



# Training Standards for Basic Tactical Casualty Care and Coordination with EMS during Terrorism Incidents

Emergency Medical Services Authority  
California Health and Human Services Agency

EMSA #170  
DRAFT 1<sup>st</sup> Edition – January 2016







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EMSA #170  
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# Training Standards for Basic Tactical Casualty Care and Coordination with EMS during Terrorism Incidents: Guidelines for Law Enforcement, Fire Service, and Emergency Medical Services Personnel

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# 1

## INTRODUCTION

### Statutory and Regulatory Basis

This document provides the framework for training standards necessary for the preparation of law enforcement, fire service, and emergency medical services personnel to respond to terrorism incidents. It seeks to harmonize and incorporate the many new and existing requirements now found in California's various statutes and regulations.

First, it recognizes the regulatory requirements found in California Code of Regulations, Title 22, Division 9, Chapter 1.5 that guide the training of public safety personnel in first aid and cardiopulmonary resuscitation. Specifically, this document highlights the specific training criteria concerning tactical casualty care. Second, it adds the statutory elements found in AB 1598 (Rodriguez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination with emergency medical services personnel during terrorism incidents or active shooter events.

These many requirements taken as a whole will guide both training programs and first responder agencies, including law enforcement, fire, and emergency medical services (EMS), on development of curriculum and protocols related to the coordinated response to active shooter and other terrorism related multi-casualty events.

This document is focused upon developing the training program approval process with respect to prehospital emergency medical services training as this training relates to terrorism related responses; and describing the care provided at the basic life support level as those skills are authorized under existing California Regulations for public safety personnel who have received training at the public safety first aid and CPR level, or those individuals trained at the Emergency Medical Technician (EMT) level (California Code of Regulations, Title 22, Division 9, Chapter 2.) Individuals who are certified or licensed at an advanced level including Advanced EMTs (AEMT) or paramedics should consult with their local EMS agency for guidance on scope of practice and local protocols for use during tactical operations.

### Legislative Intent

In enacting AB 1598, the legislature made several important additions or changes to statutory language found in California Health and Safety Code 1797.116, 1797.134, California Government Code 8588.10, California Penal Code 13514.1 and 13519.12 to better prepare public safety personnel to provide tactical casualty care and coordinate

with emergency medical services during terrorism incidents. Moreover, the changes which AB 1598 sought to make need to be harmonized with existing law and regulations.

For the purposes of AB 1598, and this document, a “terrorism incident” includes, but is not limited to, an active shooter incident. An “active shooter incident” is an incident where an individual is actively engaged in killing or attempting to kill people.

The California legislature noted in their intent language that “since the Columbine High School shootings that occurred in 1999, more than 250 people have been killed in the United States during what has been classified as active shooter and mass casualty incidents.” They observed that “these incidents involve one or more suspects who participate in an ongoing, random, or systematic shooting spree, demonstrating the intent to harm others with the objective of mass murder.” Moreover, the legislature said, “It also became evident that these events may take place in any community or venue and that they impact fire and police departments, regardless of their size or capacity. Local jurisdictions vary widely in available emergency response resources, staffing, and equipment allocations.”

In enacting AB 1598, the legislature was prescribing that protocols and training for response to active shooter incidents must be established locally to work within the resource capabilities and limitations of each jurisdiction. The legislature intended AB1598 to do the following:

- Require the development of collaborative protocols and relationships between local and state first response entities, including law enforcement agencies, fire departments, and emergency medical services providers and agencies, in order that those entities shall act effectively and in concert to address active shooter incidents across California.
- Require first response entities to seek collaborative training opportunities, including, but not limited to, table top or simulation exercises, to assess plan implementations, and to include other entities that may be involved in active shooter incidents in those trainings, such as schools, city or county personnel, and private businesses.
- Require basic and ongoing training for law enforcement agency personnel, fire department personnel, emergency medical services personnel, and the personnel for other first responders include, as appropriate, training and education on active shooter incidents and tactical casualty care.

It was the intent of the Legislature that each first response entity, in collaboration with other law enforcement agencies, fire departments, and emergency medical services providers and agencies, develop protocols for responding to active shooter incidents.

Those protocols must be reviewed annually to ensure that they are current, and address any policy, geographic, or demographic changes that warrant a response strategy review. The Legislature intended that the protocols address all of the following:

- The roles, responsibilities, and policies of each entity in responding to an active shooter incident.
- Pre-assessment and contingency planning that includes identification of potential targets within the jurisdiction.
- Implementation of an Incident Command System (ICS), including emergency protocols for a unified command structure for entities responding to an active shooter incident.
- Interagency communication issues and needs, including, but not limited to, radio interoperability and establishment of common language, terms, and definitions to be used on the scene of an active shooter incident.
- Identification of resources for responding to an active shooter incident, including, but not limited to, primary and secondary needs and hospitals.
- Tactical deployment of available resources for responding to an active shooter incident.
- Emergency treatment and extraction of persons injured in an active shooter incident.

## **EMSA Statutory Requirements regarding this Document**

As part of Division 2.5 of the California Health and Safety Code, the California Emergency Medical Services Authority (EMSA or authority), is charged with setting training standards for all levels of emergency medical care personnel including public safety, Emergency Medical Technicians (EMT), Advanced EMT (AEMT), and paramedics.

Specifically, existing law requires EMSA to establish “additional training standards” that include the criteria for curriculum content involving the responsibilities of first responders to terrorism incidents. The Health and Safety Code notes this below:

*1797.116. (Terrorism Response Training Standards)*

*(a) The authority shall establish additional training standards that include the criteria for the curriculum content recommended by the Curriculum Development Advisory Committee established pursuant to Section 8588.10 of the Government Code, involving the responsibilities of first responders to terrorism incidents and to address the training needs of those identified as first responders. Training standards shall include, but not be limited to, criteria for coordinating between different responding entities.*

*(b) Every EMT I, EMT II, and EMT-P, as defined in Sections 1797.80, 1797.82, and 1797.84, may receive the appropriate training described in*

*this section. Pertinent training previously completed by any jurisdiction's EMT I, EMT II, or EMT-P personnel and meeting the training requirements of this section may be submitted to the training program approving authority to assess its content and determine whether it meets the training standards prescribed by the authority. (Amended by Stats. 2014, Ch. 668, Sec. 3. Effective January 1, 2015.)*

In addition, as part of Title 2, Division 1 of the California Government Code, EMSA works in coordination with the Office of Emergency Services (OES) to jointly develop a course of instruction for use in training all emergency response personnel, using the concepts and procedures associated with California's Standardized Emergency Management System (SEMS). In turn, SEMS uses the Incident Command System (ICS) as originally developed by FIRESCOPE as a framework for responding and managing emergencies and disasters involving multiple jurisdictions or multiple agency responses. All state agencies must use SEMS to coordinate multiple jurisdiction or multiple agency emergency and disaster operations.

For this reason, Tactical First Aid training that does not incorporate ICS principles and terminology into the approved course curriculum does not qualify for "AB 1598" course recognition within the meaning of this document.

## **Role of the California Tactical EMS Advisory Committee**

The California Tactical EMS Advisory Committee was initially formed in 2013 to share information and best practices statewide among Tactical emergency medical services (TEMS) leaders. The committee is designed to collaborate and harmonize the efforts of State and local agencies, groups, individuals, and training programs representing law enforcement, emergency medical services, and fire service centered about tactical emergency medical services. Through the cooperative efforts of law enforcement, fire service, and EMS, the committee can identify a shared direction for the improvement of TEMS activities in California.

The formation of this Committee was inspired by Ken Whitman, POST Special Consultant, who championed the multi-disciplinary nature of tactical EMS. As a tribute, this Committee is nicknamed the Whitman Committee.

This Committee was formalized upon the passage of AB1598 (Rodriguez, Statutes of 2014) that added Health and Safety Code 1797.116 and 1797.134 effective January 1, 2015 as indicated below:

*1797.134. (EMS & Peace Officer Training Coordination)  
The Interdepartmental Committee on Emergency Medical Services or another committee designated by the director shall consult with the*

*Commission on Peace Officer Standards and Training regarding emergency medical services integration and coordination with peace officer training. (Added by Stats. 2014, Ch. 668, Sec. 4. Effective January 1, 2015.)*

In conformance with the statute, Dr. Howard Backer, Director of the California EMS Authority, has formally designated the California Tactical EMS Advisory Committee as the body responsible, under Health and Safety Code 1797.134, for carrying out the activities described in Health and Safety Code 1797.116.

