

# TEMS

## Position Statement

### INTRODUCTION

The National Tactical Officers Association (NTOA) Board of Directors recently approved a revision to the Tactical Emergency Medical Support (TEMS) Position Statement. The updated position statement, first published in 1994 and revised in 2007, reflects changes in law enforcement operations and advances in medicine. The NTOA was a pioneer in recognizing the contribution that a TEMS element makes to the success of a mission-driven law enforcement operation and remains a leader in TEMS advocacy and training.

When the TEMS Position Statement was last revised in 2007, the Tactical Combat Casualty Care (TCCC)



**The revised position statement recognizes the need for all police officers to have basic TEMS medical training.**



Guidelines that included the liberal use of tourniquets were emerging as an effective model for reducing potentially preventable combat-associated deaths. The increasing threat from active violence incidents such as those that occurred recently in Tucson, Newtown, Boston and Washington, D.C., were not yet a priority.

The revised position statement recognizes the need for all police officers to have basic TEMS medical training. As law enforcement first responders to active violence incidents, patrol officers are now trained and equipped to intervene to end active killing, using tactics that were once reserved for special operations teams. Where TEMS was conceived to support special operations teams, the time has come to provide patrol officers with basic TEMS training and equipment in order to potentially save the lives of victims, bystanders, police officers and suspects in the event they are wounded.

A position statement is important because it defines TEMS, provides directions for those wishing to act and outlines priorities for the future. This position statement represents the evolution of TEMS as a specialized area of



**Where TEMS was conceived to support special operations teams, the time has come to provide patrol officers with basic TEMS training and equipment in order to potentially save the lives of victims, bystanders, police officers and suspects in the event they are wounded.**



medical practice. It acknowledges that there is no single model for providing care during law enforcement operations and that its basic principles should be considered core law enforcement skills relevant to all police operations. //

*Kevin Gerold, D.O., J.D., NTOA  
TEMS Section Chair*



Specialized Tactics for Operational Rescue and Medicine (STORM) class at NTOA's 2013 conference. Photo by Patrick Lanham.

## **TEMS POSITION STATEMENT**

The National Tactical Officer's Association recognizes Tactical Emergency Medical Support (TEMS) as the mission-preplanning, preventative care and medical treatment rendered during mission-driven, high-risk, large-scale and extended law enforcement operations. The TEMS scope of practice includes medical interventions that further the health and safety of all law enforcement personnel and is intended to reduce the incidence of injury, illness, disability and death associated with police operations. TEMS adapts and incorporates sound medical practices with police tactics for use in operations characterized by competing mission objectives, diagnostic uncertainty, limited resources and performance decrement under stress to permit the delivery of effective medical care in an unfolding law enforcement mission.

The benefit of TEMS programs to law enforcement is sufficiently established to where TEMS is now a standard of care for law enforcement special operations. TEMS is not intended as a replacement for EMS services; rather it

is an operational medical element that complements these resources in order to promote the success and safety of the law enforcement mission.

The ability of TEMS providers to work and train together effectively requires a common nomenclature, interoperability standard practices and a TEMS national consensus curriculum. The NTOA supports the efforts of the Committee for Tactical Emergency Casualty Care (C-TECC) and others to foster the development of standardized taxonomy and evidence-based clinical practice guidelines tailored to the law enforcement mission.

The NTOA encourages ongoing research to determine the most effective methods and equipment for providing care under conditions that typically exist during law enforcement operations. This research should include determining the most effective training techniques for learning and skill retention, including the use of high-fidelity simulation, to insure that medical personnel are able to perform their lifesaving skills effectively when called upon to do so.

The NTOA further recognizes that police officers are often the initial responders to active violent incidents. The ability to control life-threatening hemorrhage, triage casualties, establish secure casualty collection points and coordinate care with existing EMS responders are core law enforcement skills and all police officers should have the basic medical skills and equipment to save the lives of victims, bystanders, police officers and suspects in the event they are wounded. Federal, state and local governments should provide the funding necessary to train and equip all police officers for an effective law enforcement response to casualties.

The NTOA recommends that special operations teams (SWAT, SERT, etc.) include properly trained tactical emergency medical providers. These TEMS providers are capable of developing medical threat assessments, implementing risk reduction strategies, providing logistical support, coordinating operations with local emergency medical services (EMS), and rendering immediate medical care within the tactical environment of a law enforcement operation.

1. Special operations teams should tailor the medical capabilities of a TEMS element to their needs and operating environment, which can include all levels of medical providers. While there is no single, best or one-size-fits-all approach to providing medical care during law enforcement operations, there are core competencies known to reduce the risk of potentially preventable deaths and disability; these require mastery by all TEMS providers.

2. Properly trained and equipped TEMS providers should deploy in appropriate locations according to the mission need and their respective team protocols. Doing so permits them rapid access to casualties, the opportunity to provide medical countermeasures and better enables TEMS providers to support tactical operations.



**While there is no single, best or one-size-fits-all approach to providing medical care during law enforcement operations, there are core competencies known to reduce the risk of potentially preventable deaths and disability; these require mastery by all TEMS providers.**



3. TEMS providers should serve as consultants to law enforcement commanders on matters of team health and safety and serve as the liaison between law enforcement operations, EMS services and other state and local health care services.

4. TEMS providers may take on additional duties that can include the training of agency personnel in lifesaving medical techniques and managing health and safety matters such as maintaining team health and immunization records.

5. The selection and training of TEMS personnel should occur under written policies and procedures establishing operational guidelines and a defined chain of tactical medical command.

6. TEMS providers should practice under the medical direction of a physician trained and experienced in tactical medical care. The duties of the medical director should include overseeing training, establishing clinical competencies, defining operational medical procedures and directing a quality assurance program.

7. State and local EMS guidelines should define the scope of practice for emergency medical technician and paramedic TEMS providers. Law enforcement agencies should encourage and assist EMS jurisdictions with developing this scope of practice guidelines for their TEMS providers.

8. Medical care providers supporting law enforcement operations should undergo TEMS-specific training and practice that provides a working competency of medical best practices and tactics. Once trained, programs should require their providers to undergo periodic retraining and skills reviews. Training should be competency-based and include, but not be limited to, tactical theory and techniques, use of specialized medical equipment, tactical emergency casualty care (TECC) and casualty extraction.

9. The effectiveness of a TEMS program requires that medical care providers remain highly proficient in their medical and clinical decision-making skills. Maintaining clinical proficiency requires that EMTs and paramedics will continue to have ongoing experiences as field EMS providers.

10. States and local government agencies should establish policies that protect TEMS providers against potential civil liability, as well as provide compensation for work-related injury. ▀