

THE NEED FOR STANDARDIZATION AMONG TEMS PROVIDERS: TRAINING, CREDENTIALING AND ROLES

By Scott Warner, MD, EMT

Tactical teams which have integrated tactical medics and physicians into their law enforcement special operations teams (LESOT) face the question of what to do with their tactical emergency medical support (TEMS) element. In my experience as a tactical physician and having worked with more than one agency, I have come to appreciate that the role of the TEMS element is as varied as the teams themselves. In my collaborations with other tactical medical directors, the answers became even more numerous and inconsistent. As law enforcement agencies incorporate a TEMS element into their operation, it becomes increasingly important that medics are able to provide care consistent with NTOA SWAT Standards¹ and that the role of the TEMS element is defined clearly.

More often than not, there is insufficient planning to identify and provide medics the skills they need for the missions they will support and inadequate consideration as to how best to integrate them into the team as a whole. I have seen mission failures where operators and medics did not have the opportunity to train together and lacked the working relationships needed prior to some tragedy. I have seen injuries which could have been

avoided by good medical preplanning. My experiences have highlighted the need for every TEMS unit to establish goals and operational objectives. Like any trip, failing to plan for your eventual destination will certainly assure that you will go nowhere.



More often than not, there is insufficient planning to identify and provide medics the skills they need for the missions they will support and inadequate consideration as to how best to integrate them into the team as a whole.



In addition to providing care to an injured officer, functions of the TEMS element, and specifically the medical director, include medical preplanning² of operations and training. When on scene during an operation, the medical

director, as the highest level medical provider, can serve as the tactical commander's medical conscience. Further, the medical director is capable of addressing the primary health care needs of the SWAT operators.

In order to ensure that a TEMS unit is able to provide the medical services that are needed to support a special operations law enforcement team, each agency should establish criteria for what is required to be a SWAT medic, how to apply, who approves acceptance to the program and what minimum qualifications must be possessed. Once selected, medics should train and operate under standardized protocols that conform to best practices. Sample protocols, MOUs and proposals are available from a variety of TEMS associations.³ The NTOA Position Statement on TEMS is featured here in Table 1.

QUALIFICATION OF TEMS PROVIDERS

Medically qualified. Each EMT tasked with supporting law enforcement operations should have formal TEMS training. The NTOA's STORM™ Medic course is an excellent course which is objective-driven and meets the National TEMS Consensus Curriculum.

TABLE 1

NTOA TEMS POSITION STATEMENT

The NTOA endorses and supports the incorporation of a well-trained and equipped Tactical Emergency Medical Support (TEMS) element into all tactical teams. Tactical Emergency Medical Support is the provision of preventative, urgent and emergent medical care during high-risk, extended-duration and mission-driven law enforcement special operations. The ability of TEMS providers to develop medical threat assessments, render immediate medical care in austere environments and provide logistical support will further the health and safety of law enforcement personnel and reduce the incidence of injury, illness, disability and death associated with training and tactical operations. Therefore, the NTOA recommends the following:

1. TEMS should be provided by specially trained pre-hospital emergency care providers operating within state and local EMS guidelines. Law enforcement agencies should request that EMS jurisdictions develop advanced scope of practice guidelines for use by TEMS providers.
2. The TEMS element should function at the advanced life support (ALS) level of care. If ALS services are unavailable, then TEMS should be provided at the highest level of care feasible.
3. A designated physician medical director with tactical knowledge and training should oversee a TEMS program. This medical director should oversee training, operational medical procedures and the quality assurance program.
4. TEMS providers should undergo a formal training program in supporting law enforcement operations and trained

providers should be required to undergo periodic retraining and skills reviews. This training should include, but not be limited to, tactical methods, techniques, equipment, tactical casualty care and casualty extraction.

5. Once TEMS providers are fully trained and tactically operational, the ultimate goal should be that TEMS providers are deployed within the operational perimeter in proximity to tactical operations. Doing so permits rapid access to casualties, the opportunity to provide medical countermeasures and enables TEMS providers to make recommendations to team leaders.
6. TEMS personnel should operate under written policies and procedures that address the selection and training of TEMS personnel, the chain of tactical medical command and operational guidelines.
7. The effectiveness of a TEMS program requires its providers to be highly proficient in their medical and decision-making skills. To maintain levels of proficiency required of TEMS providers, they must have ongoing experience as field EMS providers.
8. Law enforcement agencies should provide TEMS providers with protections against civil liability, as well as compensation for work-related injury.
9. TEMS providers should serve as the consultants to commanders on matters of team health and safety and serve as the liaison between law enforcement operations and local health care providers. Further, the duties of the TEMS provider may also include nutrition, safety issues and maintenance of team health records, including immunizations.

