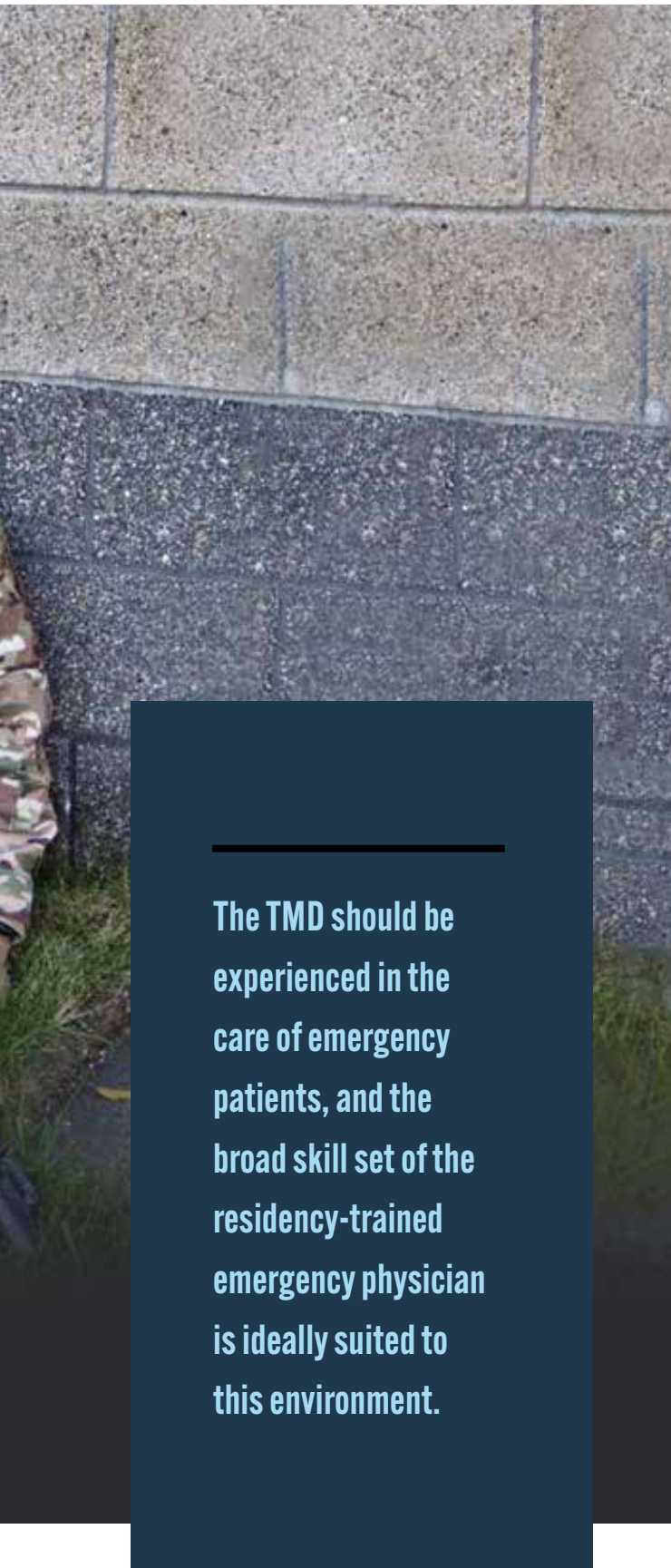




# THE TACTICAL MEDICAL DIRECTOR: Selection, Qualification and Training

BY JASON R. PICKETT AND BRIAN L. SPRINGER



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**T**actical Emergency Medical Support (TEMS) is an essential component of tactical operations to prevent and mitigate injury and death in fluid, dynamic, mission-driven operations. Law enforcement specialized tactical teams deploy to high-risk, large-scale and extended operations under conditions that place hostages, bystanders, police officers and suspects at increased risk for injury or illness. This risk profile calls for incorporating a medical element into all phases of training and operations.

In addition to rendering immediate medical care, properly trained tactical medical providers (TMPs) can assist commanders with developing pre-deployment medical risk assessment, implementing risk-reduction strategies, providing logistic support, and serving as a liaison to coordinate medical operations with local emergency medical services (EMS) and hospitals.

Provision of TEMS on any level requires the involvement of a physician-level tactical medical director (TMD). The TMD is responsible for setting the scope of practice and standards of care for any level TMP (EMT, Paramedic, RN, etc.) on the team, and provides legal authorization for them to perform advanced care. Medical directors also ensure that medical treatment is in keeping with current best practices and perform quality assurance and improvement activities.

### **Basic qualifications**

TMDs require, at minimum, a license to practice medicine from the state in which the team and medics operate. State laws generally prohibit other allied health providers, such as nurse practitioners or physician assistants, from serving as medical directors or authorizing other medical providers to practice, but they may fill direct support, occupational health, or quality assurance roles.

