Overview of Tactical EMS

Objectives

Upon completion of this topic, the student will be able to:

1. Discuss the history of Tactical EMS.
2. List common elements, duties, roles, and responsibilities of a tactical team.
3. Describe common tactical response incidents and the common associated injuries.
4. List common equipment carried by Tactical EMS operators.
5. Define key terms associated with Tactical EMS.

Case Study

You have recently been honorably discharged from the U.S. Army where you served as a combat medic in Iraq and Afghanistan. You are certified as a paramedic in your state and have been working for a local fire department. One day you respond to the police department and notice that the tactical team appears to be preparing to deploy. You ask your partner if the team has any tactical EMTs assigned. He laughs and states, "Nope, the fire chief and police chief don't see the need." You decide that you want to approach the fire chief with a proposal about starting a Tactical EMS program. Your partner laughs and says, "Good luck!" After you get back to the fire station, you schedule a meeting with the fire chief.

Introduction

Often when we hear the terms SWAT, SRT, SRU, SWORD, or tactical team, images of masked police officers wearing helmets and assault vests, carrying automatic weapons, throwing grenades, kicking in doors, and getting into shootouts come to mind. Did you know that the tactical team's ultimate goal is to resolve all incidents peacefully and without harm to anyone? Even more important, did you know that they are successful in this the vast majority of the time? Do the tactical team's goals seem similar to that of EMS? They should. As a result, a fairly new field of EMS continues to evolve, the field of Tactical EMS. Over the next few pages, we discuss the following:

- The history of EMS
- Key terms associated with EMS
- Common elements of a tactical team
- Your roles and responsibilities as a Tactical EMS provider]
- Common tactical response incidents
- Injuries common in tactical response incidents
- Common equipment and medications carried by Tactical EMS

A Historical Overview of Tactical EMS

Tactical teams, more commonly known as SWAT (special weapons and tactics) or SRT (special response team) are highly trained, military style units originating within the law enforcement community. Tactical teams were first developed in the mid-1960s and are a civilian adaptation of a military model. Two of the more notorious tactical incidents were the 1965 Watts riots in Los Angeles and the 1966 Texas tower incident. During the Texas incident, Charles Whitman, acting as a sniper at the University of Texas at Austin, shot and killed 16 innocent civilians and wounded 32 others.

During these incidents, first responders included police, fire, and emergency medical services. Responders were ill equipped to properly contain and eliminate the incident. After the Watts and the Texas incidents, the Los Angeles Police Department developed the first SWAT team in America.

The initial team was an all-volunteer organization composed of police officers with prior military training, as well as additional specialized law enforcement training. Initially, these SWAT teams were used to secure critical local government infrastructure during time of unrest. As criminals evolved and became more violent and more willing to use military-style tactics and weapons, the SWAT team evolved into a crisis response unit responding to incidents that involved:

- Barricaded suspects
- Hostages
- Responder down
- High-risk felony or narcotics warrants[1]

The Los Angeles SWAT team began to acquire an impressive incident-resolution record. This resulted in the eventual spread of the tactical concept eastward across America. The trend continued through the late 1980s. During this time,

the tactical team concept evolved into a modular deployable contingent involving 3 to 5 separate components: command, entry, containment, sniper, and negotiations. Each component has an important, integral role to play.

The tactical law enforcement community began to argue the need for medical support. After all, military organizations since Napoleon have recognized that medical assets and training within an organization provide a sense of security allowing others to function in a more efficient manner. Tactical units provided first aid training for one or more members of the tactical team and were aided by simple, often inadequate, basic medical supplies that could be used in an emergency to treat an injured team member.

In 1993, the National Tactical Officers Association issued a statement supporting tactical emergency medical support as an important element of tactical law enforcement operations.[2] This endorsement helped to formalize the use of EMS-trained personnel in the tactical community. Full involvement of EMS personnel continued to be sporadic at best until 2004.

In 2004, the American College of Emergency Physicians endorsed Tactical EMS as an essential component of law enforcement tactical teams, stating, "It helps maintain a healthy and safer environment for both law enforcement and the public."[3] To date, Tactical EMS continues to be an evolving concept within the tactical law enforcement community and varies from one team to another. Often the teams are constrained by financial, equipment, or personnel issues, resulting in a wide array of medical support.

The levels of Tactical EMS presence during law enforcement operations can vary. Examples include:

- Self-treatment
- Single EMTs/paramedics on a team
- EMTs/paramedics on each subteam
- EMTs/paramedics on each subteam, with on-scene medical control

Ideally, each tactical team member will have received some level of first aid training. To be concise, the EMS provider will be identified throughout the remainder of this document as "EMT."