As noted above, AB 1598 now requires the California Tactical Advisory Committee to consult with POST regarding emergency medical services integration and coordination with peace officer training.

## **Role of the Local Emergency Medical Services Agency**

The EMS Act under existing law creates the local emergency medical services agency or LEMSA. Under existing law the LEMSA is the training program approval authority for non-state agencies

## **Role of the Office of Emergency Services**

Existing law establishes the Office of Emergency Services (OES) within the Office of the Governor of the State of California. Existing law requires the Director of OES to establish a Curriculum Development Advisement Committee (CDAC) to advise the Office on the development of course curricula, as specified by the Director of OES. Existing law also requires OES to establish regulations requiring a standardized emergency management system (SEMS) for use by all emergency response agencies. Existing law further requires that the standardized emergency management system shall include as a framework for responding to and managing emergencies and disasters involving multiple jurisdictions and agencies the incident command system (ICS) and multi-agency coordination system (MACS) as developed by FIRESCOPE, the use of mutual aid, the operational area concept and the roles and responsibilities of the individually involved agencies. Finally, existing law requires that all state and local agencies are required to use SEMS to coordinate multiple jurisdiction or multiple agency emergency or disaster operations.

## **Role of the Curriculum Development and Advisory Committee**

Existing law makes the Curriculum Development Advisory Committee (CDAC) primarily responsible for recommending criteria for terrorism awareness curriculum content to

meet the training needs of state and local emergency response personnel and volunteers. Existing law further requires the Commission on Peace Officer Standards and Training (POST), the California Emergency Medical Services Authority (EMSA), and the California Joint Apprentice Committee (CALJAC) to include within any course of instruction the “criteria for curriculum content” recommended by the CDAC. Finally, existing law requires that basic terrorism awareness training shall include understanding the structure and function of an incident command system and coordination with other emergency service first responders.

As noted above, AB 1598 further defines a “terrorism incident” as now including, “but not limited to, an active shooter incident.” An “active shooter incident is defined as “an incident where an individual is actively engaged in killing or attempting to kill people.” Additionally, AB 1598 now requires the “CDAC” to consult with POST in the development of terrorism awareness course curricula and response training.

## **Role of the Commission on Peace Officer Standards and Training**

Existing law establishes in the Department of Justice the Commission on Peace Officer Standards and Training (POST) and requires POST to both adopt rules prescribing the minimum standards regarding police officer recruitment and discharge various duties relating to the education and training of existing officers. Existing law also provides that POST shall develop and disseminate guidelines and standardized training recommendations for law enforcement officers assigned to SWAT operations on or before July 1, 2005.

Under AB 1598 POST must develop training standards and a course of instruction that includes the criteria for the curriculum content now recommended by the “Curriculum Development Advisory Committee” (CDAC), involving the responsibilities of first responders to terrorism incidents. AB 1598 further provides that the training standards and course of instruction may, if appropriate, include coordination with emergency medical services providers that respond to an incident, tactical casualty care and other standards of emergency care as established by the Emergency Medical Services Authority. Next, AB 1598 now provides that POST guidelines developed for SWAT operations may address “tactical casualty care.”

## **California Tactical EMS Advisory Subcommittee**

A subcommittee of the California Tactical EMS Advisory Committee, chaired by Val Bilotti RN, reviewed the requirements for Public Safety First Aid and CPR training and AB1598, and provided the framework for this document.

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# 2

## APPLICATION OF TRAINING STANDARDS

First responder resources vary greatly at the local levels across the state. For this reason, preparing for terrorist incidents or active shooter events must be coordinated at the local level based on each area's unique resources and needs. Local first responder agencies should work together on developing protocols, policies and combined training to prepare for active shooter or terrorist events.

### Target Audience

This document is meant to provide guidance to training programs for public safety personnel, to include peace officers, fire service personnel, and public lifeguards, to ensure that those individuals are prepared and maintain a skill set that incorporates the basic elements of tactical casualty care and coordination with emergency medical services.

EMTs, Advanced EMTs (AEMT), and Paramedics are trained to provide a higher level of medical care. However, the concepts of tactical casualty care are not presently part of the required curriculum found in the California regulations. Consequently, it is highly recommended that all EMTs, Advanced EMTs, and paramedics are trained to the standards described in this curriculum.

Separately, Tactical Medicine training, approved by POST and EMSA, is geared towards EMT and paramedics in law enforcement or SWAT operations and is further described in the Tactical Medicine Guidelines published by POST and EMSA.

### Policies by Local Agencies

Public safety, first responder, and EMS agencies in a local area should establish policies on protocols and coordinated response to active shooter and/or terrorism related events based on a needs assessment for local training. Policies developed should encourage joint training and exercises between law enforcement, fire service, and EMS personnel using ICS principles and terminology.

Those local policies should be reviewed annually to ensure their continued application.

## Curriculum Content Review of Training Programs

Training programs shall develop curriculum and training that meet the following standards. Adherence to the minimum topics is essential to ensure that both the existing regulatory standards and AB 1598 standards are met.

Pursuant to Health and Safety Code 1797.116, training program approving authorities are required to assess the content of training programs and determine whether it meets the training standards prescribed by the California EMS Authority. Therefore, entities that offer training programs that intend to meet the provisions of these requirements, and are offered for EMT, AEMTs, and Paramedics, must submit their curriculum for evaluation to the local EMS agency or the California EMS Authority.

The California EMS Authority serves as the training program approval authority for programs offered by California Commission on Peace Officer Standards and Training (POST), California Highway Patrol, or the State Fire Training. EMSA will maintain a list of approved tactical casualty care training programs on the EMSA website. The California EMS Authority can also approve programs that will have a statewide application.

Programs seeking approval for tactical casualty care shall be evaluated and categorized as follows:

### PROGRAM CATEGORIES:

1. Basic Tactical Casualty Care with Active Shooter/ EMS Coordination, 4-24 hour training program.
  - Tactical First Aid
  - Tactical Life Saver
2. Tactical EMS Care, 40 hour training program.

## Initial and Ongoing Training

Programs are expected to be competency based. No specific hourly requirement has been set that serves as a minimum level of training to meet the training standards outlined in this document. However, to meet the requirements the instructor must ensure that the students have demonstrated a level of competency in the topics described in the Curriculum Content section through written and skills testing. This is highly dependent upon the students' prior experience in medical care and tactical operations.

For initial training at the Tactical First Aid level, it is anticipated that a minimum of 4-8 hours of training will be required to meet the training topics for the most well prepared students with a strong background in both medical care and tactical team operations. This Tactical First Aid level of training can be with or without the required AB1598 component.

For initial training at the Tactical LifeSaver level, more complete training programs will find that 16-24 hours of total training is required to standardize the knowledge and skills levels for both the basic tactical casualty care and coordination with emergency medical services components, and provide adequate time for realistic scenario practice and competency testing.

Training programs who wish to offer these approved programs shall seek approval in advance from either their local EMS agency or the California EMS Authority. Since many training programs will also be continuing education providers, the criteria found in the California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education may be utilized to guide the approving authority and the entity seeking approval. The application form for training program approval is found in Chapter 4 of this document. Training program approval shall be for 3 years. Training programs shall keep records of student trained, and original documents related to written and skills competency testing for 4 years. These records are subject to review by the approving authority.

Training programs shall issue certificates that reflect the title of the approved course and the number of hours of training to students that successfully complete the course.

Prior and current training should be evaluated by local first response entities in order to avoid duplicative training. Local first response entities should seek collaborative training opportunities, set training goals and objectives as identified by a collaborative training needs assessment. Review of training goals and objectives should be included in the annual policy review.

Pursuant to the regulations for public safety first aid and CPR training, the 8 hour refresher training every 2 years should include the elements of tactical casualty care and coordination with emergency medical services.

## **Previously Completed Training**

AB 1598 provides and allows for agencies or entities that have previously completed Tactical First Aid training to submit to the training program approval authority for approval any pertinent training to assess its content and determine whether or not the prior training meets the training standards as prescribed by EMSA.

In making this determination, EMSA or the local EMS agency should utilize the guidelines, publications, and recommended existing training programs for guidance in this area when assessing the previously-completed course content. EMSA recognizes and acknowledges that multiple entities have assisted in developing the foundations and principles upon which this publication uses for providing training program approval guidance.

