



## Reference 812: Tactical Medicine

Revision 5/22/18  
Effective 8/1/18

### V. Purpose:

- A. To provide medical oversight and continuous quality improvement for tactical medicine teams.
- B. To coordinate tactical medicine activities with the EMS agency.
- C. To establish policies and procedures for EMS personnel assigned to Tactical Medicine teams.

### VI. Authority

- A. California Health and Safety Code 1797.218, 1797.220, 221 & 1798.
- B. California Code of Regulations, Title 22, Div. 9, Sec. 100145 & 100169
- C. California POST/EMSA Tactical Medicine Operational Programs and Standardized Training Recommendations- July 2009.

### VII. Definitions

- A. *Tactical Medicine*- The delivery of medical services for law enforcement special operation teams. The primary goal of tactical medicine is to support and assist a SWAT team in accomplishing its mission during a deployment or response to a critical incident. (what about buddy/self-aid for all officers???)
- B. Special Weapons and Tactics (SWAT) team- A group of law enforcement officers especially skilled and trained to respond to unusually dangerous and/or violent situations. A designated unit of law enforcement officers that is specifically trained and equipped to work as a coordinated team to resolve critical incidents whose degree of complexity and hazardousness exceed the capabilities of first responders and other basic police officers. This may include hostage taking, barricaded suspects, snipers, terrorist acts and other high-risk incidents.
- C. Peace Officers Standards and Training (POST)- The California Commission on Peace Officers Standards and Training develops training standards and evaluates and approves curriculum for basic police officer training programs in California.
- D. Tactical Medicine Training Program- A POST certified and EMSA approved specific operational training for tactical medicine providers and operators that train EMS personnel to safely deliver medical care during SWAT response.
- E. Tactical Paramedic: An Emergency Medical Technician-Paramedic trained in the specialized use of tactics and care in austere tactical environments.
- F. Tactical Physician: A physician, licensed in the State of California, trained in the specialized use of tactical medicine and care in austere environments.
- G. Zones of Care- Areas of operation classified by the level of threat to the safety and security of persons within the area.



1. *Hot Zone:* Area with a direct and immediate threat to safety to all personnel; rendering care in this zone poses an immediate risk to patient and provider.
2. *Warm Zone:* area with threats to safety though not immediate nor direct. Determination of warm zone boundaries can be dynamic and rendering care may pose a risk to patient and provider due the possibility of becoming a hot zone.
3. *Cold Zone:* Area without any reasonable threat either due to distance, barriers or substantial interposed security presence; care can be delivered without risk.

VIII. Policy

- A. Tactical Medicine Programs shall be developed and utilized in accordance with the "California POST/EMSA Tactical Medicine Operational Programs and Standardized Training Recommendations" document which can be located at the EMSA website at [http://emsa.ca.gov/Tactical\\_Casualty\\_Care\\_and\\_Tactical\\_Medicine\\_For\\_Special\\_Operations](http://emsa.ca.gov/Tactical_Casualty_Care_and_Tactical_Medicine_For_Special_Operations) . Tactical Medicine personnel shall adhere to the Santa Cruz County EMS scope of practice and function under medical control as established by the EMS Medical Director while functioning as part of a SWAT team.
- B. Tactical Medicine programs and their medical personnel shall coordinate with other Santa Cruz County SWAT personnel as well as be integrated into the local EMS system in coordination with the local Emergency Medical Services Agency (POST, 2010).
- C. Designated Tactical Emergency Medical Support (TEMS) personnel shall successfully complete all initial and ongoing recommended training provided by an approved tactical medicine training program as listed in the "California POST/EMSA Tactical Medicine Operational Programs and Standardized Training" document. A paramedic must have satisfactorily completed training and be in good standing with local, state and national standards before being assigned to a TEMS unit.
- D. Tactical Medicine Operational Programs should have components pertaining to planning, medical oversight, quality improvement and training as defined in "Tactical Medicine Operations Programs and Standardized Training Recommendations (POST, 2010; Section 2.2.1-7).
- E. Tactical Medicine Programs should include tactical medical personnel in mission planning and risk assessment to ensure appropriate assets are available for the mission as defined in "Tactical Medicine Operational Programs and Standardized Training recommendations (POST, 2010; Section 2.2.2).
- F. Tactical Medicine Programs should designate a physician as a Tactical Medicine Medical Director to "provide medical direction, continuous quality improvement, medical oversight and act as a resource for medical contingency planning" (POST, 2010). This physician should be



experienced in EMS and have successfully completed a tactical medicine training program as listed in the "California POST/EMSA Tactical Medicine Operational Programs and Standardized Training" document.

IX. Patient Care

- A. All TEMS providers must operate with an awareness of the tactical environment. First priority is maintaining the safety and security of TEMS providers, law enforcement officers, other team members and patients, the second priority is to support the successful completion of the mission.
  1. Area of Operations:
    - a) Operational tactics in the tactical environment are under the control of the law enforcement incident commander or designee.
    - b) No TEMS provider shall enter the designated "hot zone" nor engage in direct tactical operations.
    - c) TEMS providers will operate in the "warm zones" as allowed by the law enforcement agency to which they (TEMS) are assigned.
    - d) TEMS providers may operate in the "cold zone" as needed.
  2. Security:
    - a) Primary responsibility for scene security belongs to law enforcement.
    - b) TEMS providers will follow the tactical instructions of law enforcement officers.
    - c) When not involved with patient care, TEMS providers may assist by observing the area for potential threats and communicating with law enforcement officers.
  3. Weapons:
    - a) All TEMS providers will remain alert to detect any weapons carried by a patient.
    - b) If weapons are detected, the TEMS provider will contact a law enforcement officer to remove/secure them.
    - c) If handling of a weapon is unavoidable, the provider will use universal precautions in handling weapons, will adhere to the Santa Cruz County EMS policy on "Crime Scene" management (? official policy title?) and will contact a law enforcement officer immediately to take possession of the weapon.
  4. Patient Care
    - a) TEMS providers must pay primary attention to the safety of team members.
    - b) TEMS providers must not deliver care if doing so will jeopardize the safety of themselves or other team members.
    - c) All patients are to be disarmed by law enforcement before delivery of care by the TEMS provider except in extreme circumstances.



- d) TEMS providers will adhere to Santa Cruz County EMS policies, protocols and procedures when caring for patients.
- e) Suspects and bystanders as patients:
  - (1) All suspects and bystanders must be disarmed by law enforcement before care is rendered.
  - (2) TEMS providers will contact a law enforcement officer when needed to secure a patient and/or weapon.
- f) Team Members as patient:
  - (1) Except in extreme circumstances, all team members are to be disarmed by law enforcement before delivery of care by TEMS providers.
  - (2) An armed team member must be disarmed if any of the following occur in the patient:
    - (a) Confusion, disorientation or loss of consciousness.
    - (b) Systolic blood pressure < 100.
    - (c) Loss of radial pulse.
  - (3) TEMS providers will contact a law enforcement officer when needed to restrain a team member and/or secure weapons.

X. Policy: Documentation of Patient Care

- A. All patient encounters by a Santa Cruz County TEMS provider will be documented using the Standard Santa Cruz County EMS Patient Care Record.
- B. Patient privacy and confidentiality of all medical records will be maintained always
- C. Notes: Before initiating CPR in traumatic arrests, providers should weigh the risks to team safety vs low survival rates from traumatic arrests in the tactical setting. CPR should be administered in situations where the cause of arrest is thought to be cardiac, poisoning, drug overdose, hypothermia or electrical injury.