Common Elements of a Tactical Team

Although there is no set format for a tactical team, there are common elements:

- An entry team
- A containment team
- Sniper teams
- A negotiations team
- A support or command team

Usually, large tactical units have multiples of each team. This duplicity allows these teams to become modular in format. That is to say, that should an incident require only a small section or element, the team is designed to operate with little difficulty. Similarly, should the incident call for a large response force, then each of the elements can respond in an integrated manner under one command and control element. Let's look at each element briefly.

Entry team: The entry team is responsible for forced entry, if needed, into a location or vehicle and rescue or immediate contact and neutralization or apprehension of hostile persons. This team usually includes a team leader, a breacher, a point officer, a cover officer, an EMT, and a rear guard.

Containment team: The containment team is responsible for overall security of the immediate area surrounding the incident. This team usually includes a team leader, a containment team member, a grenadier, and an EMT.

Sniper team: The sniper team is responsible for observation from a concealed location and direct fire support for the neutralization of hostile persons as needed. This team usually includes an observer, a sniper, and sometimes an EMT.

Negotiations team: The negotiations team is responsible for negotiating with the suspects in an effort to obtain a peaceful resolution to the incident. This team usually includes a team leader and a negotiator.

Command team: The command team is responsible for command and control of the other 4 tactical components. This team usually includes the most experienced tactical team member —known as the tactical team commander—a communications officer, and an EMS representative such as an EMS physician.

Now that we have learned about the components of a tactical team and their collective duties, let's look at the

individual team members' duties, roles, and responsibilities.

The Duties, Roles, and Responsibilities of Tactical EMS

The primary role as a tactical EMT is to evaluate, treat, and evacuate all casualties from the danger area within local EMS protocols and guidelines while maintaining an adequate standard of care. In doing so, we must be able to provide tactical field care as well as care under fire. This primary role remains regardless of which element within the tactical team that we are assigned. What may change is our responsibilities and how we accomplish our primary role. We discuss these responsibilities shortly.

Our secondary role, unlike other law enforcement team members, varies, depending upon training, certifications, and licenses held. For example, if you are not certified as a law enforcement officer, you are more than likely not going to be sanctioned to carry a weapon. With this in mind, you are unable to defend yourself or others and should work only with the containment team in the warm zone and back. (Zones are discussed in detail later in this document.) Failure to consider this aspect exposes you, your teammates, and others to undue risk. Should you carry a law enforcement certification or license, you most likely carry a weapon and are then able to defend yourself. So you may be assigned as a member of the entry team. There you have the most immediate interaction with the sick and wounded.

To serve the roles of a tactical EMT, we must be familiar with each of the more common roles that each of our team members must fill. Each of these roles is interrelated in one fashion or another. Thus each team member relies on the other to perform his assigned roles and responsibilities so that the overall team mission is accomplished.

Sample Command Team Makeup	
Role	Responsibility
Communications officer	Provides communications point between entry, containment, sniper, negotiations, and command teams
Tactical team commander	Provides leadership to entire tactical team
EMS physician (if applicable)	Provides medical leadership to Tactical EMS; advises tactical team leader on all medical issues

Sample Entry Team Makeup	
Role	Responsibility
Breacher	Opens entry point by force as needed
Point officer	Protects breacher; often carries a bulletproof shield
Cover officer	Protects point officer
Team leader	Controls entry team; often serves as second point officer
Tactical EMT (duties vary on actual qualifications)	Provides medical care as needed

Rear guard	Protects rear of team; serves as cover officer for team leader

Sample Containment Team Makeup	
Role	Responsibility
Grenadier	Provides suppressive fire in the form of chemical gasses, smoke, and similar devices
Team member	Provides incident containment and intelligence to team leader
Tactical EMT (duties vary on actual qualifications)	Provides medical care as needed
Team leader	Controls containment team; provides intelligence to tactical team commander

Sample Sniper Team Makeup		
Role	Responsibility	Primary Equipment
Sniper	Engages specific targets from a distance	Bolt action rifle with scope
Observer	Locates targets; provides intelligence to tactical team commander; protects sniper; relieves sniper as needed	Spotting scope; automatic or semiautomatic rifle
Tactical EMT (duties vary on actual qualifications)	Provides medical care as needed	Medical equipment and supplies (firearm varies on qualifications)

Sample Negotiations Team Makeup		
Role	Responsibility	Primary Equipment
Negotiator	Negotiates with suspect; attempts to peacefully resolve the incident	Communication devices

Team leader	Controls negotiations team; provides intelligence to other team leaders and tactical team commander	Communication devices

Again, keep in mind that these examples are just that—examples. Each team usually develops its own positions and duties based on its needs and resources.

