTCCC-recommended devices only: C-A-T Gen 7 or SOFTT-W.**
- **One per shooter-facing station, two per bay wall station.**

MASSIVE HEMORRHAGE · GROIN, ARMPIT, NECK, OR WHERE A TOURNIQUET WON'T FIT

Wound packing and pressure dressing

A TOURNIQUET CANNOT REACH THESE. PACK IT.

Junctional wounds — where a limb meets the body — and any deep wound a tourniquet cannot control get hemostatic gauze packed straight onto the bleeding source, then pressure.



1. **PACK ONTO THE SOURCE**
   Fingertips push gauze straight onto the bleeding vessel. Keep feeding until the cavity is full.
2. **THEN PRESS — 3 MINUTES**
   Both hands, body weight, no peeking. Then a pressure dressing over the top.

1 Expose and find the source

Cut clothing away. Wipe pooled blood out with gauze so you can see where it is coming from.

2 Pack onto the source, not the hole

Push hemostatic gauze **directly onto the bleeding vessel** with your fingers and keep feeding it in. Fill the whole cavity.

3 Hold firm pressure — 3 minutes minimum

Both hands, body weight, no peeking. Follow the gauze packaging if it says longer.

4 Pressure dressing over the top

Leave the packing in. Wrap an elastic pressure dressing tight over the wound to hold it.

5 Soaking through?

Add more gauze and pressure on top. **Do not unpack.**

NEVER

- **Pull packing out to look.**
- **Wrap a dressing all the way around the neck — pack and hold pressure instead.**
- **Pack a chest or abdominal wound: chest gets a seal, abdomen gets a dressing and pressure.**

THIS RANGE STOCKS

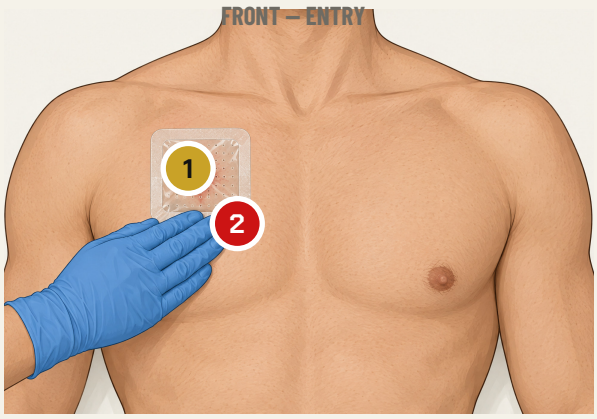
- **Hemostatic gauze: QuikClot Combat Gauze Z-Fold or Celox Rapid.**
- **Plain compressed gauze works if that is all you have. Pack it the same way.**
- **6 in elastic pressure dressing.**

PENETRATING TRAUMA · CHEST, BACK, FLANK

Chest seal: penetrating chest or torso

EVERY HOLE GETS A SEAL — FRONT AND BACK

A gunshot to the chest lets air in with every breath. Seal it. Then roll the casualty and look for the exit wound; seal that too.





1 **VENTED SEAL ON THE HOLE**
Expose, wipe the skin dry, seal with the vent out. Press the edges flat.

2 **BURP IF BREATHING GETS WORSE**
Lift this edge to let trapped air out, then reseal. Tell EMS the time.

1 **ROLL AND SEAL THE EXIT**
Check the back and both sides. Every hole gets a seal.

1. **Expose the whole torso**
   Cut the shirt off. Check chest, back, both sides, armpits.
2. **Wipe the skin dry**
   Sweat and blood stop the seal sticking. Use the gauze from the seal package.
3. **Seal the entry wound**
   Center the seal on the hole, vent side out. Press the edges down.
4. **Roll, find, and seal the exit**
   Log-roll the casualty toward you. Seal every hole on the back and sides.
5. **Position and watch the breathing**
   Awake: sit them up if they breathe easier. Unresponsive and breathing: injured side down.
6. **Breathing worse after sealing? Burp it**
   Rising distress, one side of the chest not moving, fading alertness: **lift one edge of the seal,** let the air out, reseal. Tell EMS the time.

