Chapter 35
Tactical Emergency Medical Support

Overview
- Role of Tactical Emergency Medical Support
- Tactical Field Care and Triage
  - Scene Assessment
  - Tactical Medical Care
  - Special Considerations

Tactical Emergency Medical Support
- Rapid emerging field of EMS
- Grown with the evolution of SWAT Teams
- TEMS bridges the gap between pre-event and post-event health care needs
Tactical Emergency Medical Support

- May require other specialized EMS providers
  - Haz Mat
  - Urban Search and Rescue (USAR)
  - DMAT Teams

Tactical Emergency Medical Support

- TEMS providers
  - Manage the health effects of tactical missions
  - TEMS planning must include a mission-oriented threat assessment
    - Ensures medical resources will be available

Tactical Emergency Medical Support

- Medical Threat Assessment
  - Operational assessment to provide the commander with medical knowledge pertinent to the planning and implementation of a mission
  - Discuss potential hazards and better prepare for them
  - Issues related to total deployment time, frequency of rotation, and hydration
Tactical Emergency Medical Support

- Requires specialized training beyond the EMT course
  - Different medical needs
  - Working in the tactical environment

Tactical Field Care and Triage

- In the tactical setting, there are three functional zones designated by the TEMS provider that differentiate the level of care that can be provided to their patient
- These zones are not static and change depending on the nature of the mission or the actions of the suspect

Tactical Field Care and Triage

- The three zones are the cold, warm, and hot zones
Tactical Field Care and Triage

- The hot zone or inner perimeter
  - The area where a persistent or unknown threat exists
  - Unknown, because the tactical team has not yet cleared the area of suspects, or persistent, due to ongoing direct confrontation with the suspect
  - BLS providers may be useful in this zone
    - The level of medical care that is appropriate for the hot zone, such as hemorrhage control, buddy aid, and simple airway maneuvers, can be performed by BLS-trained tactical operators while extricating the patient to the warm zone

- The warm zone or outer perimeter
  - The area where direct contact with the suspect is unlikely, but tactical operators are still at risk for blast type injuries, direct confrontation with perpetrators, or exposure to hazardous materials
  - BLS providers can make the greatest impact in this zone

Scene Assessment
- When performing medical assessments in the tactical environment, the TEMS provider must avoid tunnel vision
- The mnemonic, ACE, which stands for Awareness, Cover & Concealment, and Evacuation, will help to ensure that this does not occur
Tactical Field Care and Triage

- **Awareness**
  - TEMS provider must perform an initial scene assessment to determine the boundaries of the cold, warm, and hot zones
  - Rapidly identify the presence of any other scene related health risks to themselves, the tactical team, and bystanders

---

Tactical Field Care and Triage

- **Cover & concealment**
  - When providing patient care in the tactical setting, both the casualty and the BLS provider are at continued risk for harm unless all threats have been eliminated by the tactical team

---

Tactical Field Care and Triage

- **Cover & concealment**
  - **Concealment** refers to obstruction of lines of sight that prevent the perpetrator from identifying the location and actions of the TEMS provider and patient
  - **Cover** refers to the ability to maintain adequate concealment while utilizing a physical barrier to provide protection from the perpetrator
Tactical Field Care and Triage

- Evacuation
  - Be aware of all routes of evacuation for the tactical team, medics, and casualties
  - Many routes and methods to extricate casualties will be determined prior to the mission, but during the actual entry, the dynamics of tactical deployment may make some routes inappropriate or unavailable, and secondary routes must be utilized

Tactical Field Care and Triage

- Evacuation
  - Evacuation will require exiting the hot zone and traversing the warm zone prior to reaching the cold zone for definitive medical care
  - Be aware of all dangers that may present during the extrication through these zones
  - Anticipate the level of transport that needs to be available upon arrival at the cold zone

Tactical Field Care and Triage

- Tactical vest handhold for one-person drag
Tactical Field Care and Triage

- Two-person drag

Tactical Medical Care

- Hot zone
  - Medical care provided in the hot zone is termed care under fire
  - TEMS providers are limited to a specific set of interventions and actions in this situation
  - The first priority in the hot zone is to neutralize the threat

- Care under fire
  - Return fire—allow casualty to return fire if possible
  - Disarm casualty if incapacitated or agitated
  - Prevent casualty from sustaining additional wounds
  - Control life-threatening hemorrhage
  - Extricate to warm zone for additional BLS care
  - No CPR is to be performed
  - Communicate with casualty during care and extrication
Tactical Medical Care

- In most situations, the wounded tactical team member should be disarmed to prevent self-inflicted wounds or accidental discharge when moved to a safer position.
- The TEMS provider must verbalize his intent to help, signaling that he is the medical provider and that his actions are friendly.