As not all local EMS agencies have developed training program approval authorities and assessment criterion pertinent to terrorism awareness training, previously completed programs may elect to submit their training curriculum to EMSA for initial approval. State and local Training Program approval will be retroactive from the date of EMSA approval and shall be valid for three years from the EMSA approval date. EMSA or local EMS agency training program approval shall be statewide in effect.

# 3

## CURRICULUM CONTENT FOR BASIC TACTICAL CASUALTY CARE AND COORDINATION WITH EMERGENCY MEDICAL SERVICES DURING TERRORISM INCIDENTS

Combined training developed at the local level should include at minimum the following topics:

### Domain 1: History and Background

#### Competency 1.1: Demonstrate knowledge of tactical casualty care

##### 1.1.1 Demonstrate knowledge of tactical casualty care

- History of active shooter and domestic terrorism incidents
- Define roles and responsibilities of first responders including
  - Law Enforcement
  - Fire
  - EMS
- Review of local active shooter policies
- California Law and Regulations
  - California Code of Regulations, Title 22, Division 9, Chapter 1.5
  - Health and Safety Code 1797.116 (Amended by AB1598, Rodriguez, Chapter 668, Statutes of 2014)
  - Government Code 8607 (ICS)
  - California Code of Regulations, Title 29, Division 2, Chapter 1
- Scope of Practice and Authorized Skills and Procedures by level of training, certification, and licensure zone<sup>1</sup>
- Brief history of Tactical Combat Casualty Care (TCCC)
- The Hartford Consensus (2013)
  - THREAT
  - Utilize the acronym to identify crucial action in an integrated active shooter response

### Domain 2: Terminology and definitions

#### Competency 2.1: Demonstrate knowledge of terminology

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<sup>1</sup> NOTE: Always stay within scope of practice for level of certification/licensure and follow the protocols approved by the local EMS agency

2.1.1 Demonstrate knowledge of terminology

- Hot zone/warm zone/cold zone
- Casualty collection point
- Rescue task force
- Cover/concealment

## **Domain 3: Coordination Command and Control**

**Competency 3.1: Demonstrate knowledge of incident command and how agencies are integrated into tactical operations.**

3.1.1 Demonstrate knowledge of team command, control and communication

- Incident Command System/National Incident Management System
- Mutual Aid considerations
- Unified Command
- Communications, including radio interoperability
- Command post
  - Staging areas
  - Ingress/egress
- Managing priorities—some priorities must be managed simultaneously

## **Domain 4: Tactical and Rescue Operations**

**Competency 4.1: demonstrate knowledge of tactical and rescue operations.**

4.1.1 Tactical Operations

- The priority is to neutralize the threat
- Contact Team
- Search and rescue operations

4.1.2 Rescue Operations

- The priority is to evacuate civilians and injured parties
- Integrated police/fire/EMS movement and coordination
- Formation of Rescue Task Force (RTF)
- Force protection
- Casualty collection points
- Patient movement
- Other local methods for tactical operation and EMS integration ( i.e. rescue corridor, shrink Hot Zone)

## **Domain 5: Basic Tactical Casualty Care and Evacuation**

**Competency 5.1: Demonstrate appropriate casualty care at your level of training**

5.1.1 Demonstrate knowledge of the components of the IFAK

- The priority is to care for the wounded
- Individual First Aid Kit equipment

- Understand the Priorities of Tactical Casualty Care as applied by zone
- 5.1.2 Demonstrate competency through practical testing of the following medical treatment skills:
- Bleeding control
    - Apply Tourniquet
      - Self-Application
      - Application on others
    - Apply Direct Pressure
    - Apply Israeli Bandage
    - Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products
    - Apply Pressure Dressing
  - Airway management
    - Perform Chin Lift/Jaw Thrust Maneuver
    - Place casualty in the Recovery Position
    - Place casualty in the Sitting Up/Lean Forward Airway Position
    - Insert Nasopharyngeal Airway, if approved by the Local EMS agency
  - Breathing, to include chest/torso wounds
    - Apply Vented and Non-Vented Chest Seals
  - Recognition and Treatment of Shock
  - Prevention of Hypothermia
  - Eye Injury Management
    - Cover Eye with Rigid Shield
  - Perform Secondary, Head-to-Toe Assessment
  - Fracture Management
  - Management of Burns
  - Documentation of Care
- 5.1.3 Demonstrate competency in Evacuation and patient movement
- Drags and Lifts
    - Demonstrate Modified Fireman's – Hawes Carry (1 person)
    - Demonstrate Shoulder-Belt drag – Seal Team 3 Carry (2 Person)
    - Demonstrate Rapid Shoulder-to-Shoulder drag (2 person)
  - Carries
    - Demonstrate Fore-Aft Carry (2 Person)
    - Demonstrate Side-by-Side Carry (2 person)
    - Demonstrate Side-by-Side Carry (3 person)
  - Patient Movement
    - Use Soft-Litter
    - Use SKED or similar device
    - Use local movement devices

5.1.4 Demonstrate knowledge of local multi-casualty/mass casualty incident protocols

- Triage procedures (ie START or SALT)
- Treatment
- Coordinate transport to higher level of care

## **6 Medical Planning and Threat Assessment**

**Competency 6.1: Demonstrate knowledge in medical planning and threat assessment.**

6.1.1 Understand and demonstrate knowledge of situational awareness

- Scene Size-up
- Pre-assessment of Situation
- Pre-assessment of Risks and Threats
- Medical Resources Available

## **7 Practical Skills/Scenario Training**

**Competency 7.1: Demonstrate knowledge and skills through written and practical exam.**

7.1.1 Demonstrate through skills and written exam

- Medical skills
  - Bleeding control
  - Airway management
  - Respiratory Care, including open chest wounds
- Patient extrication and evacuation
- Self and Buddy Care scenarios in hot and warm zones
- Coordinated law enforcement/fire/EMS response with formation of Rescue Task Force, following ICS and unified command principles

# 4

## Curriculum Content Tactical EMS Care

Prerequisites for this training: EMT or higher and Basic Tactical Casualty Care training.

### Domain 1: Course Administration and Introduction to Tactical EMS

#### Competency 1.1: Administration and Safety

##### 1.1.1 Administrative Policies

- Documentation

##### 1.1.1 Safety Requirements

- Course safety policies

#### Competency 1.2: Roles and Responsibilities

##### 1.2.1 History of Tactical Casualty Care

- Historical development of tactical medicine
- Brief history of Tactical Combat Casualty Care (TCCC)
- History of active shooter and domestic terrorism incidents

##### 1.2.2 Roles and Responsibilities of the tactical EMS provider in California

- Tactical medicine training program goals
- Roles and responsibilities of the tactical EMS provider
- Operational standards
- Gear and equipment

##### 1.2.3 California Requirements for EMS integration

- Scope of practice and Authorized Skills and Procedures by level of training, certification, and licensure.
- California Law and regulations
- Tactical Casualty Care versus Tactical Medicine

## **Domain 2: Tactical Casualty Care (TCC) Methodology**

### **Competency 2.1: Tactical medical skills in the Care Under Fire (CUF)/Direct Threat Care (DTC) Phase of TCC**

2.1.1 Perform appropriate casualty care at your level of training in CUF/DTC phase of TCC

- Demonstrate the ability to identify the CUF/DTC scenario
- Describe the environment during the CUF/DTC phase including the return of fire and elimination of the threat
- Demonstrate the ability to conceal and cover
- Demonstrate the ability to stop life threatening external hemorrhage
- Demonstrate the ability to position a casualty in the recovery position
- Demonstrate the ability to direct casualty to self-treat
- Describe the need to remove casualty from immediate hazards (e.g., burning vehicle)
- Discuss the possible need to defer airway management until TFC/ITC

### **Competency 2.2: Tactical medical skills in the Tactical Field Care (TFC)/Indirect Threat Care (ITC) phase of TCC**

2.2.1 Perform appropriate casualty care at your level of training in the TFC/ITC phase of TCC:

- Describe the TFC/ITC environment
- Identify when it is appropriate to search and disarm a casualty and how to remove weapons and render them safe
- Demonstrate the ability to conduct a tactical primary survey using the MARCH mnemonic, prioritize and treat casualties
- Describe key care that should be provided during the TFC/ ITC phase including: inspect and dress wounds, splint fractures and recheck pulses, reassess tourniquets, establish intravenous (IV) access, administer medications and fluids as indicated, and apply rigid eye shield for a casualty with penetrating eye injury after performing field expedient visual acuity exam.

