



TACTICAL MEDICINE

I. AUTHORITY:

California Health and Safety Code, Sections 1797.220, 221 and 1798. California Code of Regulations, Title 22, Division 9, Chapter 3.

II. APPLICATION:

This policy describes the guidelines for medical support during tactical incidents.

III. DEFINITIONS:

Peace Officer Standards and Training (POST): The California Commission on Peace Officer Standards and Training develops training standards and evaluates/approves curriculum for basic police officer training programs in California.

Tactical Medicine Training Program: A POST-certified and EMSA-approved, specific, operational training program for tactical medicine providers and operators that trains EMS personnel to safely deliver medical care during a law enforcement response.

Tactical Emergency Medical Services (TEMS) Personnel: Physicians, physician's assistants, paramedics, nurses or Emergency Medical Technicians (EMTs) trained in tactical medicine who provide medical care during a tactical response utilizing their authorized scope of practice.

Weapons of Mass Destruction (WMD): Weapons or devices intended to cause death or serious bodily injury to a significant number of people through the release of toxic chemicals, a disease organism, or radiation.

Area of Direct Threat: The area in which there is a direct and immediate threat.

Indirect Threat: A scenario in which a threat exists, but does not currently threaten the life the provider or patient.

Evacuation Phase: The area in which low significant danger or threat is reasonably anticipated for the provider or patient.

IV. GUIDELINES:

A. PRINCIPLES:

1. Training is a critical role in the ability of TEMS personnel to effectively support law enforcement and contribute to the safe and successful resolution of critical incident responses.
2. These guidelines are not intended to replace existing EMS policies or circumvent the established response of EMS/law enforcement/Fire.
3. A primary objective of TEMS is to provide the appropriate medical stabilization and treatment of casualties as close to time of injury as possible.
4. The TEMS provider agency should participate in the pre-planning of incident management.
5. Non-TEMS EMS personnel who operate in the evacuation zone should receive an orientation to TEMS operations.

Approved:



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B. POLICY:

1. Certification/Licensing

- a. Paramedics who are a member of a TEMS team shall be employed, on duty and sponsored by an approved Advanced Life Support (ALS) provider. Paramedics shall be licensed by the State and accredited in Orange County.
- b. EMTs shall be certified by the State and have successfully completed the Orange County local scope of practice.
- c. Physicians, nurses, physician's assistants and other medical practitioners shall be licensed by the appropriate state and national authorities and demonstrate evidence of clinically relevant skills.
- d. All authorized Orange County TEMS providers shall be sponsored by a law enforcement agency.

2. Training

- a. TEMS personnel who operate within the area of direct threat shall be trained, at minimum through a POST-certified and EMSA-approved or equivalent tactical medicine training program.

3. Deployment

- a. The TEMS provider/agency should participate in the pre-planning of incident management, using standardized written forms, when possible.
- b. TEMS personnel should be familiar with the location of the nearest medical centers, paramedic base hospitals and specialty centers such as trauma, pediatric trauma centers, etc.
- c. When responding to jurisdictions outside of Orange County, TEMS personnel shall operate within their accredited scope of practice.
- d. TEMS providers shall submit patient care records, as required by OCEMS.
- e. TEMS providers shall participate in the QI process, as required by OCEMS.
- f. TEMS providers shall participate in medical training as required by OCEMS.
- g. Orange County TEMS providers are encouraged to standardize equipment and procedures.

Approved: