

# TECC *for* TEMS UPDATES

## Committee for Tactical Emergency Casualty Care (C-TECC) Update Summer 2013

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The continued escalation of violent events targeting vulnerable populations (e.g., Sandy Hook Elementary School) and first responders (e.g., the recent hostage-taking of four firefighters in **Suwanee, Georgia**) reinforces the mission of the Committee to expedite the development of best practice guidelines for high threat prehospital care in the civilian setting. C-TECC is working closely with colleagues and liaisons from the Federal Emergency Management Agency (FEMA), U.S. Department of Homeland Security, American College of Emergency Physicians (ACEP), the International Association of Fire Chiefs (IAFC), National Tactical Officers Association (NTOA), National Training and Information Center (NTIC), and state-based organizations to ensure common *principles* and *language* are deployed to strengthen interoperability during crisis response.

The progress, outreach, and implementation of the TECC guidelines as the civilian standard for all prehospital high-risk medical operations continue to grow. Local, state, and national implementation of the TECC guidelines is now being driven organically, beyond the efforts of the Committee. In January 2013, the Wisconsin Hospital Emergency Preparedness Program (WHEPP), led by Chris Cook, EMT-P, developed and distributed a template standard operating procedure (SOP) for to establish clear guidelines on providing TECC medical care, including self-aid and buddy-aid, in high-threat tactical environments. The WHEPP also established uniform and approved TECC medical equipment recommendations and standardized carrying configurations for members of law enforcement and tactical emergency medicine support (TEMS). The efforts of Cook and the WHEPP represent an excellent example of *local* leaders creating tailored programs based on emerging TECC *national* standard *principles*.

C-TECC Executive Committee members were well received in their presentation of TECC as a paradigm shift for prehospital operations at the annual National Association of EMS Physicians (NAEMSP) conference in Florida. This presentation initiated new conversations among both tactical and nontactical physicians at the meeting, and we look forward to continued conversations and a developing relationship with NAEMSP. TECC was prominently featured during the EMS Today conference held in Washington, DC, on 6–9 March 2013. TECC for high-threat responses was taught at a well-attended preconference workshop, and various lectures were delivered that featured aspects of the guidelines. These lectures included “Changing the Paradigm: Rescue Task Force Response to Active Shooter Events,” topics on hemorrhage control, and a panel discussion on responding to active shooter events.

The relationship between C-TECC and the Joint Counter Terrorism Awareness Workshop Series (JCTAWS), an event co-sponsored by the Federal Bureau of Investigation (FBI), National Counterterrorism Center (NCTC), and DHS/FEMA, continues to grow. The JCTAWS workshop is designed to present a challenging regional complex coordinated terrorist attack designed to maximally stress and even overwhelm the regional system where the conference is held. Through the region-specific scenario, the workshop brings together all facets of the public safety, health care, and private sector communities in the same room and fosters discussion to self-identify strengths and response capability gaps, foster interagency and interdisciplinary relationships, and initiate mitigation strategies to identified gaps. TECC is presented and discussed as a solution to implementing rapid point-of-wounding patient care during these types of events. The most recent JCTAWS was in Atlanta in February 2013, and the next workshop is scheduled for Seattle in the early summer.

Through the strong relationship with FEMA and C-TECC, TECC is being discussed in many programs in the DHS. In March 2013, Co-chairman Dr. Smith briefed FEMA Director Fugate on TECC and its implications on medical response to active shooter events. The recent shootings culminating with the tragedy in Newtown, Connecticut, in December 2012 is driving a strong homeland security push to find consensus on response and public safety integration and response for these events. As such, members of C-TECC are representing the Committee at conferences and working groups, and the guidelines are being discussed and integrated in many of these initiatives, including the White House

initiative for Emergency Management and Planning for Schools and Houses of Worship and the developing national consensus documents on coordinated law enforcement, fire/rescue, and EMS operations for active shooter response.

C-TECC remains a development group committed to transitioning and evolving the TCCC principles to the civilian setting while providing broad representation of end users. The Committee provides validation through evidence-based procedures and best practice operational experience. The Committee does not conduct training, but has provided guidance for developmental TECC courses being taught within the DHS, tiered courses for the Charlotte-Mecklenburg Police Department (e.g., patrol, SWAT, EMT-B), the Charlotte Fire Department, the Arlington County Fire Department, and first responders across the state of Wisconsin, among others.

The Seattle Fire Department and the University of Washington Medical School Paramedic Training Program will co-host the semiannual C-TECC meeting in Seattle, Washington, on 20–12 May 2013. The open, public session will be conducted on 20 May and focus on pediatric trauma care in the high-threat prehospital setting. Building on the SOMA presentations by Dr. John Kragh, C-TECC Board of Advisors, regarding pediatric tourniquet utilization, Dr. Josh Bobko will be presenting proposed pediatric-specific updates to the C-TECC guidelines. Dr. Richard Kamin, ACEP TEMS Section Chair, will be discussing TECC and the pediatric trauma preparedness and response implications of the Sandy Hook shooting.