NEVER

- **Pack a chest wound with gauze.**
- **Use tape or plastic when a vented seal is in the kit.**
- **Attempt needle decompression — that is a provider skill, not an RSO skill.**

THIS RANGE STOCKS

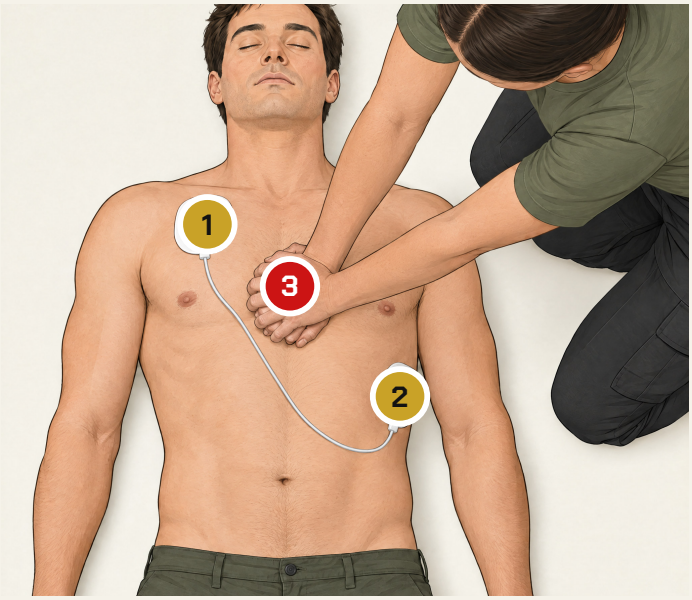
- **Vented chest seals, twin pack (entry + exit) — HyFin Vent or equivalent.**
- **One pair in every IFAK, one pair in every station.**

SUDDEN CARDIAC ARREST · THE MOST LIKELY EMERGENCY ON MOST RANGES

CPR and AED: unresponsive, not breathing normally

NOT BREATHING OR ONLY GASPING = COMPRESSIONS NOW. SEND FOR THE AED.

Center of the chest, at least 2 in deep, 100–120 per minute, full recoil. Switch rescuers every 2 minutes. Turn the AED on the moment it arrives and do what it says.



1. **PAD 1 — UPPER RIGHT CHEST**
   Below the collarbone, beside the breastbone. Bare, dry skin.
2. **PAD 2 — LOWER LEFT SIDE**
   Below the armpit, on the ribs. Shave dense hair; move off an implanted-device bump.
3. **COMPRESS HERE — FROM THE SIDE**
   Heel of the hand on the center of the breastbone at nipple level; never below the ribs. Kneel at the casualty's side, shoulders over the chest, elbows locked. At least 2 in deep, 100–120 per minute. Swap every 2 minutes.

1. **Range cold. Casualty on their back on a firm surface**
   Check response and breathing for no more than 10 seconds.
2. **Compressions start immediately**
   A second person opens the AED, powers it on, and exposes the chest.
3. **Pads on bare, dry skin**
   Shave dense hair under the pad sites with the kit razor. Remove medication patches. Keep pads off an implanted-device bump. Place as pictured on the pads.
4. **Stand clear for analysis**
   If a shock is advised: nobody touching the casualty, press the button (or let a fully automatic unit fire). Resume compressions immediately after.
5. **Cycle 2 minutes of CPR, then AED analysis**
   Until EMS takes over or the casualty breathes normally.
6. **Comms lead records the times**
   Collapse, first shock, EMS handoff — on the incident form.

NEVER

- **Delay compressions to look for a pulse.**
- **Stop compressions for more than 10 seconds except for the shock.**
- **Touch the casualty during analysis or shock.**

ALSO

- **Children under 8 (about 55 lb): pediatric pads or pediatric mode if the unit has them; otherwise adult pads.**
- **AED location on this range:**
  _____
- **Retrieval target: under 60 seconds from every firing point.**

PROTOCOLS D, E, F · AFTER THE BLEEDING IS CONTROLLED

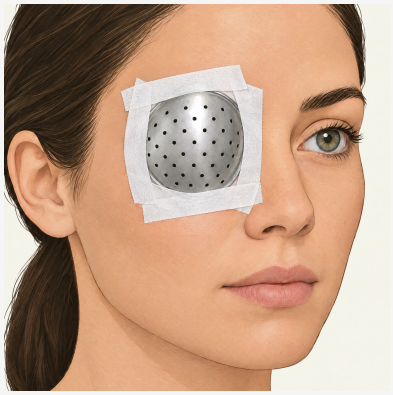
Burns, eye injury, and unresponsive but breathing

D · SUPPRESSOR AND MUZZLE CONTACT BURNS



1. **Cool running water, at least 10 minutes**
   Clean, cool — not cold — tap water. Start now; 20 minutes is ideal.
2. **Rings and watches off**
   Before the swelling starts.
3. **Sterile non-adherent burn dressing**
   Cover loosely. Keep the casualty warm.
4. **Hands, face, or deep burns go to EMS**
   No ice. No ointments, butter, or sprays.