Tactical Medical Care

- The EMS provider should assess the casualty from a distance or safe position, in order to prevent entering a “zeroed-in” position unnecessarily.
  - “Zeroed” refers to the position where the tactical operator was injured and represents an area potentially within the line of sight of the suspect.

Tactical Medical Care

- The hot zone
  - Hemorrhage control should be in the form of tourniquets for life-threatening extremity wounds and direct compression dressings to body wounds.
  - Specialized tourniquets or specialty bandages (hemostatic) have shown efficacy in the combat setting from the military perspective.
Tactical Medical Care

- The hot zone
  - Movement of casualties by fireman’s carry, one- or two-person lift, or dragging
  - Tactical members that are wounded from ballistic injuries are unlikely to have cervical spine injuries

---

Tactical Medical Care

- The hot zone
  - A simple one-person drag, using the posterior grip hold of the tactical vest of the casualty, is appropriate for most situations

---

Tactical Medical Care

- Warm zone
  - Further medical care by the TEMS provider can be performed in the warm zone and is routinely termed tactical field care
Tactical Medical Care

- Obtain cover and protection from tactical operators
- Disarm casualty if not already performed, and locate and secure all secondary weapons
- Perform ABC assessment
- Place in recovery position to prevent aspiration
- Inspect for other injuries—perform secondary trauma survey, identify external contamination with toxic substances, and decontaminate casualty
- Splint fractures to obtain pain and hemorrhage control
- Extricate to cold zone for advanced care—ALTS, ALS
- No CPR is to be performed
- Communicate with casualty during care and extrication

Tactical Medical Care

- Warm zone
  - TEMS provider must continue to adhere to noise and light restrictions as determined by the tactical setting
  - The TEMS provider must be able to assess the ABCs with nontraditional methods and in obscure positions

Tactical Medical Care

- Warm zone
  - Tactile senses replace sight and sound cues normally available to the BLS provider
Tactical Medical Care

- **Warm zone**
  - Assessment of vital signs must include
    - Respiratory rate
    - Breathing effort (agonal, snoring, clear)
    - Circulation
    - Neurologic status

- **Cold zone**
  - Cold zone care for the TEMS provider focuses on the triage and transport of casualties depending on severity of condition and number of total casualties
  - The BLS TEMS provider should ensure that appropriate ALS- and ATLS-trained providers will be available in the cold zone
  - Most routine trauma triage protocols will be applicable in the cold zone
Tactical Medical Care

- Prior to transport of injured tactical officers, the TEMS provider must ensure the officer is disarmed and decontaminated.

- If possible, transport with the injured officer to the hospital to aid in communicating medical updates to the team if the mission is ongoing.

Special Considerations

- The BLS TEMS provider will need special training and equipment to perform his or her duties in the tactical environment.

- The equipment carried should be simple, reliable, durable, and portable and should be able to provide for two wounded individuals.

Typical equipment list:

- Tactical uniform of unit
- Soft body armor
- Kevlar helmet
- Eye protection – shatterproof
- Gas mask
- Binoculars for remote assessment

* Dependent on team and training

- Rescue rope with hook
- Pen and paper for documentation
- Portable stretcher
- Tactical belt
  - Flashlight
  - Handcuffs
  - Holster with weapon
  - OC spray
  - Baton

* Dependent on team and training

Copyright © 2013 by Jones & Bartlett Learning, LLC, an Ascend Learning Company
Special Considerations

- Medical supplies
  - Tactical vest or load bearing vest for medical supplies
  - Sufficient quantity to treat two individuals
    - Latex and nonlatex gloves
    - CPR mask/BVM
    - Nasal and oral airways
    - Suction device
    - SAM splints
    - Triangle dressing/sling
    - Tourniquets
    - Wound dressings/truma shears
    - Occlusive dressing for open chest wound
    - Dental kit
    - Eye injury kit

Special Considerations

- The decision to arm the TEMS provider is a complex philosophical and legal issue
- Best left up to the individual law enforcement departments and established protocols for the tactical team

Summary

- Role of Tactical Emergency Medical Support
- Tactical Field Care and Triage
  - Scene Assessment
  - Tactical Medical Care
  - Special Considerations