Our responsibilities as a member of the Tactical EMS community can be divided into a preoperational, operational, and postoperational phases.

Preoperational (Vary depending on actual duties within the tactical team)	
Task	Example
Training and education	Provide basic first aid training for fellow teammates and proper hydration techniques.
Medical threat assessment	Conduct a medical threat assessment as part of the overall medical intelligence function. In doing so, you must identify environmental factors such as weather, plants, animals, combustible materials, suspected weapons types, and other potential hazards.
Medical reconnaissance	If possible, attempt to obtain a visual image of the incident area and floor plans as needed. This allows you to anticipate safe areas to use as casualty collection points if the need arises as well as ground ambulance evacuation areas and routes and potential landing zones for air ambulances as needed.
Medical intelligence	In addition to the medical threat assessment and medical reconnaissance, attempt to gather basic facts about number of suspect or civilians, what if any types of injures are reported, and overall health. A medical intelligence report should be prepared as time allows. This provides EMS personnel with guidelines pertaining to coordination and equipment needed.
Coordination	Ensure that you have coordinated with local EMS assets to include ground ambulance, air ambulance, and potential emergency rooms.
Gather supplies and equipment	Ensure that you have the supplies and equipment needed for each operation. Also ensure that your teammates have a basic first aid kit.

Operational (Vary depending on actual duties within the tactical team)	
Tasks	Examples

Rapid remote patient assessment	Ensure that you have a means to rapidly conduct patient assessment remotely ensuring that you focus on the ABCs and your safety.
Medical treatment over the barricade	Ensure that you are able to provide and receive clear and concise medical directions as needed.
Medical treatment	Ensure that treatment priorities are followed per local protocols.
Evacuation	Ensure that those that need to be evacuated are done so when it is safe to do so.
Team member assessment	During prolonged operations, ensure that each team member is taking good preventive medical measures such as applying sunscreen as needed, staying hydrated, and eating. Keep the tactical team commander apprised of the teams' conditions.
Evidence protection	Attempt to prevent unneeded destruction of evidence.

Postoperational (Vary depending on actual duties within the tactical team)	
Tasks	Examples
Medical treatment	Continue as needed. Just because the operation is over does not mean that patient care stops.
Evacuation	Continue until all patients are evacuated as needed.
Team member assessment	Ensure that you conduct a rapid assessment of each team member. Some might have been injured and not realize it.
Restock depleted supplies and equipment	Ensure that all equipment and supplies are restocked or repaired as needed.
Evaluate prior training and protocols	Conduct an assessment of what occurred. Were you and your team members prepared? If so, how can you improve? If not, how can you become trained?
Evaluate prior coordination efforts	Conduct an assessment of evacuation plans and procedures. Were they adequate, or can they be improved?

As you can see, each member of a tactical team relies on the others to help accomplish their mutual responsibilities, thus protecting one another and ensuring mission accomplishment.

Common Tactical Response Incidents

Though a tactical team can be called for virtually anything that normal law enforcement cannot contain, there are 6 fairly standard types of incidents that tactical teams respond to:

- Active shooter
- Barricaded suspect
- High-risk or felony warrants
- Hostage situations
- Responder down
- Special protective detail

Each type of incident requires in-depth planning, preparation, and training so that it can be resolved successfully. We don't discuss the preparation and training here but rather the commonalties of the incidents themselves. Remember, the primary goal of all tactical incidents is to resolve the incident peacefully.

Active shooter: An active shooter is an armed person (suspect) that has and is continuing to use deadly force in a random or systematic method to injure and kill others, and will continue to do so until stopped by law enforcement or suicide. These incidents may be in the form of sniper or assault type events such as these:

- 1966 University of Texas, Austin, Texas, sniper incident resulting in 16 deaths
- 1991 Luby's cafeteria, Killeen, Texas, assault incident resulting in 23 deaths
- 1999 Columbine High School, Littleton, Colorado, assault incident resulting in 13 deaths
- 1999 Wedgewood Church, Fort Worth, Texas, assault incident resulting in 7 deaths
- 2005 Sash Assembly of God, Sash, Texas, assault incident resulting in 5 deaths
- 2007 Virginia Tech, Blacksburg, Virginia, assault incident resulting in 33 deaths
- 2009 Fort Hood, Texas, assault incident resulting in 12 deaths
- 2011 Safeway supermarket, Tucson, Arizona, assault incident resulting in 6 deaths

Although these examples are by no means all inclusive of the tragic loss of life that has been experienced since the mid-1960s throughout the United States, they do emphasize that these incidents can occur virtually anywhere that large groups of people congregate.

