

## Committee for Tactical Emergency Casualty Care (C-TECC): Update December 2012

Reed Smith, MD  
David Callaway, MD, MPA  
Geoff Shapiro, EMT-P  
Brendan Hartford, EMT-B  
Sean McKay, EMT-P

The weeks surrounding this year's Special Operations Medical Association meeting were marred by a tragic series of violent attacks across the country. As SOMA convened, a gunman in Newtown, Connecticut, perpetrated one of the most devastating single attacks in recent memory, killing 20 children and 6 adults at Sandy Hook Elementary School. Within less than 36 hours, another gunman entered St. Vincent's Hospital in Birmingham, Alabama, and killed 3. Ten days later, a gunman conducted a complex attack using fire as a weapon and small arms fire to ambush first responders, killing 2, near Rochester, New York. These events are beyond tragic, but add poignancy and remind us of the absolute need to continue the work of strengthening operational medical response to high-threat prehospital scenarios.

With national mourning for the tragic event in Newtown as a backdrop, the Committee for Tactical Emergency Casualty Care (C-TECC) Winter 2012 full committee meeting provided a time to inform our members, guests, and nonmember attendees of the ongoing efforts and progress in bringing paradigm shift to high-risk medical response. The meeting consisted of a series of briefings regarding on-going TECC projects, national TEMS guideline integration efforts, TECC guideline updates, and future research priorities. Important committee business was addressed as well, including announcing the addition of Rick C. Mathews, director of the National Center for Security and Preparedness (NCSP) at the University at Albany–State University of New York to the C-TECC Board of Directors, replacing Dean Margaret Plack from the George Washington University at her request. We appreciate Dean Plack's involvement with the committee for the past 2 years and look forward to Rick's voice and guidance in C-TECC.

### National Integration and On-going TECC Projects

The C-TECC leadership continues to work closely with federal agencies including the U.S. Department of Homeland Security (DHS)/FEMA on the delivery of a second day in the Joint Counter Terrorism Awareness Workshop Series (JCTAWS) concentrating on medical system response to complex coordinated attacks. Sponsored and developed by The National Counterterrorism Center (NCTC), DHS, and the Federal Bureau of Investigation, the purpose of the JCTAWS is to examine regional and local preparedness among government agencies and response entities to prevent or respond to a complex attack similar to the one carried out in Mumbai, India, in November 2008. During the last two 2012 JCTAWS in Los Angeles and Las Vegas, TECC was presented as a solution to the need for high-risk medical operations in these events and was well received by the participants. There are on-going efforts in these cities to incorporate TECC into police and fire/EMS activities. Additionally, C-TECC leadership has been integrated into the interagency planning group for JCTAWS and continues to be involved in the process of developing and delivering TECC as a part of JCTAWS for the 2013 series.

TECC courses are being developed and delivered at a variety of local, regional, state, and federal levels, among both tactical and non-tactical response elements, including police, fire, and EMS assets. There are on-going conversations about accepting TECC as the standard of operational medical response given its civilian basis and focus, and the C-TECC leadership continues to speak at conferences across the United States and in a variety of federal offices to move TECC forward.

C-TECC and the National TEMS Initiative and Council (NTIC) continue to collaborate closely. Although separate entities, multiple members of C-TECC are also involved as formal members of NTIC and remain committed to the process of developing a national curriculum to train tactical medics operating with law enforcement teams in all aspects of tactical medicine, including, but not limited to, TECC. NTIC has integrated TECC guidelines into their core competencies for tactical medical training, and C-TECC will continue to work with and support this effort. In addition, we are happy to announce that the Board for Critical Care Transport Certification (BCCTPC) is integrating the TECC guidelines into the proposed national certification for tactical paramedics.

The committee continues to work on developing and providing Web-based TECC information and resources at our website ([www.C-TECC.org](http://www.C-TECC.org)). We will be adding the TECC guidelines in an easily downloadable format, are developing a TECC executive brief in PowerPoint format for agencies that are developing proposals and presentations to integrate the guidelines, and will be adding reference lists of research and other articles that we think are sentinel for TECC development. Additionally, we are working on developing a living database of TECC use in operational settings where users can submit de-identified information online that would be subsequently available for public use in training.

