

Tactical Emergency Casualty Care (TECC) Update: Winter 2014

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General

The past 3 months have seen continued expansion of TECC as the civilian standard for high-threat prehospital trauma care. The principles of TECC are now being discussed for integration into state EMS protocols nationwide. No new guideline updates have been proposed or voted on since the Fall JSOM update.

FEMA Technical Assistance (TA) Programs

The TECC Technical Assistance (TA) Program recently supported training deliveries in Chicago, IL and Boston, MA. The TECC TA is sponsored and supported by the FEMA Office of Counterterrorism and Security Preparedness that sends a team of three C-TECC members to the requesting jurisdiction in order to deliver a one-day seminar explaining the genesis and implications of TECC, TECC guidelines, and TECC “In Action” and implementation. The TA is an opportunity for all public safety and healthcare disciplines to expand their knowledge base regarding best practices and implementation strategies of TECC.

The Chicago Police Department SWAT Team and Northwestern Memorial Hospital hosted the Chicago TECC TA on Friday, August 29, 2014. Nearly 200 participants from fire, EMS, law enforcement, and regional hospitals attended the program. The presentations covered a variety of topics including elements of the TECC guidelines which are applicable to law enforcement officers in an “officer down” situation, healthcare providers and clinicians in regards to the advanced tenants of Evacuation Care and damage control resuscitation, and strategies for implementing escorted warm zone or Rescue Task Force programs to respond to high-threat events.

As a result of the FEMA TA, CPD SWAT is currently running their own in-house EMT-Basic course for current SWAT officers. This is the first one being conducted with the purpose of building a tiered tactical medical support program consisting of paramedics, EMT-Bs, and SA/BA training for the nonmedical SWAT officers. Each of these levels will be trained in TECC.

Boston EMS hosted a highly successful TA on Wednesday, 10 September 2014. The Boston program was highly anticipated given Boston EMS’s national leadership and the city’s recent experience with the horrific Boston Marathon bombing. According to one Boston EMS Deputy Superintendent, you “had us at Hello”. The principles of TECC are critical not just for creating common language across the Fire, EMS, and LEO communities, but the various law enforcement agencies that serve the Boston area. The Boston TA offered the additional unique opportunity to discuss Boston’s newly modified high-threat response plans and allow planners to discuss their plans, best practices, and capabilities during atypical incidents.

Ongoing planning is under way with other jurisdictions such as Atlanta to schedule additional TA sessions. Please contact the C-TECC via our website if you are interested in hosting a TECC TA in the future.

Training and Education

Many Northern Virginia Fire and EMS agencies in the National Capital Region are conducting TECC Train the Trainer sessions as part of their program to roll-out TECC and Rescue Task Force training to their jurisdictions. The program is supported by the Northern Virginia Emergency Response System (NVERS) which is an interagency, interdisciplinary, interjurisdictional organization that “supports a regional approach to coordinated preparedness, response, mitigation, and recovery across jurisdictional boundaries during day-to-day emergencies and multi-jurisdictional and/or multi-discipline incidents through strategic planning, priority-setting, information sharing, training, exercises, equipment acquisition, and policy-making.” NVERS utilized grant funding to develop a video-based TECC didactic program that will be coupled with psychomotor skills training and verification conducted by agency trainers who are trained during these sessions. Each jurisdiction and agency has somewhat of a varied approach to their Rescue Task Force program, but patient care modalities and equipment are standardized through this program that is based on TECC.

TECC was also featured as a key component of the 2014 URBAN SHIELD exercise in the Bay Area. The URBAN SHIELD is one of the largest multi-agency and multi-jurisdiction joint exercises in the country. Special thanks to Val Bilotti Medical Branch Chief for URBAN SHIELD for driving this integration and working with the diverse California team to develop the California EMS, TECC quick reference guide.

Joint Counter Terrorism Awareness Workshop Series (JCTAWS)

Members of C-TECC continue to be instrumental parts of the Joint Counter Terrorism Awareness Workshop Series (JCTAWS) that is a tri-seal program of DHS/FEMA, FBI, and NCTC. TECC and Response to High-Threat/Impact Events during a complex terrorist attack figure prominently in the presentations and break-out group discussion conducted as part of each workshop. Workshops were recently conducted in Oklahoma City, OK and Orlando, FL.

C-TECC Member Highlight

Dr Roger Band recently published an important paper (<http://www.annemergmed.com/article/S0196-0644>

%2813%2901582-5/fulltext) examining the severity-adjusted mortality for trauma patients transported by police in Philadelphia, PA. In short, the paper found no statistically significant difference in severity-adjusted mortality if police versus EMS transported the patient. Interestingly, police transport was associated with a REDUCED adjusted mortality in patients with severe injuries, gunshot wounds, or stab wounds. Applied in the context of incidents like the 2012 Aurora Century Theater shooting where, during the first 30 minutes, police transported 75% of the victims, Dr Band's study warrants additional study and consideration for application to high-threat response protocols.

Winter C-TECC Meeting

The semi-annual winter C-TECC meeting will be held at the Special Operations Medical Association Scientific Assembly from 0800-1200 on 10 December 2014. This is an open meeting, so please attend. Discussion will center on reviewing criteria for Recognized Training Centers, identification of need for key position papers, and review of current guidelines.

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