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Response to Dr. Corcogesti concerning 'Use of tourniquet in France'

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Dear Editor,

We thank Corcostegi et al for their interest in our recent review article ‘Is Tactical Combat Casualty Care in terrorist attacks suitable for civilian first responders?’¹. Moreover, we are very grateful to be allowed to gain some insight in the French response to the challenge of improving prehospital care for the casualties of terrorist attacks and how to combine the military expertise with the civilian reality. We fully agree that due to the exceptional nature for civilian EMS of being deployed to a terrorist attack, sharing information and training is and will remain a real challenge. Nevertheless, TCCC-principles could help standardize and ameliorate response to a non-terrorist life threatening hemorrhage due to trauma by civilian EMS mainly by providing essential care for immediate life threatening injuries, minimizing delay in transport as well as the awareness for the lethal triad.

We thank the authors also for stressing the importance of the total doctrine and not the use of tourniquets alone as well as the fact to systematically re-evaluate the need of a tourniquet and its effectiveness.

The Paris terror attacks do indeed remind us that evacuation times in real settings can be prolonged². Long evacuation delays could have potentially deleterious effects on the casualties when a tourniquet is applied. On the other hand, lives could be and will be lost by hesitance to promptly stop a life threatening bleed due the potential delay in evacuation. In hostile settings, standards for minimizing delay in medical evacuation can be met³.

It is our opinion that next to correct indication, constant reassessment of the effectiveness and the need of a tourniquet, the emphasis should be on minimising medical evacuation times as an important aspect of the strategy to handle a terrorist attack for all key players on operational and strategic levels such as law enforcement, military and EMS.

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