The American College of Emergency Physicians (ACEP) considers provision of tactical casualty care an important component in the planning and response at high-threat events, such as mass gatherings of socio-political focus, civil unrest, active shooter incidents, and other forums where high numbers of injured persons could be or are involved. ACEP reaffirms its commitment to evidence-based decisions in practices of pre-hospital care and emergency medicine, and supports the following principles:

- Timely evacuation of casualties from the point of injury.
- Rapid control of massive hemorrhage.
- Effective airway management to promote oxygenation and ventilation with ongoing respiratory assessment and support.
- Circulation management to promote perfusion balanced with permissive hypotension with ongoing circulatory assessment and support.
- Prevent/reverse hypothermia.
- Timely transport to further definitive trauma care.

These principles are consistent with multiple relevant resources and curricula, including the 2016 National Academies of Sciences, Engineering and Medicine report, “A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths after Injury,” Tactical Combat Casualty Care (TCCC), Committee for Tactical Emergency Casualty Care (C-TECC), and the National Tactical EMS Initiative and Council (NTIC) competencies. These resources, curricula, and competencies seek to optimize reduction in morbidity and mortality realized in military conflict medical response and translate them to civilian tactical EMS and other EMS operations at high threat events.