## Guidelines Updates

Colored by the event in Newtown, C-TECC continues to focus on high-risk civilian populations including children, pregnant women, the elderly, and those with multiple medical comorbidities. The Special Populations Working Group, led by Dr. Joshua Bobko, is working on fast-tracking guidelines language additions regarding the safety and appropriate use of tourniquets in the pediatric population. Based on the currently published research by Dr. John Kragh, tourniquets appear to have a similar safety profile in pediatrics with an efficacy that is related to limb size. The language change will emphasize the importance of tourniquets in this population and should be released before the next full committee meeting in May 2013.

## Research

During the meeting, industry representatives presented data on the efficacy of current hemostatic agents in patients who are using oral anticoagulants including warfarin, antiplatelet agents, and the newer novel anticoagulant medications. These informative sessions reinforced the need for solid research to make recommendations regarding the care of individuals who fall outside the typical tactical personnel profile. As a committee, we will continue to monitor this research and work with industry to develop the best recommendations for the civilian population.

Dr. Matt Sztajnkrzyer, co-leader for the C-TECC research working group, reviewed several recently published articles that the working group thought the membership should be familiar with as we begin the process of review and updates for the guidelines. Reference links for these articles will be added to the research section of the website in the next few weeks.

## Next Steps

The C-TECC adjourned with positive momentum heading into the new year. The working groups have been tasked with completing work in their respective areas and presenting reports to the full committee. Changes to the guidelines as delineated earlier are forthcoming, and proposed changes are being developed for discussion.

The leadership of C-TECC appreciates the support of the members and all of those who work tirelessly to move TECC forward. Our support in the operational community has been outstanding, and we appreciate as well those entities that are financial donors to the effort, including H&H Associates, Tactical Medical Solutions, and North American Rescue, and, of course, the nonfinancial support of the Special Operations Medical Association.

The next full committee meeting will be in May 2013 in Seattle, Washington. As always, committee meetings are open to the public and we encourage all participation. Meeting details will be available on the C-TECC website as they become available. Please refer to the committee website ([www.C-TECC.org](http://www.C-TECC.org)) for any additional information and/or comments.

The hearts and prayers of the C-TECC members go out to the families of the Newtown shooting, of those at St. Vincent's Hospital, and of the brave first responders who are coping with the aftermath.

## National TEMS Initiative and Subsequent TEMS Issues: An Update

Philip A. Carmona, 18Z/D, RN, NREMT-P

Nationally, TEMS is taking on increasing roles as jurisdictions at all levels are seeing the need for medics to be an integral part of any active shooter and other possible scenarios; the reader is no doubt aware of the increasing number of incidents that have occurred recently within the United States. Commensurate with the increasing exposure of TEMS nationally is the search for sound science and practice-based tactical medicine curricula. Fiscal and time constraints within jurisdictions are further synergizing the effort to find effective curricula. In many cases, jurisdictions are turning to the findings of the National TEMS Initiative and Council.

On 22 February 2013 in Orange County, CA, Californians who practice in the tactical medical arena and other interested officials have scheduled a meeting of a grass-roots consortium to disseminate information centered on solid science, evidence, peer review, and consensus-based methodology as it relates to TEMS. As the readers know, “This is a bit out of the ordinary for this state in that their current TEMS guidelines were written in a vacuum” (Ray Casillas, EMS Co-chair, California State Firefighters Association, and a practicing tactical medic).

The process that has led to the convening of this meeting has been long and difficult, but the objective is to share the National TEMS Initiative and Council (NTIC) findings as well as the TECC methodology (tactical emergency casualty care—a parallel system to TCCC). As has been shared in previous TEMS articles in this journal, the ongoing NTIC and CTECC projects, which are science- and practice-based methodologies, are advancing TEMS practices throughout the nation and in other parts of the world. Californians who are interested in best practices are convening this meeting to determine what is best for their state.

The recent SOMA meeting (December 2012) convened the writing group for the NTIC. The purpose was to write and, in the near future, publish the recommended curricular requirements for the medical provider and tactical operators. These are in the form of 17 domains with supporting terminal and enabling learning objectives. The patrol officer, team commander, and medical director domains remain to be finished in future meetings.

The Board of Critical Care Paramedic Certification Transport (BCCTPC), which is responsible for the critical care and flight paramedic certification examination, continues to make progress toward the fielding of a national tactical paramedic certification examination (TP-C). Subject matter experts from the field are currently in the item-writing phase of examination preparation. These individuals are from the Special Operations community, both military and non-military. The basis for the examination is the 17 domains of the NTIC. The examination is scheduled to be field-tested this summer.

*More (much more) to follow!*