The medical issues faced by SWAT teams vary considerably, including penetrating trauma, orthopedic injury, cardiac emergencies, chemical and pathogen exposure, and both acute and chronic diseases that affect performance and welfare. The TMD should be experienced in the care of emergency patients, and the broad skill set of the residency-trained emergency physician is ideally suited to this environment. Subspecialty training in emergency medical services (EMS) is highly desirable. Other specialties, such as family practice, may qualify, given appropriate emergency medical training and experience.

Physicians who specialize in surgery are well suited for the acute treatment of a casualty, but this is a relatively small part of the medical practice of a TMP or TMD. Surgeons may qualify for this role if they have training and experience in acute care medicine.

Previous experience as a civilian or military EMS provider is helpful for any physician, especially for those filling a direct support role. A background in criminal justice, while not essential, provides useful knowledge of legal issues in law enforcement.

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### **Direct support vs. offline support**

TMDs who serve in a direct support role attend training and missions with the team and are front-line providers for casualty treatment at the point of wounding. There are several advantages to having a physician provide direct support. They have a broader treatment skill set than other TMPs and are better equipped to decide if an injured or ill team member can be returned to duty or if further evaluation, treatment, or follow-up is needed. Continuous, direct support also ensures that the TMD has first-hand knowledge of the work environment and medical threats faced by any TMPs they oversee.

TMDs provide offline support to tactical teams to fill a host of needs. Administration of the tactical medicine program, including selection, qualification, training and continuing education of TMPs, is essential. Provision of treatment protocols is required as part of the legal authorization for TMPs to practice. The physician also may provide real-time consultation through phone, text or video to advise medics and team commanders on medical issues that arise while on mission.

### **Selection**

Traits of the successful TMD will vary depending on the unique personality of each team and the level to which the physician is integrated into operations. TMDs must be flexible and creative thinkers due to the dynamic nature of tactical operations and must be good team players. If in a direct support role, they should be physically fit to the same standard as other team members.

The selection process for a TMD should include a background investigation, review of references, verification of licensure, and an interview to see if they are a good fit for the team. License verification, as well as identification

of sanctions or practice limitations, may be performed on state medical board websites. A probationary period is customary, allowing the team to get to know the physician and providing an opportunity to examine the physician's decision-making abilities under the stress of training before allowing them to accompany the team on operations.

### **Contract**

A contract or employment agreement will be necessary to establish the authority, role, reimbursement, and liability protection for both physician and agency. A physician who is directly employed by a municipal, state or federal government agency may have protection under the Federal Tort Claims Act (FTCA) or under state laws regarding qualified immunity. An independent contractor relationship may be easier to execute for an agency but will need to spell out coverage for liability for medical care (either by the physician or by medics under their direction) as well as for operation of departmental equipment.

Some departments will contract with a physician practice or academic institution to provide medical direction services. The advantage of this arrangement is depth of bench, where multiple physicians can ensure coverage of unscheduled operations or during times when one physician is unavailable. It takes considerably more time to develop a trusting relationship between team members and medical directors if there is a rotating cast of physicians, particularly if they do not participate regularly in training. Emergency medicine residency training programs may provide opportunities for resident physicians to support tactical operations with direct or indirect oversight from attending-level TMDs.

### **Initial training**

Physician medical directors who are not otherwise trained in prehospital medical direction should attend the National EMS Medical Directors Course and Practicum through the National Association of EMS Physicians. This three-day course covers the basic tenets of providing medical direction for prehospital providers. Additionally, the Counter Narcotics and Terrorism Operational Medical Support (CONTOMS) Medical Director course is a one-day program of instruction that gives a good overview of tactical operational support, mission types, team composition and medical threats.

Physicians filling a direct support role should attend a tactical medical provider course such as those conducted by NTOA, CONTOMS and others. These courses are four to five days in length and cover operational medical planning, medical threat assessment, point-of-wounding care, mission types and threat mitigation. Whether or not the physician attends a basic SWAT training course will depend on their

prior experience and involvement with the team, but it may be helpful to further build their knowledge of tactical operational planning and legal issues beyond those of a medical nature. Whether or not the physician is armed, training in firearms proficiency is recommended so that weapons can be handled and rendered safe during medical treatment.

### Ongoing training

Tactical medical directors must maintain familiarity with the law enforcement environment and, if directly supporting operations, must regularly demonstrate proficiency with mission-oriented tasks and physical fitness. Unfortunately, few opportunities exist for continuing education specific to tactical medicine. The Special Operations Medicine Scientific Assembly is an annual conference where tactical medical directors and providers can learn the latest techniques for point-of-wounding care, medical planning and threat assessment, and attend after-action reviews of tactical operations with medical lessons learned. The National Association of EMS Physicians conference, while not specific to tactical medicine, serves up topics germane to prehospital care and EMS medical direction. Organizations such as the American College of Emergency Physicians and the International Association of Chiefs of Police have sections dedicated to tactical medical direction and care.

### Conclusion

Medical support is an essential component of tactical law enforcement operations. A physician-level tactical medical director is crucial to any tactical medical program, authorizing tactical medical providers to practice and ensuring that medical care is optimized and well-executed in order to prevent unnecessary death, suffering and liability.

### About the authors

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