Abstract :

The recent attacks targeting the European countries led to a substantial evolution of tactical medicine. At GIGN Medical Center, we have been preparing ourselves to such situations for a long time, thanks to our military status and the multiple operations we have carried abroad. We have worked at adapting what we have seen in Afghanistan and Mali to what we could encounter on our territory, because of the evolution of the terrorists' modus operandi. Mass terror attacks, suicide and drone bombings, multiple sites attacks are some of the threats we need to anticipate, because of the panic they usually trigger. The so-called "Fog of War" is typically a time of misunderstanding, where some of the wounded will die because of a lack of care. If we teach our armed forces the first care that can stabilize the wounded until the arrival of the first caregivers, as well as the basics of triage, we can hope to have more survivors. In order to do this, every member of GIGN (and the French army) is trained to Combat Care Lvl 1 (SC1), which includes the use of a tourniquet and safety blanket, and the implementation of extraction and secure position techniques. We have also trained some of them to Combat Care Lvl 2 (SC2), which means they know how to put an intravenous or intra-bone line, how to prepare some drugs, perform a tracheotomy and an exsufflation in case of a tensive pneumothorax. Our operators also have some basics in triage, in order to assist us in directing the wounded according to the seriousness of the injuries. In every squad, we also have a doctor and a nurse, trained to tactical medicine. They know how to use an algorithm similar to TCCC, which we call "SAFE MARCHE RYAN", where the first thing to do is to protect themselves, then to perform the care, beginning with the management of massive bleedings.
In terms of equipment, we have created several medical kits that we carry in backpacks, including a set of tourniquets, Quick Clots, blankets and light stretchers, in order to quickly control any massive bleeding and extract the injured to a rear and safe zone. This evolution of our equipment has been inspired by the massive findings stating that numerous deaths can be avoided when massive bleedings get quickly stabilized.
Our current human and material organization allows us to make an intellectual switch between the tactical squad in charge of the operation and which becomes in a snap a medical team including paramedics, with one to two doctors in charge of the medical crisis management, one to two nurses who can go from a wounded nest to another to assist the SC2, and several SC2 taking care of some wounded nests with the SC1s, helping them providing very basic, emergency care.
Our will is to permanently improve the efficiency of our cares, and we are firmly convinced that international cooperation and exchange between experts is crucial in this domain.

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