E · EYE INJURY AND BLAST FRAGMENTATION



1. **Hands off the eye**
   Do not touch, rinse, press, or pull embedded fragments.
2. **Rigid eye shield, taped to the bone**
   Zero pressure on the eye itself. No pad, no patch pressing on the globe.
3. **Upright and calm**
   Keep the head still. Do not patch the good eye.
4. **Every penetrating eye injury goes to EMS**
   Tell them what hit it.

F · UNRESPONSIVE BUT BREATHING, NO MAJOR BLEEDING



1. **Check breathing first**
   Not breathing or only gasping: Sheet 5, CPR and AED. Now.
2. **Recovery position**
   On their side, top knee bent forward, head resting on the lower hand, airway open.
3. **Watch, warm, wait**
   Blanket on. Recheck breathing every minute until EMS arrives.
4. **Chest wound? Injured side down**
   So the good lung is on top.

COMMS LEAD · FILL THE FIXED FIELDS ONCE, LAMINATE, POST AT THIS STATION

Range 911 dispatch card

Read it top to bottom. Address and coordinates first — the call can drop. Do not hang up until the unit is dispatched.

READ IN ORDER — FIXED FIELDS (write in permanent marker before laminating)

"911 Dispatcher, this is _____
your name · range name

"We are located at _____
street address · city / county

"GPS latitude _____ **longitude** _____
latitude DD.DDDDD N — longitude DDD.DDDDD W

SAY AT THE TIME OF THE CALL — LIVE INFORMATION

"We have an emergency involving a: [ ] gunshot wound [ ] blast or malfunction injury [ ] medical collapse / cardiac arrest."

"Number of casualties: _____. Exact location inside the facility: bay / lane / yard line _____."

"The range is COLD. All weapons are secured and unloaded."

"Bleeding control is IN PROGRESS. _____ tourniquet(s) applied at _____ (time)." or "CPR is in progress and an AED is on the patient."

"The patient is [ ] awake and breathing [ ] unresponsive. Wound location: _____."

"Do not hang up. Tell me when the unit is dispatched and which route they are taking."

EMS INGRESS — FIXED FIELDS

"Enter via the _____
gate name · compass side · road

"Our marshalling coordinator at the gate is _____
name · vest color

"Gate code: _____ **"Helicopter LZ:** _____
gate lock combination / access code — LZ description and coordinates

DISPATCHER WILL ASK — HAVE THIS READY

"Is the patient awake and breathing?"	Yes / no. If no: "CPR is in progress, AED is on." Do not guess.
"Where is the wound?"	Body region and side. Number of wounds if known.
"Is the bleeding controlled?"	"Tourniquet on at ___" or "packed, pressure held." Say if it is bleeding through.
"Is the scene safe?"	Range is cold, weapons secured, no active threat. If that is not true, say so.

Security: this card carries the gate code. It stays in staff-controlled areas — counter, bay stations, range vehicle. Never in public view. After the call: front desk, then CRSO and range owner from the EAP phone tree.

TIER 2 WALL STATION · ONE PER BAY OR EVERY 4–6 LANES

Bay station: contents and monthly seal check

Post this inside the station lid or beside it. Contents below are the MED-TAC International Tier 2 standard from MTC-RSO-001. Tick what is present at each check; anything missing is reported before the next relay goes hot.

STATION ID _____ LOCATION (BAY / LANES) _____ NEAREST AED _____

OK	QTY	CONTENTS
☐	2	CoTCCC-recommended tourniquets (C-A-T Gen 7 or SOFTT-W)
☐	1 twin pack	Vented chest seals (entry + exit)
☐	2	Hemostatic gauze (QuikClot Combat Gauze Z-Fold or Celox Rapid)
☐	2	Compressed gauze
☐	2	6 in elastic pressure dressings
☐	1	Foil or multi-layer survival wrap
☐	2 pr	Nitrile exam gloves
☐	1	Trauma shears, 7.25 in
☐	1	Permanent marker
☐	1	Laminated instruction card (this sheet set)
☐	1	Serialized tamper seal on the housing

MONTHLY SEAL AND CONTENTS CHECK

DATE	SEAL # ON	SEAL INTACT	CONTENTS COMPLETE	EXPIRY CHECKED	ITEMS REPLACED	INITIALS
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
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SEAL BROKEN OR ITEM MISSING: report to the CRSO before the next relay goes hot. Re-stock, re-seal, log the new seal number. Restock and quotes: tactical-medicine.com/pages/shooting-range-medical-preparedness