In response to this dynamic threat, law enforcement has come to understand that any delay in response, even if for only minutes, can lead to more deaths. Therefore, one of the newest trends in law enforcement response involves the rapid deployment of trained patrol-level and tactical officers that form a type of impromptu immediate action response team (IART). Such teams are composed of on-duty "beat cops" and others who have their equipment with them at all times. This design allows them to respond immediately and, when appropriate, to enter the hot zone (discussed in detail later) to bring the incident to a close. In doing so, the initial officers typically do not stop to aid the injured until the threat is eliminated or contained. Tactical EMS personnel more than likely do not enter with this initial response team. If on scene, however, EMS must be prepared to evaluate and treat large numbers of casualties in response to the ongoing active incident. If the IART fails to successfully resolve the incident, the formal tactical team is deployed to eliminate the threat.

Barricaded Suspect

A barricaded suspect is a person that is of interest to law enforcement and has placed a barrier between law enforcement and himself and refuses to comply with demands of law enforcement. A barricaded suspect may or may not have committed a crime and may or may not have hostages.

Commonly, patrol officers are the first responders on the scene of a barricaded suspect and most likely will have attempted to communicate with the subject. Upon realizing the enhanced threat, patrol officers secure the immediate area to prevent the subject from leaving and others from entering. Once the incident commander recognizes that the incident is beyond the patrol division's capabilities, the tactical teams have only 3 options:

1. They continue to attempt to resolve the incident.
2. They retreat from the area and attempt to contact the subject at a later time.
3. They summon a tactical team.

The incident commander weighs each option and makes decisions based upon state and local laws, department policy, and the level of assistance available. If the tactical team is alerted to respond to the barricaded suspect, the tactical team commander usually deploys members from each of its elements. Once on scene, the incident commander briefs the tactical team commander on the situation so that the team commander and the team leaders can develop a plan of action based on the incident details, known facts, and certain assumptions. Sometimes the tactical team commander deploys the unit's sniper and containment team, positioning team members so that they are able to report anything that they observe. The sniper and containment teams engage targets of opportunity only in the defense of themselves and others unless otherwise directed. Additionally, the negotiations team attempts to make contact with the barricaded subject via a telephone or loudspeaker in an attempt to negotiate a peaceful resolution.

You must remember that time is on the responders' side—the longer an incident takes to resolve, the more likely that it is to end peacefully. Should the negotiations team be unsuccessful, or at any point the suspect becomes an active shooter, then the tactical team commander may, as a last resort, order the entry team in to resolve the situation.

High-risk Warrants

A high-risk warrant, or felony warrant, is a legal document issued by a judge authorizing law enforcement officials to arrest a person suspected of committing a violent felony crime. Felony crimes vary from jurisdiction to jurisdiction but usually include murder, rape, robbery, severe assaults, and high-value property crimes. Tactical teams often serve felony warrants because of the sheer severity of the crime that the suspect is accused of. When detailed to serve a felony warrant, tactical teams attempt to gather as much intelligence as possible in regards to the suspect or suspects as well as their current location. This intelligence aids the tactical team commander in deciding which type of operation to attempt. Types of entry include covert entry and dynamic entry. The tactical team commander, along with the tactical team leaders, then develops a detailed operational plan. Once complete, the tactical team is briefed. Then, if possible, they rehearse the operation. When ready to initiate the operation, the sniper teams normally move into position before the containment and entry teams, allowing for the sniper teams to provide security to the other elements upon approach. Once each team is in position, the tactical team commander is advised. When given the go-ahead, the entry team enters the location as planned and executes the operation.

Hostage Situation

A hostage situation is an incident in which one or more persons hold others against their will through actual or threat of violence combined with a refusal to release the hostages until certain conditions are met. As in a barricaded suspect situation, patrol officers are most likely the first responders on scene and most likely will have attempted to communicate with the subject and will have secured the immediate area to prevent the subject from leaving and others from entering. The difference between a barricaded subject and a hostage situation is the obvious additional risk to the hostages. Time may or may not be on the responders' side. Should the negotiations team be unsuccessful, or at any point the suspect becomes and active shooter, the tactical team commander may as a last resort order the entry team in to resolve the situation.