The TEMS Section of NTOA identified the skills required of a LESOT medic. The STORM course addresses each of these skills⁴ (see Table 2). There are other tactical medicine courses available that vary in content and quality. Your team leadership and physician should scrutinize the course content and instructors before sending medics to a course which might be “fun,” but may not be medically or tactically sound.

The American Board of Tactical Medicine is preparing to offer a cer-

“
Medics must train in the tactics used by their operators.
”

tifying process for qualified physicians, which would include a certifying examination, within the next two years. Specialty certifications in EMS are not widely accepted by state and national registry organizations. There are tactical EMT courses which confer an “EMT-T” designation to their attendees, but there is not currently a standardized certifying examination for tactical medics and there is no nationally-recognized credentialing body for tactical EMTs. However, a nationally-

recognized and validated credentialing test is currently in development by the Board for Critical Care Transport Paramedic Certification.

Operationally qualified. In my experience, I believe that all tactical medics should undergo an orientation to SWAT tactics.⁵ Even if your team does not use medics operationally, medical providers supporting teams should be familiar with SWAT tactics and the law enforcement mission. Some have suggested a limited police academy certification of

“medical police officer” focused on the law enforcement functions typically employed in a SWAT setting.⁶ Even if your preferred TEMS course includes tactics training, it should be augmented with a SWAT school or tactics training conducted by your agency.

Medics must train in the tactics used by their operators. Regardless of any prior tactical training, this can be accomplished by having medics attend the same SWAT school used to train their operators. In my experience, philosophies and tactical techniques vary among operators. It is not a good idea to work that out while on a call out.

“**In my experience, philosophies and tactical techniques vary among operators. It is not a good idea to work that out while on a call out.**”

“accidental death policy. This provides a degree of peace knowing one’s family will, at minimum, receive some monetary compensation if the medic-officer is killed in the line of duty. However, this will still leave a gap for injuries that may be disabling.

Departments benefiting from a TEMS program that reduces the risks of death, disability and litigation for their employees should reciprocate and ensure that the physicians and medics are covered with accidental life, disability, workers’ compensation coverage and liability protection. Physicians and medics need to check with their medical malpractice carrier as to the

“**If the agency is entrusting the tactical medic with the welfare of its operators, it would be wise for the department to make sure the TEMS providers are thoroughly equipped and adequately trained.**”

“

TABLE 2

COMPETENCY DOMAINS

The competency domains covered in STORM™ courses include:

- Tactical Combat Casualty Care (TCCC) methodology
- Remote assessment and rescue/extraction
- Hemostatics
- Airway, Breathing and Circulation (ABCs)
- Vascular access
- Medication administration
- Casualty immobilization
- Medical planning
- Human performance factors, preventive medicine, injury prevention and health
- Surveillance
- Environmental factors
- Explosions and blast injuries
- Injury patterns and evidence preservation
- Hazardous materials
- Surrogate treatment
- Less-lethal injuries
- Special population

COMPENSATION AND BENEFITS

Again, the sometimes sticky topic of money demands attention. Obviously, agencies should address salary and compensation issues, if any. Fire service EMTs supporting law enforcement operations should verify that doing so is included in their job description so that they will receive their employee benefits during law enforcement operations. All agencies should budget for costs associated with making sure their TEMS providers are outfitted with appropriate uniforms, body armor, communications, identification and medical gear. If the agency is entrusting the tactical medic with the welfare of its operators, it would be wise for the department to make sure the TEMS providers are thoroughly equipped and adequately trained.

Unless the TEMS providers are paid employees of the governmental body assigned to TEMS duty, the tactical medics and physician should be sure that their existing life, health and disability policies will cover them if they are injured or killed in the line of duty.⁷ Many departments incorporate volunteer physicians and medics as reserve officers and are often covered by the department’s reserve officer association

coverage provided for tort claims that might arise from care rendered during LESOT activities.