### **Competency 2.3: Tactical medical skills in the Tactical Evacuation Care (TACEVAC)/Evacuation (EVAC) phase of TCC**

2.3.1. Perform appropriate casualty care at your level of training in the TACEVAC/EVAC phase of TCC

- Demonstrate the ability to reassess the casualty (e.g., the MARCH mnemonic and secondary assessment)
- Demonstrate the ability to re-evaluate all interventions

2.3.2. Describe the actions to arrange casualty evacuation by both ground and air

- Demonstrate the ability to transfer casualties to the landing zone or medical exchange point for transport to the next level of care according to the prearranged medical plan

2.3.3. Describe the key elements of handoff to the next level of care

- Demonstrate the ability to provide documentation of care rendered
- Demonstrate the ability to deliver an organized verbal report during transfer of care

**Competency 2.4: Use of TCC as a system in the tactical environment**

2.4.1. Describe the relevance of the TCC methodology in the law enforcement setting

- Describe the relevant aspects and limitations of military medicine to responses to acute injury and illness in the law enforcement setting.

2.4.2. Describe the components of the IFAK

- Describe the components of the IFAK and the purposes of each (e.g. nasal airway device, pressure dressing, gauze, chest seal, tourniquet, hemostatic dressing, casualty documentation card with permanent marker, 2" utility tape, gloves, catheter for chest decompression)
- Demonstrate use of the items included in your agency-provided IFAK

**Domain 3: Remote Assessment and Surrogate Care**

**Competency 3.1: Remote Assessment Methodology (RAM)**

3.1.1. Perform a remote assessment of a casualty

- Identify when a remote assessment is appropriate
- Identify appropriate resources for determining a casualty's condition remotely (e.g., binoculars, spotting scope, night vision optics)
- Determine a casualty's condition remotely
- Determine situational variables impacting rescue
- Communicate findings to command staff for integration into an extraction plan

**Domain 4: Rescue Extraction**

**Competency 4.1: High Threat Extraction Techniques**

4.1.1. Demonstrate high threat extraction techniques

- Describe appropriate extraction technique for the phase of care
- Demonstrate personal extraction techniques
- Demonstrate single- or multiple-person drag or carry technique
- Describe the extraction techniques outlined in TCCC/ TECC (e.g., one-person drag/two- person drag, Hawes carry, SEAL Team 3 carry)

- Demonstrate the ability to assess and utilize pre-rigged and improvised equipment to facilitate extraction (e.g. vest, webbing, soft litter, rigid litter)
- Describe the importance of reassessment after extraction

**4.1.2. Describe alternative methods of ingress and egress**

- Describe examples where alternative methods of ingress and egress may be needed
- Describe alternative methods for ingress and egress (e.g., evacuation through drywall, cinderblock, window)
- Describe basic building construction and how it relates to ingress and egress
- Demonstrate the ability to utilize common breaching equipment
- Describe how selection of extraction method is effected by egress route
- Describe which extraction methods will require modification of medical care
- Describe how selection of extraction method is affected by the casualty's specific injuries

## **Domain 5: Hemostasis**

### **Competency 5.1: Conventional hemorrhage control including: tourniquet, direct pressure, wound packing, wound dressing and pressure dressing**

**5.1.1. Perform hemorrhage control at your level of training, and evaluate adequacy of hemorrhage control performed by operators**

- Demonstrate basic hemorrhage control techniques (including tourniquets)
- Explain the limitations of basic hemorrhage control in the tactical environment (including when these techniques should be bypassed)
- Recognize failure of basic hemorrhage control techniques

### **Competency 5.2: Identification of life threatening hemorrhage**

**5.2.1. Identify and reassess casualties that require hemorrhage control**

- Recognize wound types/mechanisms associated with high-risk for life-threatening hemorrhage, both internal and external
- Demonstrate ongoing reassessment of efficacy of previously employed hemorrhage control techniques

### **Competency 5.3: Application of a tourniquet (TQ), commercial and improvised**

**5.3.1. Demonstrate TQ application**

- Identify and reassess casualties who require hemorrhage control
- Perform self-application of a commercial tourniquet in both a light and dark environment, on each extremity, with one hand Perform application of a commercial tourniquet on a casualty in both a light and a dark environment
- Perform application of an effective improvised tourniquet

- Assess tourniquet for adequacy of application
- Identify or discuss options to address tourniquet failure
- Assess casualty for tourniquet removal

#### **Competency 5.4: Application/administration of hemostatic agents**

##### 5.4.1. Understand indications, use and available hemostatic agents

- Describe the indications for hemostatic agents
- Perform the proper application/administration of hemostatic agents
- Reevaluate the effectiveness of hemostatic agent hemorrhage control initiated previously
- List the hemostatic dressings authorized in California.

### **Domain 6: Airway**

#### **Competency 6.1: Management of the airway including: casualty positioning (rescue position, chin-lift, jaw-thrust), basic airway clearance techniques, airway adjuncts (nasopharyngeal airway (NPA), supraglottic airway (SGA) device, surgical airway (cricothyroidotomy), and endotracheal (ET) intubation**

##### 6.1.1. Identify airway compromise during initial survey

- Demonstrate ability to assess the airway during initial survey

##### 6.1.2. Establish a patient airway

- Demonstrate appropriate airway management given patient and tactical conditions (e.g., Allow a conscious patient to assume a position of comfort; if the patient is unconscious, utilize positioning to open the airway via head tilt-chin lift or jaw thrust in the event of suspected spinal injury; repeatedly reassess the need for suctioning of the upper airway; properly place NPA if indicated; place patient into recovery position; properly place SGA if indicated; provide bag valve mask respirations; properly place and secure ET tube if indicated; perform cricothyroidotomy if indicated; verify correct placement of adjunct and secure and reassess as appropriate)

### **Domain 7: Breathing**

#### **Competency 7.1: Identify and treat thoracic injuries and respiratory distress**

##### 7.1.1. Demonstrate the ability to identify the presence of respiratory distress in the tactical setting

- Demonstrate the ability to determine respiratory rate, depth, quality and symmetry in the tactical setting
- Identify when it is tactically appropriate to use available equipment for monitoring respiratory status

**7.1.2. Identify presence of thoracic injuries in the tactical setting**

- Describe when it is appropriate to evaluate a patient for thoracic injury based on the operational situation
- Demonstrate the methods for identifying thoracic injury based on the operational situation

**7.1.3. Seal penetrating thoracic wounds in the tactical setting**

- Demonstrate the ability to select a properly sized occlusive dressing
- Demonstrate the ability to prepare the site prior to application of dressing.
- Demonstrate the ability to place an occlusive dressing over the wound
- Demonstrate the ability to replace protective equipment based on the operational situation
- Describe the importance of reassessing the patient and monitoring for potential development of a subsequent tension pneumothorax.

**7.1.4. Treatment of suspected tension pneumothorax in the tactical setting**

- Demonstrate decompression at the site of the wound (i.e., “burping the occlusive dressing”)
- Demonstrate the ability to select proper equipment to perform a needle thoracostomy.
- Demonstrate the ability to perform needle decompression
- Describe the indications for bilateral decompression
- Demonstrate the ability to reassess patient status and repeat the procedure or consider other treatments if required

## **Domain 8: Circulation**

### **Competency 8.1: Recognition and treatment of shock**

**8.1.1 Demonstrate the ability to do both a basic and an advanced assessment of the adequacy of circulation (e.g., monitoring, physical exam)**

- Describe potential causes of shock
- Perform tactically appropriate assessment of circulation status
- Identify signs and symptoms of hemodynamic compromise including changes in vital signs (where tactically appropriate)
- Apply tactically appropriate advanced monitoring techniques (e.g., blood pressure, pulse oximetry)

**8.1.2. Demonstrate proficiency in basic and advanced treatment of hypoperfusion**

- Follow tactically appropriate resuscitation guidelines
- Perform continual assessment of adequacy of intervention—monitor vital signs and mental status