Responder Down

A responder down situation is any situation in which a first responder is injured or killed as a result of ongoing criminal activity. This often involves the use of deadly force against the responders. These incidents are dynamic and emotionally charged because it is now one of our own that is injured or dying. Responders often feel the overwhelming need to help our brother or sister, no matter the cost. Similar to the active shooter incident, time is everything. Often, IART methodology is implemented so that the IART enters the hot zone and attempts to bring the incident to a close. In doing so, the initial officers do not stop to aid the injured until the threat is eliminated or contained. Tactical EMS personnel more than likely do not enter with this initial response team. However, if on scene, they must be prepared to evaluate and treat casualties in response to the ongoing active incident. If the IART fails to successfully resolve the incident, the formal tactical team is deployed to eliminate the threat.

Special Protective Detail

At times, tactical teams may be called upon to form what is known as a special protective detail to assist in the protection of certain high-value targets such as an individual, group, or object. These details are highly planned and intricate operations that often take weeks, if not months, to accomplish because of the extraordinary precautions that must be put into place. This team includes 3 elements:

1. Advanced team, responsible for planning routes, clearing areas, and making other arrangements such as coordination with local EMS and hospital systems as needed
2. Security team, responsible for the protected person's (principal's) immediate security and safety
3. Support team, responsible for general support of the other 2 teams as well as unforeseen events

Often these security details perform their duties covertly so as not to interrupt the principal's movements. In doing so, the detail deploys various formations, vehicles, and equipment as the situation dictates, ensuring that the principal or protected object is safe at all times and, in case of an emergency, is evacuated according to plan.

Tactical EMS personnel may be deployed throughout any of the 3 teams as events dictate.

Tactical teams can be called for an extremely wide variety of situations and incidents. The common thread throughout each of these situations is planning, preparation, and training, with an ultimate goal of a peaceful resolution. Sometimes, this goal is not accomplished, and you, as the tactical EMT, must be prepared to evaluate and treat casualties.

Expected Injuries Associated with Tactical Response Incidents

The primary mission of Tactical EMS is to provide emergency medical care in the field to both officers and citizens during high-risk incidents. Tactical EMS personnel should complete a medical threat assessment during which all known facts and assumptions are evaluated. This helps to identify potential medical threats and associated injury types. This ensures that Tactical EMS personnel are mentally and physically prepared and equipped to treat casualties.

Among the most common injury types associated with tactical operations are musculoskeletal injuries, ophthalmic and auditory injuries, blunt trauma, and psychological trauma. These are followed by chemical injuries, gunshot wounds, penetrating and thermal injuries, and blast injuries. To take a closer look at each of these, we use the following methodology. Each injury type is discussed along with its common causation, followed by its potential to occur, ranging from high to low.

Examples of Injuries Associated with Tactical Response Incidents

Injury Type	Causation	Occurrence Potential
Musculoskeletal injuries	Among the most common injuries seen in tactical operations, these commonly occur with all participants as a result of the sheer dynamic types of tactical incidents.	High
Ophthalmic injuries	Mild to moderate temporary optical injuries often occur to tactical team targets as well as others taking shelter within an enclosed space as a result of distraction device deployment.	High
Auditory injuries	Mild to moderate temporary auditory injuries often occur to tactical team targets as well as others taking shelter within an enclosed space as a result of distraction device deployment.	High
Chemical injuries	Mild to moderate temporary chemical injuries often occur to tactical team targets as well as others taking shelter within an enclosed space as a result of distraction device employment such as OC or CS chemical.	Moderate
Blunt trauma	Blunt trauma injuries are fairly common and are a result of 2 mechanism of injury: physical restraint or resistance and deployment of less lethal devices such as bean bag weapons.	Moderate
Psychological trauma	Psychological trauma can occur to tactical team members, other responders, victims, and incident bystanders as a result of the extreme levels of stress found at nearly all tactical incidents.	Moderate
Gunshot injuries	Gunshot wounds, although not common to all tactical incidents, have the potential to occur at every incident. They vary in severity based on location of wound and type of weapon used.	Moderate