In addition to medical malpractice, other liabilities exist. A personal or professional liability umbrella policy is highly recommended. Certain states have enacted legislation that grants immunity to volunteer medical providers in LESOT activities. Providers should check with their legislators and enlist their support in passing legislation patterned after Michigan⁸ or Georgia.⁹

TEMS INTEGRATION AND PLACEMENT

Departmental needs and each scenario should allow the commander flexibility to execute the mission with



All operators should have medical first responder training that includes the use of a tourniquet to control life-threatening hemorrhage, and each medic should be trained in basic law enforcement tactical operations.



the best mix of operator-medics (see Table 1 and NTOA TEMS Position Statement #5). On outdoor or large building operations, it may be unwise to leave the TEMS element so far away that they could not begin treating a downed officer or civilian rapidly. Some teams have cross-trained their medics as grenadiers. This allows other operators to stay in the stack while the medic may be used for breaching, or deploying gas and flash/sound diversionary devices. Law enforcement operators should not consistently train separately from the medics. Teams which segregate the two may come together for the first time during an actual operation. This is a recipe for failure if members of the team are

RESCUE ESSENTIALS
www.rescue-essentials.com

Feature Product
CHOICE OF ELITE ATHLETES AND TRAINERS; TOUGH ENOUGH FOR TACTICAL ATHLETES
SELF APPLIED - WORN UP TO 7 DAYS

KT TAPE™

Improve Performance By:
Reducing Pain
Increasing Mobility
Treating Injury

Custom Kits for Operators & Medics
Tactical and Survival Gear
Medical Equipment

SWAT-T
STRETCH-WRAP-AND-TUCK
TOURNIQUET
Multi-Purpose
Trauma Care Device

www.SWAT-T.com

Lowest price Government and Affiliates only at www.rescue-essentials.com

NTOA MEMBER TESTED and RECOMMENDED 2009

QR codes for KT Tape and SWAT-T.

unfamiliar with each other personally or professionally.

Some believe operators with both law enforcement and medical responsibilities introduce a concern for role confusion — when a simultaneous medical need and law enforcement need arise, which hat will the operator-medic put on? I have not found that to be true in real-world operations. Just like any member of the unit, professional cop/medics function in the role they are assigned by their superiors on any given mission. That being said, all operators should have medical first responder training that includes the use of a tourniquet to control life-threatening hemorrhage, and each medic should be trained in basic law enforcement tactical operations.

SUMMARY

LESOT operators and the community they serve benefit from having specially trained medics involved in SWAT operations. TEMS enables the immediate provision of medical care in high-risk operations. The presence of a medical element in high-risk operations may decrease civil tort liability to law enforcement agencies as showing due diligence to preserve life.

Given the benefits, governmental bodies should ensure that their TEMS providers are trained, equipped, respected and protected. I believe that a TEMS element is now a standard of care during high-risk law enforcement operations. If you have a TEMS element in your SWAT operations, then the medical capabilities, expected role

in the LESOT and the responsibilities of the medic should be clearly defined.

As trust and training grow, the role of the SWAT medic may also evolve both on the local and national level. There are dozens of follow-up questions that also will evolve: How many medics do you need? How are they qualified? Are they armed? Are they in the stack? What level of medical training do you want? Are they able to practice at an advanced level if not working for their EMS agency?

While all of these questions cannot be fully answered here, what you *can* do is review your current policies, make goals for what you want your TEMS program to be and use the NTOA TEMS Position Statement as a starting point. ■

Now available on iTunes for iPad & iPhone.
Anytime access, just the way you like it!

TACTICAL-LIFE.COM and PERSONALDEFENSEWORLD.COM

ABOUT THE AUTHOR



Dr. Warner is a fully sworn police officer with the City of Cullman Police Department. He serves on their tactical unit, as well as Cullman County Sheriff's Office's SRT. Dr. Warner is also the medical director for Cullman Fire-Rescue and Cullman EMS.

ENDNOTES

1. NTOA SWAT Standard 4.2.
2. NTOA SWAT Standard 5.2.8.
3. <http://tacmedics.com/cms/index.php/resources/sample-sop-memo-of-understanding-a-tems-protocols.html>.
4. Medical College of Georgia, Specialized Tactics for Operational Rescue and Medicine (S.T.O.R.M.™).
5. NTOA SWAT Standard 5.2.3.
6. Kaplan, L.J., Siegel, MD, et al. "Ethical Considerations in Embedding a Surgeon in a Military or Civilian Tactical Team." *Prehospital and Disaster Med* 2012; 27: 583-588.
7. Carmona, Richard H. "Controversies in Tactical Emergency Medical Support." *Top Emerg Med* 2003; 25: 341-348.
8. State of Michigan HB 5971, Act No. 428, 2004.
9. Georgia General Assembly 04 LC29 1283S.