### **Competency 8.2: Vascular access**

- 8.2.1. Describe the indications for and tactical considerations of obtaining IV access
- Recognize specific clinical situations where IV access is needed including inadequate perfusion, severe pain, potential for rapid decompensation
- 8.2.2. Demonstrate familiarity with obtaining IV access commensurate with scope of practice
- Describe the differences in obtaining IV access in the tactical environment
  - Perform or assist with obtaining IV access in the tactical environment
- 8.2.3. Describe the indications for attempting IO access
- List specific indications where it is appropriate to place an IO including need for vascular access when unable to rapidly obtain adequate IV access
- 8.2.4. Demonstrate familiarity in obtaining IO access commensurate with scope of practice
- Describe the differences in obtaining IO access in the tactical environment
  - Perform or assist with obtaining IO access in the tactical environment

### **Competency 8.3: Fluid resuscitation**

- 8.3.1. Describe the use of oral resuscitation for volume depletion during times of delayed definitive care.
- Explain the indications for oral resuscitation
  - Explain the contraindications to oral resuscitation
  - Explain the appropriate volume and composition of oral resuscitation fluid
- 8.3.2. Demonstrate familiarity in providing IV/IO fluid resuscitation in the tactical setting commensurate with scope of practice
- Describe the different resuscitative fluid options available in the tactical setting including crystalloid, colloid, and blood products
  - Describe the timing of fluid resuscitation in relation to the operational situation and the patient's condition
  - Determine an appropriate endpoint of resuscitation based on injury and patient type (e.g., controlled hemorrhage, uncontrolled hemorrhage, head injury, or pediatric patients)
  - Describe the risks of fluid resuscitation (e.g., exacerbation of hypothermia, pulmonary edema)

## **Domain 9: Medication Administration**

### **Competency 9.1: Administration of oxygen.**

- 9.1.1. Describe when it is appropriate to provide oxygen therapy in a given tactical situation.

- Describe the process for conducting a mission analysis to determine if it is safe and necessary to bring oxygen into the tactical setting.
- Describe when oxygen is medically indicated and appropriate in a tactical environment

### **Competency 9.2: Administration of analgesia**

9.1.2 Select an appropriate analgesic for a given patient and tactical setting.

- Describe how to conduct a mission analysis to determine types and amount of analgesia appropriate for a given mission. (i.e. location of mission – urban vs. rural, duration of mission, number of personnel involved, need to distribute medication to operators pre-mission, etc.)
- Describe the implications of administration of analgesia to a patient in a tactical setting. (i.e. operational status of patient under analgesia, ease of evacuation of patient, hemodynamic status, etc.)

### **Competency 9.3: Appropriate and safe use of over the counter (OTC) medications in the tactical setting**

9.3.1: Select appropriate OTC medications for a given patient population and mission profile within medical guidelines.

- Describe how to conduct a mission analysis to determine types and amounts of OTC medications appropriate for a given mission. (i.e. location of mission – urban vs. rural, duration of mission, number of personnel involved, need to distribute medications to operators pre-mission, etc.)
- Describe the implications of administration of OTC medications to a patient in a tactical setting

### **Competency 9.4: Implementation of medical formulary**

9.4.1. Utilization of a medical formulary in tactical operations.

- Describe medications likely to be needed during tactical operations and communicate those needs to the medical director
- Describe the importance of communicating the implication of drug administration to the tactical commander when it may affect mission readiness
- Describe indications, contra-indications, allergic reactions, cross-drug interactions and other considerations for approved formulary medications
- Establish and implement procedures for accountability, expiration rotation, disposal of expired medications

## **Domain 10: Casualty Immobilization**

**Competency 10.1: Evaluation and management of suspected central nervous system (CNS) or spine injuries**

10.1.1: Demonstrate proficiency in the recognition of common mechanisms of CNS/spine injuries

- Identify mechanisms that are most likely to result in spinal injury
- Identify mechanisms that are most likely to result in brain injury

10.1.2: Demonstrate proficiency in neurologic assessment

- Describe when and how to assess neurologic status in an operational situation

10.1.3: Demonstrate proficiency in providing spine protection

- Identify when it is appropriate to provide spinal immobilization in the tactical setting
- Describe the risks and benefits of spinal immobilization during tactical operations
  - Demonstrate proficiency in applying improvised spinal immobilization

## **Competency 10.2: Fracture splinting and extremity neurovascular assessment**

10.2.1: Demonstrate proficiency in orthopedic injury management, including splint application and traction splinting in the tactical environment

- Identify when splinting is tactically feasible
- Identify the most appropriate splint (e.g., standard, traction, pelvic binder) given the tactical situation
- Describe the use of commercial and improvised splinting materials

## **Domain 11: Medical Planning**

### **Competency 11.1: Medical planning and analysis of medical intelligence.**

11.1.1: Define the components of a medical plan for tactical operations

- Identify likely operational hazards, including but not limited to, hostile threats, environmental threats, safety risks, infectious risks, and CBRNE/HAZMAT threats
- Describe mitigation strategies for likely operational hazards
- Analyze internal and external assets to determine medical capabilities
- Describe the process of preplanning and coordinating with other agencies and organizations within operational security guidelines
- Describe how to plan appropriate medical treatment and evacuations for a tactical scenario (e.g., locations of casualty collection points and landing zones)
- Identify medical needs associated with special populations and the unique equipment or capabilities they may require

- Identify the social needs, such as adult and child protective services, potentially required by some populations and their impact on the operation
- Define the inherent risks in mission execution (to include infiltration, actions at the objective, and exfiltration) and their impact on medical planning
- Demonstrate the ability to incorporate all of these components into a medical plan and conduct a briefing

## **Domain 12: Force Health Protection**

### **Competency 12.1: Monitoring work/rest/sleep cycles**

12.1.1: Understand the importance of sleep management and work/rest cycles in the tactical setting

- Describe how to identify personal and team fatigue that may limit effectiveness
- Communicate potential degradation in capability to chain of command  
Describe the importance of work/rest/sleep cycles in sustained operations and environmental extremes
- Describe how to assess fatigue that may limit effectiveness
- Describe methods for the management of fatigue including the potential use of medications during sustained operations

### **Competency 12.2: Health monitoring and surveillance**

12.2.1: Understand the importance of an effective health monitoring and surveillance program

- Describe the need for documentation and routine capture of health data for team members
- Identify the data that are pertinent to capture as part of an effective health monitoring and surveillance program (e.g., allergies, prescription medication, chronic conditions)
- Describe the importance of updating the medical director and team commander
- Describe the need for secure but ready access to health data
- Describe the importance of appropriate documentation, reporting to medical director and commander, and follow-up of illness and injury

12.2.2: Describe the signs and symptoms of acute stress reaction and PTSD and immediate and long term interventions

- Describe the signs and symptoms of acute stress reaction and PTSD
- Describe the available resources for the prevention and mitigation of acute stress reaction and PTSD
- Describe the appropriate response for an acute stress reaction

### **Competency 12.3: Preventive medicine**

12.3.1: Identify the importance of preventive medicine for the individual and team readiness

- Identify pertinent immunizations and chemoprophylaxis (e.g., malaria prophylaxis) for a given team and setting
- Describe the importance of hydration and nutrition including the implications of an extended operation
- Describe the importance of food safety, and sanitation including the implications of an extended operation
- Describe the importance of strategies to prevent environmental injury (e.g., heat and cold injuries, insect bites, sun burn)
- Recognize the importance of monitoring the team's physical fitness and mental well-being (e.g., excessive alcohol use, suicide risk) and developing intervention strategies

### **Competency 12.4: Injury prevention (e.g., personal protective equipment (PPE))**

12.4.1: Describe importance of injury prevention for the individual and team readiness

- Identify the importance of using appropriate personal protective equipment and other safety device for specific mission conditions
- Describe mitigation techniques for reducing musculoskeletal, ophthalmologic, auditory, and other common injuries
- Describe the importance of replacing body armor after a medical evaluation or intervention
- Demonstrate the ability to provide a pre-mission medical safety briefing (based on your medical plan) to the team

## **Domain 13: Environmental Factors**

### **Competency 13.1: Management of specific threats from the environment (e.g., heat, cold, altitude, plants, animals, geography)**

13.1.2. Describe the risk factors, signs and symptoms, and treatment for heat and cold related injuries

- Describe the risk factors and mitigation strategies for heat and cold related injury in the tactical setting
- Describe heat and cold related injury and appropriate medical care in a tactical setting

13.1.2: Describe the risk factors, signs and symptoms, and treatment of altitude related illness and injury (cerebral edema, pulmonary edema, acute mountain sickness)