As always, please refer to the Committee website, [www.C-TECC.org](http://www.C-TECC.org), for any additional information and/or comments.

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### National TEMS Initiative and Council (NTIC) TEMS in Transition

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Tactical Emergency Medical Support (TEMS) is undergoing dynamic changes in growth, emphasis, and in particular in standardization. Across the country many agencies and jurisdictions are requiring tactical medical training for non-medical public safety personnel (e.g., patrol officers, fire personnel) as well as other personnels who work in the public forum such as teachers. A recent tactical medical class conducted for patrol officers in Delaware also trained a public school nurse and the custodian from that same school

This recent significant growth in the awareness and the delivery of tactical medical training is related to the number of active shooter events that have occurred throughout the United States this year and over the last two decades. It finds many jurisdictions and agencies searching for the training that meets the needs of the varied backgrounds of nonmedical providers. Many local agencies and jurisdictions are turning to local TEMS assets to provide the expertise and training for these non-standard first responders.

At the national level the National Tactical Officer's Association (NTOA) is working to provide essential tactical medical training to public servants who will have to act as first responders. Additionally, along with their partner, The Center for Operational Medicine of Georgia Regents University (COM-GRU), the NTOA is fielding a series of courses under the Specialized Tactics for Operational Rescue and Medicine (S.T.O.R.M.<sup>™</sup>) program.

Although there are other adequate tactical medical training programs available nationally, the S.T.O.R.M.<sup>™</sup> program is the only program that uses an evidence and practice-based tactical medical foundation for the curriculum. The S.T.O.R.M.<sup>™</sup> curriculum is based on the evidence and competency-based findings of the National TEMS Initiative and Council (NTIC). Those guidelines, derived by a national body of tactical medical subject matter experts, are 17 essential domains with accompanying terminal and enabling learning objectives. They provide the essential guidelines for a number of medical and nonmedical providers involved in tactical medicine. (See NTIC Domain Overview).

When fully mature the S.T.O.R.M.<sup>™</sup> Program will field the following courses:

1. S.T.O.R.M.<sup>™</sup> Patrol Officer Course (Self Aid, Buddy Aid)
2. S.T.O.R.M.<sup>™</sup> Tactical Operator Course (3 versions: Standard, K-9, EOD)
3. S.T.O.R.M.<sup>™</sup> Medical Provider Course



(photo left)  
Special Agents Medics assessing one of many patients during a training exercise involving multiple casualties.  
Photo compliments of Special Agent Jean-Marc Behar, ATF, NREMT-P



(photo left)  
SKED Training  
Photo compliments of Alan Chiasson,  
EMT-P, PSO/EPS, Tactical/Combat  
Paramedic



(photo below)  
IFAK access during SKED Training  
Photo compliments of Alan Chiasson,  
EMT-P, PSO/EPS, Tactical/Combat  
Paramedic



(photo above)  
Armored Limo conversion to field litter ambulance  
Photo compliments of Alan Chiasson,  
EMT-P, PSO/EPS, Tactical/Combat Paramedic



(photo right)  
Special Agent Medics looking for hidden injuries during a training exercise that included a tactical K-9 as part of the scenario.  
Photo compliments of  
Special Agent Jean-Marc Behar, ATF

4. S.T.O.R.M.™ Tactical Team Commander Course
5. S.T.O.R.M.™ Medical Director Course
6. S.T.O.R.M.™ Advanced TEMS Leadership Course
7. S.T.O.R.M.™ Administrator I Course (for non-medical agency, jurisdictional, and government officials)
8. S.T.O.R.M.™ Administrator II Course (for non-medical, non-sworn, public service personnel (teachers, court officials, and others working in the public square).
9. S.T.O.R.M.™ Tactical Medical Training Program Instructor

The S.T.O.R.M.™ program has fielded the Medical Provider, Tactical Operator, and Instructor courses nationally. The emphasis will be on a train-the-trainer program for the patrol officer and tactical operator level training. The remaining programs are anticipated to be available the next 6–18 months.

The program is managed from the National Program Office at COM-GRU and operated jointly by the NTOA and COM-GRU. Several Regional Training Centers (RTCs) will be fielded throughout the United States to make the program more available economically and to cater to the differences seen in TEMS in practice and protocols. The essential mandate of the Tactical Medical Training Program is that RTCs will follow the standard curriculum of the NTIC but be allowed to add additional training according to the needs of the region. Local Training Sites (LTS), although non-permanent, will be allowed to conduct some of the training programs under the auspices of the RTC. International training will remain the responsibility of the National Program Office.

Nationally a number of local and state agencies and jurisdictions are in the process of examining the NTIC findings as the foundation of their training for their respective TEMS providers and other essential persons. Having a standardized approach such as the NTIC findings will allow responsible authorities to make efficient use of their valuable resources for training and operations. In turn they will know that they have received training that follows the best practices which has been derived by those with decades of experience.

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