



A member of the CAF's Medical Training Group takes part in a training exercise with simulated wounds as part of Operation UNIFOR. Photo: Cpl Daniel Chiasson.

Wound Care In The Canadian Armed Forces: From Tactical Combat Casualty Care To Recovery

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Wound management within the Canadian Armed Forces (CAF) extends well beyond the combat zone. From hemorrhage control under fire to long-term rehabilitation in Canada. It is a critical component of a system that is integrated with the Canadian civilian health-care structure, and one that emphasizes professional development and innovation. *Wound Care Canada* recently talked with two key officers in the Canadian Forces Health Services (CFHS) about wound care within the CAF: LCol Andrew Beckett, a trauma surgeon, and Maj Doug Murphy, a Senior Practice Leader for Primary Care..



LCol Andrew Beckett is a senior CAF clinician and trauma surgeon and currently serves as Head of Trauma Surgery at St. Michael's Hospital (Unity Health Toronto), Toronto ON.



Maj Doug Murphy BScN is a Senior Practice Leader for Primary Care in the CAF. In addition to his military duties, Maj Murphy maintains active clinical practice as a casual nurse in the Emergency Department and Post-Anesthesia Care Unit (PACU) at a local hospital in Ottawa ON.

WCC: *The Canadian Armed Forces operates what is described as “a fully integrated health system”. Can you explain what this means?*

LCol Beckett: Wound management within the Canadian Armed Forces (CAF) extends far beyond the battlefield. Through the Canadian Forces Health Services (CFHS), the Canadian Armed Forces (CAF) operates a fully integrated health system designed to support serving members across the continuum of care.

Military wound care is often associated with combat trauma, yet much of the daily work of CFHS resembles a comprehensive civilian health-care network—primary care clinics, rehabilitation services, mental health care and chronic disease management. What distinguishes it is the system’s constant readiness to pivot from peacetime clinical practice to austere operational environments at a moment’s notice.

CFHS functions as a national health-care delivery organization within the CAF. Across Canada, military clinics provide primary and occupational care to service members, supported by regional health services groups and centralized leadership. Interdisciplinary teams—physicians, nurses, medical technicians, physiotherapists, pharmacists and mental health professionals—work collaboratively to maintain operational fitness.

On deployment, that same system compresses into highly mobile, scalable teams. Personnel who typically practice in structured clinical environments must be prepared to deliver care in resource-limited, unpredictable settings. Training emphasizes adaptability, triage discipline and coordinated evacuation planning.

WCC: *What specific training is provided in terms of medical care from a military perspective? Either on deployment or otherwise?*

Maj Murphy: A career in the CAF medical services involves training that varies by occupation. However, as Nursing Officers, we follow a unified principle:

to prepare CAF clinicians to deliver safe, effective medical care from the point of injury through progressive levels of care in deployed and domestic operations.

In addition to their civilian professional qualifications, CAF medics complete military-specific training that prepares them for operational environments. This includes *Tactical Combat Casualty Care* (TCCC) and periodic refreshers. These include battlefield trauma simulation exercises to reinforce high-acuity decision-making; chemical, biological, radiological and nuclear (CBRN) medical response training and prolonged field care (austere medicine) scenarios, reflecting real-world constraints in remote or contested environments.

This layered approach ensures that personnel can provide immediate lifesaving care, manage casualties during delayed evacuations and integrate seamlessly into higher levels of medical support in deployed settings.

WCC: *Can you expand on the role of Nursing Officers in the CAF?*

Maj Murphy: CAF Nursing Officers (NOs) are commissioned officers and licensed Registered Nurses who deliver clinical care, health promotion and leadership in both domestic clinics and deployed medical units. They play key roles in primary care, inpatient care, operational health planning and health-system leadership.

To become a Nursing Officer, individuals must:

- Hold a recognized Bachelor of Nursing and be a licensed Registered Nurse (RN) with a provincial or territorial regulatory body.
- Complete Basic Military Officer Qualification (BMOQ).
- Complete a RQ Nur Lt course – that includes familiarization and exposure to military health services
- Undertake Clinical Phase training that includes 900 hours of preceptorship in a civilian hospital.

Ongoing professional development is an expected component of military health practice.

