Tactical Emergency Casualty Care (TECC) Update, Winter 2012

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The Committee for Tactical Emergency Care has continued to work on the development of the evidenced-based high-threat prehospital trauma care guidelines. C-TECC members are integrating TECC for all levels of providers in all high-risk operational medical scenarios. We have made significant advances in our outreach are beginning to see TECC develop inertia of its own.

Over the last few months, members of C-TECC have worked closely with DHS/FEMA on the development and delivery of a second day in the *Joint Counter Terrorism Awareness Workshop Series* (JCTAWS) to concentrate on medical system response. Sponsored and developed by The National Counterterrorism Center (NCTC), the U.S. Department of Homeland Security (DHS), and the Federal Bureau of Investigation (FBI), the purpose of the JCTAWS is to examine preparedness levels at state and local governments to prevent or respond to an attack similar to the one carried out in Mumbai, India in November 2008. JCTAWS brings together federal, state, local, and private sector stakeholders from the first-responder community and individuals representing security, medical, communications, hospitality, transit, and other relevant communities, in order to understand the full implications of a Mumbai-style attack. Each workshop centers on a 24-hour scenario in which multiple coordinated assaults occur. Participating representatives from law enforcement, fire service, emergency management, and even the private sector gauge their respective response capabilities and determine the efficiency of their resources. For each city, a summary report is issued and an overarching JCTAWS executive summary is planned that identifies trends, lessons learned from active shooter incidents, and best practices for responding to such occurrences.

A common theme that developed out of the 2011 and early 2012 JCTAWS sessions was the need for additional concentration, planning, and coordination on the medical system response, from non-medical first responders to pre-hospital providers and on through hospital care. In response to this identified gap, FEMA and C-TECC, along with faculty from the CDC *Tale of Our Cities Program,* have developed an integrated operational medical Day 2 for JCTAWS. In this session, the Tactical Emergency Casualty Care Guidelines are emphasized for use by all first responders, both medical and non-medical, in response to complex coordinated terrorist attacks, with an emphasis on the need for non-tactical responders to employ these guidelines in the immediate care of the wounded instead of relying on the traditional tactical law enforcement and tactical EMS response. The first session of this Day 2 was well received at the Los Angeles JCTAWS in August, and will be a feature of the Las Vegas and Atlanta JCTAWS later in the year.

Additionally, members of C-TECC continue to develop and teach TECC courses for first-responders and first-receivers throughout the local and federal government agencies. Members of the Executive Committee recently delivered TECC training to federal law enforcement personnel within the Department of Homeland Security; these members also were directly involved in TECC training for first-responders for the Democratic National Convention in Charlotte, NC and remained operational throughout the high profile event. Several Guidelines Committee members have recently completed a project training many of the Northern Virginia hospital emergency department first-receivers in the concept of TECC to improve awareness, preparedness, and allow for improved transition of care among first-responders and the hospital staff during mass casualty. TECC training and awareness initiatives continue throughout California, and several members from the Guidelines Committee and Board of Advisors have been instrumental in keeping C-TECC and the National TEMS Initiative Committee coordinated in their efforts in conjunction with the C-TECC/NTIC Teaming Agreement put in place in August. C-TECC members continue to work closely with the Inter-Agency Board, including efforts to begin the process of placing TECC medical care items such as tourniquets and pressure bandages on the approved equipment list. A large-scale UASI-funded initiative in

the Northern Virginia region to teach TECC to area patrol officers and provide them with TECC 'blow-out' trauma kits is near completion, and training should begin in the near future to implement this important program.

The next Full Committee meeting of C-TECC has been scheduled once again in conjunction with, and with the support of, the Special Operations Medical Association (SOMA). This meeting will be held on Tuesday 18 December 2012, during the 2012 SOMA conference in Tampa, FL, and will be open door for the majority of the session throughout the day to allow for greater involvement and interaction with the SOMA membership. This meeting is also open to the public and will have built in time for public comment; we look forward to significant feedback from TECC end-users. The agenda in December will include discussion of recent events that relate to the need for TECC implementation. The Guidelines update will concentrate on identifying areas that need review and possible revision. We anticipate lively discussion on the need for stronger guidance on traumatic brain injury and plan on concentrating on developing specific recommendations for the civilian populations, such as pediatric and geriatrics, that are not traditionally included in the Tactical Combat Casualty Care guidelines. These discussions will set the research agenda for 2013 that will possibly result in changes to the Guidelines at the May 2013 meeting in Seattle.

As always, please refer to the Committee website, www.C-TECC.org, for any additional information and/or comments.

Current and Future Implications of the National TEMS Initiative and Council

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The National Tactical Emergency Medical Support Initiative and Council (NTIC) was established to standardize the curricular standards for the training of tactical medicine practitioners in the United States. The project began when a group of tactical medical practitioners from the National Tactical Officers Association and the Center of Operational Medicine-Georgia Health Sciences University observed the highly variable types of tactical medical curricula and their instructors varying competence and experience and noted the problems engendered by these issues. In summary, no standard existed for tactical medical practice in the United States. These two agencies facilitated the gathering of highly experienced tactical medical providers from across the country. The group meeting in the Washington, DC, area derived domains for the Medical Provider EMT through Physician and Tactical Operator. What remains to be done are the domains for Patrol Officer, Team Commander, and Medical Director. These will be done through meetings in the upcoming months. Following that, the plan is for the council functions to update the domains as needed and assist in and support tactical medical activities nationwide.

It is important to note that the intent will not be to dictate the scope of practice/standard of care or protocols for providers in the United States. The NTIC acts through 17 domains and their Terminal, enabling learning objectives. Any tactical medical schoolhouse can then crosswalk the 17 domains against their respective curricula.

Scope of Practice/Standards of Care and Protocols can have a significant degree of variance in the non-military area of practice. This is not only with respect to different levels of licensure, but also with respect to the considerable differences from state to state and even within counties, municipalities, and agencies. For example, there are tactical paramedics in some federal non-military agencies that have "advanced practice" capabilities and their scope of practice/standard of care and protocols reflect their level of practice. The NTIC, however, will define a standard of tactical medical training with domains, Terminal Learning Objectives, Enabling Learning Objectives. The scope of practice/standard of care, and protocols will be left to the local jurisdictions.

The 17 domains in the five practice areas have already provided guidance, and will continue to do so, for the tactical medical curricula review of existing programs, and in the establishment of new programs. Several states have inquired and are examining the NTIC in their quest to establish standards for the training of their tactical medical personnel. Additionally, the Board of Critical Care Transport Paramedic Certification (BCCTPC) recently convened a body of tactical medical subject matter experts in order to develop a National Tactical Paramedic Examination. This organization wrote and maintains the Critical Care Paramedic Exam and the Flight Paramedic Exam; this is a standard right of passage for military medics of the 160th Special Operations Aviation Regiment (SOAR). The SOF