- Describe the risk factors and mitigation strategies for altitude related illness and injury in the tactical setting

- Describe altitude related illness and injury and appropriate medical care in a tactical setting

13.1.3: Identify common plants that may cause injury or illness and related signs and symptoms

- Describe how to identify common plants that may cause and injury or illness (e.g., poison oak, sumac, and poison ivy)
- Describe the signs and symptoms of common plant related injury or illness and the importance of immediate self-aid and/or treatment if exposed

13.1.4: Recognize the potential harm of insect bites, stings, wild/domestic animal bites and/or venomous wildlife specific to the operating environment

- Describe the risk factors, signs and symptoms, and mitigation strategies for bites and stings in the tactical setting in the tactical setting
- Describe appropriate medical care or self/buddy-aid for a bite or sting

### **Competency 13.2: Identification and management of severe allergic reactions (anaphylaxis)**

13.2.1: Describe signs, symptoms and treatment of anaphylaxis

- Identify skin, airway, breathing and systemic findings of a severe allergic reaction
- Describe severe allergic reaction with epinephrine, anti-histamines, IVF, and steroids

## **Domain 14: Mechanisms and Patterns of Injury**

**Competency 14.1: Recognition and treatment of blunt, penetrating, thermal, electrical, blast, and crush injuries.**

14.1.1: Describe the clinically and tactically significant injuries that could result from blunt, penetrating, thermal, electrical, blast, and crush trauma and treatment within the tactical medical provider's scope of practice

- Identify the mechanisms unique to the tactical environment (e.g., blast) that may cause severe injuries (e.g., spinal injuries, traumatic brain injury, external and internal hemorrhage, and difficulty breathing, thoracic injuries, and burns)

**Competency 14.2: Recognition and treatment of injury associated with less-lethal weapons**

14.2.1: Describe the medical risks associated with less-lethal weapons

- Describe the risks and injury pattern associated with chemical munitions (including secondary exposure), electrical conductive weapons, impact weapons, and distraction devices
- Describe the potential exacerbation of pre-existing medical conditions associated with less-lethal weapons

- Describe when less-lethal technology may be contraindicated based on medical intelligence

## **Domain 15: Legal Aspects of TEMS**

**Competency 15.1: Medical Legal issues (including proportional use of force, search, seizure, detention and arrest, obligations of the police to a person in custody or arrest, medical evaluation on an arrestee prior to detention, implication of using sworn versus civilian personnel)**

15.1.1: Describe the legal aspects of their participation in law enforcement operations.

- Describe the general principles of local, state and federal laws related to their participation in law enforcement operations

**Competency 15.2: Prevent the destruction and/or contamination of evidence when rendering medical care during a law enforcement operation and maintaining the chain of custody**

15.2.1: Describe the medical provider role in proper evidence preservation and maintaining chain of custody

- Describe how a civilian TEMS medical provider should integrate preserving evidence and maintaining chain of custody while caring for a casualty

**Competency 15.3: Privacy of protected health information**

15.3.1: Describe how to protect health information during a tactical operation

- Describe with whom and under what circumstances unique to tactical operations it is appropriate to disclose protected health information including consideration of the legal and ethical issues

**Competency 15.4: Definition of scope of practice**

15.4.1: Describe the scope of medical care that they can provide in a tactical situation and under whose authority they are providing that care

- Describe why medical care outside of training and/or authorization should not be performed
- Describe under which protocols and whose authority they are providing care when operating in the tactical setting

**Competency 15.5: Issues related to practicing in a different jurisdiction**

15.5.1: Describe how local, state, and federal laws affect the jurisdictions where they can provide care and what care can be provided

- Describe how local, state, and federal laws affect the jurisdictions where they can provide care and what care can be provided

## **Domain 16: Hazardous Materials Management**

### **Competency 16.1: Recognition of potential presence of chemical, biological, and radiological hazards**

16.1.1: Identify potential chemical, biological, and radiological hazards within your area of operations, and list signs and symptoms of accidental exposure

- Recognize common signs and symptoms from chemical, biological, and radiological exposures
- Describe how to identify potential chemical, biological, and radiological hazards within your response area
- Describe how you would protect yourself and your team from possible exposure to chemical, biological, and radiological hazards
- Describe prophylaxis and post-exposure treatments for persons exposed to hazardous chemical, biological, and radiological materials

16.1.2: During mission planning/ medical threat assessment identify potential chemical, biological, and radiological threats

- Describe how to incorporate identified chemical, biological, and radiological hazards into your mission planning
- Describe procedures to mitigate potential chemical, biological, and radiological hazards including requesting assistance with isolating and securing a hazard (e.g., HAZMAT teams, WISER).
- Identify Local and regional resources to utilize in the event of an anticipated or actual chemical, biological, and radiological exposure

### **Competency 16.2: Selecting appropriate personal protective equipment (PPE)**

16.2.1: Describe the importance of selecting and using the appropriate level of PPE for an anticipated encounter with a chemical, biological, or radiological hazard

- Describe the importance of selecting and using the appropriate level of PPE for an anticipated encounter with a chemical, biological, or radiological hazard
- Describe operational limitations related to using PPE for an anticipated encounter with a chemical, biological, or radiological hazard
- Describe the importance of pre- and post- PPE physical assessments

### **Competency 16.3: Performing field expedient decontamination**

16.3.1: Describe field expedient decontamination

- Describe the equipment and techniques that may be used for appropriate field expedient decontamination
- Describe when dry versus wet decontamination is appropriate

- Describe the potential implications of equipment decontamination

### **Competency 16.4: Immediate clinical interventions for the victims of chemical, biological, and radiological exposures**

16.4.1: Describe the selection and appropriate use of clinical interventions after chemical, biological, and radiological exposure

- Describe the different types of clinical interventions for chemical, biological, and radiological exposure that might be needed in a tactical scenario
- Identify signs/symptoms of exposure
- Identify indications for clinical interventions
- Describe the different types of auto injectors and demonstrate the use of an auto injector
- Describe when operators should carry auto-injectors and how to provide just in time training for their use

## **Domain 17: Mass Casualty Triage**

### **Competency 17.1: Mass casualty triage**

17.1.1: Utilize a mass casualty triage scheme

- Describe the unique aspects of a mass casualty incident in a tactical environment
- Demonstrate proficiency at communicating the pertinent details of the situation to the chain of command

### **Competency 17.2: Casualty Collection Point (CCP) setup and control**

17.2.1: Demonstrate proficiency at establishing and managing a CCP

- Describe the location, organization, and function of a CCP in a tactical setting
- Demonstrate the ability to establish and manage all aspects of a CCP including the ability to communicate the needed resources to other team members and other agencies

### **Competency 17.3: Evacuation prioritization**

17.3.1: Demonstrate proficiency prioritizing casualty evacuation

- Describe why evacuation prioritization is important and when evacuation can occur during an ongoing tactical operation
- Describe the medical provider's role in helping to ensure safe evacuation
- Describe the various modes of evacuation specific to tactical operations and how to utilize them safely, including safely identifying a helicopter landing zone

### **Competency 17.4: Incident command and interface with other agencies**

17.4.1: Describe how incident command and other agencies are integrated into tactical operations

- Describe the Incident Command System
- Describe how to integrate other agencies into tactical operations

## **Domain 18: Tactical Familiarization**

### **Competency 18.1: Tactical team operations, objectives, and team structure**

18.1.1: Describe TEMS and how it differs from conventional EMS

- Describe TEMS
- Describe the basic difference between TEMS operations and daily EMS operations

18.1.2: Understand the tactical team member roles and the types of situations to which they may respond

- Describe the tactical considerations for various scenarios (e.g., serving high risk warrants, barricaded subject, active shooter, hostage situation, protective detail)
- Describe the various roles within a tactical team (e.g., team commander, TEMS provider, breacher, sniper, entry)
- Describe Rescue Task Force operations

### **Competency 18.2: Tactical team command and control and communication**

18.2.1: Describe a typical team structure and chain of command

- Describe a typical team structure and chain of command

18.2.2: Describe the use of verbal and non-verbal communications and how they are appropriately employed within the tactical environment

- Describe various means of communication within the tactical team (e.g., radio communication, non-verbal)
- Describe various means of communication across the barricade (e.g., “throw phone”)

18.2.3: Importance of operational security and the potential for compromise

- Describe appropriate use of communication to maintain security
- Describe the risks of social networking
- Describe the security of various forms of communication
- Define operational security