Nursing Officers frequently expand into specialized areas such as: Surgical or perioperative nursing; Critical Care; Primary Care (extension from the parent occupation Medical Surgical Nurse Officer (MNSO); Mental health; Nurse Practitioner (NP) and Leadership and clinical governance roles.

These pathways align with real CAF career trajectories and reflect the organization's emphasis on evidence-based practice, clinical excellence and leadership development.

WCC: *In terms of nursing and similar services, do you engage with or encourage personnel to pursue continuing education activities, for example, courses/certification such as Wounds Canada's Accredited Wound Care Champion program or NSWOC (Nurses Specialized in Wound, Ostomy and Continence Canada)?*

Maj Murphy: Yes — the Canadian Armed Forces, including the CFHS, does actively support and encourage continuing education for Nursing Officers and related health personnel. Wounds Canada's Accredited Wound Care certificate is listed as one of the programs available for funding through our Continuing Professional Development (CPD) program. CAF policy encourages that ongoing professional development is an expected and supported component of military health practice.

WCC: *Wound management is obviously a crucial component, both during deployment and afterwards. How does the CAF keep up with the latest advances, in terms of best practices, products, technology, etc.?*

Maj Murphy: The CAF maintains current, evidence-based wound-care practices through continuous professional education through the Canadian Nurses Association, and here in Ontario we also follow the Best Practice Guidelines published by the Registered Nurses' Association of Ontario (RNAO). Combined with ongoing health-system modernization efforts, a strengthened clinical-governance framework and alignment with national standards, the CAF ensures that its clinicians

are consistently updating and enhancing their clinical practice.

Participation in Wound Canada conferences further supports this commitment by enabling CAF attendees to access the latest research, technologies and wound-care innovations. These events provide opportunities to bring back updated clinical knowledge, best practice recommendations and examples of emerging dressings and therapeutic products, ensuring that CAF Health Services remain aligned with contemporary national and international standards of care.

WCC: *What is the main difference between wound care provided under the Tactical Combat Casualty Care (TCCC) program and typical wound management?*

Maj Murphy: *Tactical Combat Casualty Care, or TCCC, wound care is designed for combat conditions, where the priority is preventing death from the most immediate battlefield threats, often at the expense of ideal long-term wound healing.*

TCCC Priorities ('Life Before Limb') are performed under fire, in unstable or hostile environments. Limited time, supplies, lighting, personnel and evacuation options are key factors. Wounds are often traumatic, penetrating and explosive or blast-related.

Considerations include combat conditions, such as ongoing enemy threat; the need for rapid movement; mass casualty situations and minimal equipment.

Once removed from the combat environment, typical wound management begins with prevention and proceeds by prioritizing optimal healing, patient comfort, infection control and preservation of viable tissue. These interventions are delivered in controlled clinical environments with access to comprehensive resources and skilled personnel. Wounds are often chronic, surgical or non-traumatic.

Treatment in this 'no threat' environment allows for full assessment, access to imaging and lab services, specialized dressings and longer-term planning.

WCC: *Naturally, a lot of effort is directed at combat and potential emergency or hazardous deployment. What structure is in place for caring for and managing wounds sustained by personnel afterwards? How does CAF handle these individuals to optimize healing and prevent complications?*

LCol Beckett: Wound care in operational environments is guided by the principles of *Tactical Combat Casualty Care* (TCCC). Unlike conventional civilian wound management—where rapid hospital access is assumed—TCCC prioritizes immediate life-saving interventions under hostile or austere conditions.

Hemorrhage control is paramount. Tourniquets, hemostatic agents, pressure dressings and rapid damage control techniques are employed early. Care progresses through defined phases: care under fire, tactical field care and evacuation care. Each phase reflects the realities of environment, threat level, and available resources.

Once patients reach higher echelons of care, wound management increasingly aligns with advanced civilian trauma standards, including surgical debridement, vascular repair, negative pressure wound therapy and staged reconstruction.

Maj Murphy: Once a CAF member transitions out of the tactical environment, their care is managed within the broader CFHS system. This system is designed to provide comprehensive, long-term clinical care that supports recovery, rehabilitation and sustained readiness. CFHS clinics function as primary and continuing care hubs for CAF members and typically provide:

- Ongoing wound assessment and management, including monitoring, treatment planning, and escalation to specialty care when needed.
- Follow-up appointments to ensure continuity of care and timely recovery.
- Interdisciplinary services, including nursing, primary care providers, mental health professionals, physiotherapists and other rehabilitation specialists.