### **Competency 18.3: Description of tactical team equipment**

18.3.1: Give examples of specialized equipment and its use in tactical operations and TEMS

- Describe tactical PPE and uniforms
- Describe breaching and diversionary equipment
- Describe firearms and weapons including less-lethal weapons
- Describe the importance of having the ability to make weapons safe and secure during a tactical response
- Describe the types of vehicles used for tactical operations
- Describe equipment used for remote assessment
- Describe night observation and target acquisition equipment
- Describe specialized medical and rescue equipment for tactical operations

### **Competency 18.4: Situational awareness and basic tactical movement**

18.4.1: Understand situational awareness and basic tactical movement techniques and their importance to team safety

- Define the term situational awareness
- Demonstrate individual tactical movements (e.g., high crawl, low crawl, rush, and skylining)
- Demonstrate tactical team movements (e.g., stack, wedge, clearing threats)
- Describe immediate action drills (IAD's) for evolving tactical scenarios
- Describe the importance of the medical providers not revealing team location (noise and light discipline)
- Describe the difference between cover and concealment
- Describe the process for securing a suspect (i.e., the 5 S's: seize, secure, search, segregate, speed to the rear)

# 5

## TRAINING PROGRAM REQUEST FOR APPROVAL FORM

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



**Tactical Casualty Care Training Program**  
**Request for Approval**

Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Program Director: \_\_\_\_\_

Contact Information: \_\_\_\_\_

All prospective tactical training programs shall submit a written request for training program approval to the EMS Authority which shall include all of the following:

- Course being requested for Approval
  - Basic Tactical Casualty with Active Shooter/EMS Coordination 4 - 24 hour training program
  - Tactical EMS Care 40 hour training program
- Class Schedule with Hourly distribution
- Course outline and curriculum
- List of psychomotor skills and tactical medical scenarios
- Written and skills competency examinations
- Written course safety policy
- Instructor resume

# 6

## **RESOURCE GUIDE 1: CALIFORNIA TACTICAL CASUALTY CARE GUIDELINES**



**BASIC TACTICAL CASUALTY CARE (TCC)  
CALIFORNIA QUICK REFERENCE GUIDE**

<p><b>HOT ZONE / DIRECT THREAT CARE (DTC) / CARE UNDER FIRE (CUF)</b></p>
<ol style="list-style-type: none"> <li>Mitigate any threat and move to a safer position.</li> <li>Direct the casualty to stay engaged in operation, if appropriate.</li> <li>Direct the casualty to move to a safer position and apply self-aid, if appropriate.</li> <li>Casualty Extraction. Move casualty from unsafe area, to include using manual drags or carries, or use a soft litter or SKEDCO as needed.</li> <li><b>STOP LIFE-THREATENING EXTERNAL HEMORRHAGE</b>, using appropriate PPE, if tactically feasible:             <ul style="list-style-type: none"> <li>Apply effective tourniquet for hemorrhage that is anatomically amenable to tourniquet application.</li> </ul> </li> <li>Consider quickly placing casualty in position to protect airway, Recovery Position, if unable to move patient immediately and tactically feasible.</li> </ol>
<p><b>WARM ZONE / INDIRECT THREAT CARE (ITC) / TACTICAL FIELD CARE (IFC)</b></p>
<ol style="list-style-type: none"> <li>Law Enforcement casualties should have weapons made safe once the threat is neutralized or if mental status is altered.</li> <li><b>AIRWAY MANAGEMENT</b>:             <ol style="list-style-type: none"> <li>Unconscious patient without airway obstruction:                 <ul style="list-style-type: none"> <li>Chin lift or jaw thrust maneuver.</li> <li><b>Nasopharyngeal airway</b>, if approved by LEMSA as an optional skill</li> </ul> </li> <li>Patient with airway obstruction or impending airway obstruction:                 <ul style="list-style-type: none"> <li>Chin lift or jaw thrust maneuver.</li> <li><b>Nasopharyngeal Airway</b>, if approved by LEMSA as an optional skill</li> <li>Allow patient to assume position that best protects the airway, including sitting up.</li> <li>Place unconscious patient in Recovery Position.</li> </ul> </li> </ol> </li> <li><b>BREATHING</b>:             <ol style="list-style-type: none"> <li>All open and/or sucking chest wounds should be treated by applying a Vented Chest Seal or non-vented occlusive seal to cover the defect and securing it in place. Monitor for development of a tension pneumothorax.</li> </ol> </li> <li><b>BLEEDING</b>:             <ol style="list-style-type: none"> <li>Assess for unrecognized hemorrhage and control all sources of bleeding. If not already done, use a tourniquet, and appropriate pressure dressing.</li> <li>For compressible hemorrhage not amenable to tourniquet use, apply a California EMS-approved hemostatic dressing with a pressure bandage.</li> <li>Reassess all tourniquets that were applied during previous phases of care. Consider exposing the injury and determining if a tourniquet is needed. If a tourniquet is not needed, use other techniques to control bleeding and remove TQ.</li> <li>Apply Emergency Bandage or direct pressure to the wound, if appropriate.</li> <li>For hemorrhage that cannot be controlled with a tourniquet, apply California EMSA-Approved Hemostatic Dressing.</li> </ol> </li> </ol>

<p><b>5. ASSESS FOR HEMORRHAGIC SHOCK</b></p> <ol style="list-style-type: none"> <li>Elevate Lower Extremities if patient in shock.</li> </ol>
<p><b>6. PREVENTION OF HYPOTHERMIA:</b></p> <ol style="list-style-type: none"> <li>Minimize patient's exposure to the elements. Keep protective gear on if feasible.</li> <li>Replace wet clothing with dry if possible. Place onto an insulated surface ASAP.</li> <li>Cover the casualty with self-heating Blanket or rescue blanket to torso. Place hypothermia prevention cap on the patient's head. Use dry blankets, poncho liners, sleeping bags, or anything that will retain heat and keep the patient dry.</li> </ol>
<p><b>7. PENETRATING EYE TRAUMA:</b></p> <p>If a penetrating eye injury is noted or suspected: a) perform a rapid field test of visual acuity; b) cover the eye with a rigid eye shield (NOT a pressure patch).</p>
<p><b>8. REASSESS CASUALTY AND TREAT OTHER CONDITIONS AS NECESSARY:</b></p> <ol style="list-style-type: none"> <li>Complete Secondary Survey checking for additional injuries or conditions. Inspect and dress known wounds that were previously deferred.</li> <li>Consider Splinting known/suspected fracture or Spinal Immobilization, if indicated.</li> <li>Use <b>Nerve Agent Auto-Injector</b> (ie Duo-Dote) for Nerve Agent Intoxication, if approved by LEMSA as an optional skill.</li> <li>Use <b>EpiPen</b> for Anaphylactic Reaction, if approved by LEMSA as an optional skill.</li> </ol>
<p><b>9. BURNS:</b></p> <ol style="list-style-type: none"> <li>Aggressively monitor airway and respiratory status for casualties with smoke inhalation or facial burns, including oxygen or cyanide antidote treatment when significant symptoms are present.</li> <li>Estimate TBSA and cover burn area with dry, sterile dressings.</li> </ol>
<p><b>10. MONITORING:</b></p> <p>Apply monitoring devices or diagnostic equipment if available. Obtain vital signs.</p>
<p><b>11. PREPARE CASUALTY FOR MOVEMENT:</b></p> <ul style="list-style-type: none"> <li>Move packaged patient to site where evacuation is anticipated.</li> <li>Monitor airway, breathing, bleeding, and reevaluate the patient for shock.</li> </ul>
<p><b>12. COMMUNICATE WITH THE PATIENT IF POSSIBLE:</b></p> <ul style="list-style-type: none"> <li>Encourage, reassure, and explain care.</li> </ul>
<p><b>13. CARDIOPULMONARY RESUSCITATION (CPR) AND AED:</b></p> <p>Resuscitation in the tactical environment for victims of blast or penetrating trauma who have no pulse or respirations should only be treated when resources and conditions allow.</p>
<p><b>14. DOCUMENTATION:</b></p> <p>Document clinical assessments, treatments rendered, and changes in the patient's status. Forward this information with the patient to the next level of care.</p>

California EMS Authority (2015 Revision)

BLUE—Authorized Basic Skills for Public Safety First Aid Providers and EMTs  
RED—Local Optional Skill which may be added by the Local EMS Agency Medical Director