- Preventive and occupational health services, such as screenings, medical surveillance, and readiness assessments.

CAF Health Services Centres deliver both primary and tertiary care to serving CAF members in Canada and on deployed operations. Their integrated, multidisciplinary model ensures that members receive coordinated, patient-centred care from initial injury or illness through recovery, reintegration and maintenance of operational fitness.

WCC: *Is there any specific training or mandate concerning prevention of limb loss due to wounds?*

LCol Beckett: Modern military trauma doctrine emphasizes limb preservation whenever feasible. Early hemorrhage control, rapid surgical debridement, vascular repair and coordinated reconstructive planning are foundational principles.

Multidisciplinary collaboration—including trauma surgeons, vascular specialists, rehabilitation teams and wound care nurses—supports limb salvage strategies from the point of injury through definitive reconstruction. Lessons learned from recent operational deployments have reinforced the importance of early intervention and staged reconstruction in optimizing long-term outcomes.

Maj Murphy: CAF addresses limb-loss prevention through a broader framework that includes wound-care protocols, medical and occupational health standards, injury-prevention programs and comprehensive rehabilitation systems. Together, these integrated policies and practices aim to reduce the risk of severe injuries, support early intervention and ensure optimal recovery outcomes for members across training, operational, and garrison environments.

WCC: *Prevention is a key aspect of wound management in all aspects of life. Do personnel (medical or otherwise) receive any training in this regard?*

Maj Murphy: Yes — CAF personnel do receive training related to injury prevention and, by extension, wound-prevention which is woven throughout CAF health promotion, injury prevention, and clinical practice training for medical personnel.

WCC: *How does the CAF work within the broader Canadian health-care system?*

LCol Beckett: A defining strength of military healthcare in Canada is its integration with civilian academic centres. Many CAF clinicians maintain appointments at tertiary hospitals, such as St. Michael's Hospital in Toronto, where I practice, and other major trauma institutions across the country.

This dual-role structure provides substantial advantages for many areas of care, including wound care. Military clinicians maintain exposure to high-acuity civilian trauma systems, advanced reconstructive techniques and research-driven innovation. Conversely, lessons learned in combat casualty care—particularly in hemorrhage control and damage control resuscitation—have informed civilian trauma protocols.

For complex wound cases requiring subspecialty input, formal referral pathways ensure continuity of care between military and civilian systems.

Military wound care in Canada does not exist in isolation. It operates within a collaborative national framework, integrating civilian trauma expertise, evidence-based wound management and operational doctrine.

At its core, CFHS combines readiness, innovation and comprehensive follow-up care. Whether managing catastrophic battlefield injuries or complex chronic wounds at home, the mission remains constant: preserve life, optimize function and sustain the health of those who serve.

WCC: *What can a nurse or other clinician expect from a career in the CAF?*

LCol Beckett: For nurses and clinicians, a career within CFHS offers a distinctive professional pathway. Scope of practice is often broader than in civilian settings, particularly in operational environments. Clinicians develop expertise in trauma management, leadership under pressure and interdisciplinary collaboration.

Opportunities include domestic clinical practice, deployment roles, advanced training and leadership development. The environment demands adaptability and resilience—but offers meaningful service and professional growth.

The role historically described as 'Medical Assistant' has evolved within CAF occupational structures, reflecting expanded training and paramedic-aligned competencies in both field and clinic environments. As operational demands change, so too do classification titles and scopes of practice.

Maj Murphy: A career in the Canadian Armed Forces as a nurse or clinician offers the opportunity to deliver meaningful patient care while developing as a leader within a national, integrated health system. CAF clinicians benefit from diverse and unique clinical experiences, funded education and professional development pathways, as well as exposure to operational and expeditionary environments that are not available in typical civilian practice. As the CAF Health Services continue to modernize in close collaboration with Canadian health-care partners, clinicians can directly contribute to system-level improvements with tangible impact. For those who value purposeful clinical work, leadership growth and the flexibility to serve in varying locations and missions, this career path provides a highly rewarding and multifaceted professional journey.

Ian Corks is Editor, *Wound Care Canada*.