# 7

## **RESOURCE GUIDE 2: MEDICAL PLANNING AND THREAT ASSESSMENT QUICK REFERENCE GUIDE**

**TACTICAL MEDICAL PLANNING AND THREAT ASSESSMENT QUICK REFERENCE GUIDE**



MEDICAL INTELLIGENCE (MISSION AND PATIENT S)
1. Mission Type?
2. Number of Potential Patients?
3. Ages of Potential Patients?
4. Pre-Existing Conditions?
5. Special Populations? (Pediatric, Elderly, Language)
6. Other

MEDICAL THREAT ASSESSMENT (TEAM)
1. Weather, including Temperature, (Cold, Hot) and Precipitation (Rain, Snow)? - Wind? Wind Direction? - Health Considerations?
2. Hazardous Materials? Explosive Threats? - Chemical? - Nuclear/Radiological? - Improvised Explosive Devices?
3. Biological Threats?
4. Animal Threats?
5. Plant Threats?
6. Regional Specific Threats?
7. Personal Protective Equipment Needed (Ballistic Vest, Helmet, Mask)? - As locally determined

MEDICAL PLANNING AND RESOURCES
1. Communication - Tactical Frequency _____ - Base Hospital _____
2. Location of Key Areas - Staging Area _____ - Casualty Collection Point(s) _____ - Triage Area/Treatment Area _____
3. Hospital - Closest Hospital _____ - Trauma Center/Burn Center _____
4. EMS Transport - Ground Ambulance _____ Standby Location? - Air Ambulance _____ Landing Zone, Lat/Long?
5. Support Services - Poison Control System 1-800-222-1222 - Veterinary Services? Animal Control? - Mental Health/Chaplain? - Social Services/CPA? - Public Works?

TEAM HEALTH CONSIDERATIONS
1. Completed Team Medical Records? - Access to Records?
2. Exposure Protection
3. Hydration
4. Food/Nutrition
5. Extended Operations, Inc. Sleep/Fatigue
6. Need for Rehabilitation Station/First Aid Station - Medical Equipment - OTC Meds
7. Other

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## **RESOURCE GUIDE 3: ACTIVE SHOOTER QUICK REFERENCE GUIDE**

EMS INTEGRATION WITH LAW ENFORCEMENT  
DURING ACTIVE SHOOTER  
EVENTS QUICK REFERENCE GUIDE



PREPARATORY PHASE	
1. ARRIVE AND REPORT to Staging Area in Secure Area	
2. REPORT TO UNIFIED COMMAND - Notify UC that an EMS Team/Rescue Group is ready, staged, and awaiting direction.	
3. PPE (Ballistic Vest, Ballistic Helmet)	
4. Ensure Clear IDENTIFICATION of Rescue personnel	
5. Prepare MEDICAL EQUIPMENT (Tourniquets, Trauma Kit, Soft Stretcher/Skedco)	
6. Perform Brief MEDICAL INTEL AND THREAT ASSESSMENT - Identify Hot, Warm, and Cold Zone Areas	
7. Establish COMMUNICATION with respective on-scene medical, fire, and law enforcement - Determine and Broadcast Response Routes for Additional Responding Resources - Obtain Duress Code	
RESCUE TASK FORCE FORMATION AND PRIORITY SETTING PHASE	
1. Form Rescue Task Force, minimum - 2 LE Officers - 2 EMS Personnel - Designate a team leader	
2. Follow Direction of law enforcement officer assigned as RTF leader - Know Hot, Warm, and Cold Zone Areas - Follow Protected Access Routes	
3. Brief objective and direction of movement - Identify initial Egress Routes - Identify secure Extraction Lane - Identify Initial Safe Refuge Area - Identify Rally Point - "Mayday" operations emergency evacuation	
4. Identify Casualty Collection Points, both Dynamic and Static	
5. Reinforce Mission Priorities (THREAT) - T - Threat suppression - H - Hemorrhage control - RE - Rapid Extrication to safety - A - Assessment by medical providers - T - Transport to definitive care	

INDIRECT THREAT/WARM ZONE/YELLOW ZONE OPERATIONS PHASE	
1. Maintain Cover and Concealment as directed by Rescue Task Force Leader (LE)	
2. Utilize Principles of Tactical Casualty Care (TCC) - Triage as required	
3. Finalize Direction of movement based upon prevailing conditions - Identify Emergency Egress Routes - Identify secure Extraction Lane - Identify Safe Refuge Area	
4. Maintain Situational Awareness for Secondary devices at main and secondary scenes	
5. Identify Dynamic Casualty Collection Points, as necessary	
6. Move casualties to identified Casualty Collection Points or Cold Zone Treatment Area - Preference is movement from Warm Zone to Cold Zone Treatment Area - Transfer care to additional medical providers for treatment and transport	
7. Prepare to re-enter Warm Zone	

POST INCIDENT PHASE	
1. Ensure Rescue Task Force accountability	
2. Collect any incident management records and unit logs	
3. Determine and announce an incident debriefing strategy	
4. Assess mental and physical health of the responders - Determine and announce a stress debrief plan	
5. Manage a formal unit-release process	

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## RESOURCE GUIDE 4: INDIVIDUAL FIRST AID KIT RECOMMENDATIONS

Each individual on a team should minimally carry the following individual first aid equipment, or have it readily accessible.

Quantity	Type of Equipment
1	Medical Pouch
6	Gloves (Trauma, latex-free, 3 pair)
1	Tourniquet, CoTCCC-Recommended
1	Emergency Bandage
1	Hemostatic Dressing, California EMSA approved
1	Nasopharyngeal Airway (28f size with water-based lubricant), if approved by the local EMS agency Medical Director
1	Chest Seal
1	Pen, Permanent Marker
1	Rescue Blanket (disposable-consider thermal reflective material)
1	Shears, Trauma
1	Gauze, Roller Bandage or Elastic Bandage

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## REFERENCES

### Further Suggested Reading on Best Practices

- Refer to the Tactical Emergency Casualty Care guidelines for information on trauma care: [http://c-tecc.org/images/content/TECC\\_Guidelines\\_-\\_JUNE\\_2014\\_update.pdf](http://c-tecc.org/images/content/TECC_Guidelines_-_JUNE_2014_update.pdf)
- Refer to Hartford Consensus II for national consensus strategies on improving survivability for mass casualty shooting events: [http://www.naemt.org/Files/LEFRTCC/Hartford\\_Consensus\\_2.pdf](http://www.naemt.org/Files/LEFRTCC/Hartford_Consensus_2.pdf)
- Refer to study from the American College of Surgeons for more information on management of prehospital trauma care: <http://informahealthcare.com/doi/pdf/10.3109/10903127.2014.896962>
- Refer to FEMA.gov for guidance on the incident command system: <https://www.fema.gov/incident-command-system-resources>
- Refer to the following documents for guidance on integrated response:
  - <http://www.cffjac.org/go/jac/media-center/video-gallery/tcm-active-shooter-scenario/>
  - [https://www.usfa.fema.gov/downloads/pdf/publications/active\\_shooter\\_guide.pdf](https://www.usfa.fema.gov/downloads/pdf/publications/active_shooter_guide.pdf)
- Assembly Bill No. 1598 [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB1598](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1598)
- FBI Study of Active Shooter Incidents - <http://www.fbi.gov/news/stories/2014/september/fbi-releases-study-on-active-shooter-incidents/pdfs/a-study-of-active-shooter-incidents-in-the-u.s.-between-2000-and-2013>
- FBI Resources for Active Shooter/MCI Incidents - <http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents>

- Firescope-Emergency Response to Law Enforcement Incidents ICS 701  
<http://www.firescope.org/docs-operational-guidelines/ics%20701.pdf>
- Texas State University Study of Active Shooter Events 2000 - 2010 -  
<http://alerrt.org/files/research/ActiveShooterEvents.pdf>
- POST/EMSA Tactical Medicine Guidelines:  
<http://lib.post.ca.gov/Publications/TacticalMedicine.pdf>
- C-TECC- IAFF position paper  
<http://www.jsomonline.org/TEMS/1401CTECC%20Update.pdf>

Training Standards for  
Basic Tactical Casualty Care  
and  
Coordination with EMS during Terrorism Incidents

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EMSA Publication #170  
January 2016

[www.emsa.ca.gov](http://www.emsa.ca.gov)