Penetrating injuries	Penetrating injuries, much like gunshot wound, are not common to all tactical incidents. However, the potential for injuries such as stab wounds or fragmentation from blast injuries remains a real danger during tactical operations. Deployment of taser probes also represents a mild penetrating injury.	Low
Thermal injuries	Burns of varying degrees can occur as a result of an intentionally set fire or fire as a side effect of the tactical operation, such as distraction device deployment.	Low
Blast injuries	Explosions, either accidental or intentional, may be a result of distraction device deployment.	Low

Common Equipment Carried by Tactical EMS Operators

In this section, we discuss considerations for common medical equipment carried by Tactical EMS operators. This includes medical bags, stretchers, and similar items. We don't discuss in detail specific items such as medications, drugs, or similar items because each tactical operator has varying levels of experience and certifications and, therefore, his own preferences. Remember that medical equipment accessibility is second only to our training and experience. As a tactical medic assigned to a tactical team, you don't always have the luxury of an ambulance near the incident. Therefore, the EMT must be able to carry all needed equipment while being able to operate with hands free. EMTs may need to perform other functions while being fully encumbered. To make this happen, EMTs must prioritize and, if possible, divide.

To adequately prioritize our equipment load, we can look at 2 areas: (1) ABCs type of equipment, (2) injury treatment.

As with any EMS patient, your first considerations should be the ABCs. While providing care under fire or other tactical medical care, your primary focus is to address issues related to the patient's airway, breathing, and circulation. Your equipment pack should reflect this priority.

When considering additional equipment, consider whether this equipment is something that you truly expect to need on this operation. Different operations require a variant in equipment carried. You can determine your needs during the medical intelligence gathering process. Consider carrying items that you can use for 2 or more purposes. For example, you can use a cravat in place of a tourniquet and to bind material for a splint. Sometimes, the use of equipment for multiple purposes may not comply with your local protocol. Protocol providers may need to create special protocols for Tactical EMS purposes.

If multiple EMS providers are with the teams, equipment can be divided among the EMTs. This is not without risk, however, because the EMTs could be separated, thus making specific equipment unavailable everywhere.

A very easy way to distribute equipment is to ensure that each team member has an individual first aid kit. These individual first aid kits are designed for use by the team members on themselves first and then on other casualties as needed. These kits should be prominently displayed on the outer tactical vest and clearly marked as a first aid kit by a red cross or similar marking. This allows all team members to quickly locate the medical items.

These first aid kits do not eliminate the need for EMS personnel to carry basic first aid items, but rather they enable us to carry smaller quantities. This allows us to carry higher priority equipment items. Common elements of an individual first aid kit include a tourniquet, a sterile pressure dressing or bandage, a hemostatic agent of some type such as a quick clot dressing, a roll of adhesive medical tape, and rubber gloves. Following are examples of both a military and police style first aid kits.

Now that we have discussed the individual first aid kit, what else could we allow other team members to carry? Other team members can carry items that we won't need to use to immediately stabilize a casualty. These items vary from operation to operation—an example is the tactical litter.

Ensure that the chosen equipment has sufficient support to distribute the weight of the bag properly. This helps you to avoid unnecessary injuries. Make sure that the bag is equipped with quick-release buckles on the shoulder straps. These buckles allow you to drop the bag in an emergency should a rapid escape be necessary. Tactical EMTs often carry or

wear either the bag or a vest for several hours at a time with little chance of dropping either. Therefore, it is important that the equipment fits properly and is adjusted correctly. The bag or vest chosen should allow easy access to all compartments, both interior and exterior. Often these bags come with detachable exterior pockets allowing you to unsnap a quick release and use a smaller bag such as an airway or intravenous bag. The chosen equipment must be durable and easy to clean. It will become soiled and must be routinely cleaned.

Case Study Outcome

Over the next few weeks, you develop your proposal and schedule a meeting with the fire chief. But as the day draws closer, you become unsure of your proposal. The day arrives, and as you enter the chief's office, you're nervous and unsure how to proceed, so you start with the basics. You explain to the chief that a tactical team is not all about kicking in doors and shooting suspects but rather saving lives and peacefully resolving critical incidents. At this point, the chief seems interested and tells you to continue. You move into the components of tactical teams and then the tactical EMT's duties, roles, and responsibilities and how an EMT on the tactical team can alleviate common misconceptions about tactical teams and improve the EMS response not only to tactical incidents but to many other police-related calls for service. You further explain the types of calls that tactical teams are often used on, the injuries that you would expect to find, and the type of equipment and medications that you need to be effective. Once you have stopped talking, the chief just sits there. You begin to think to yourself that you failed. Shortly, the chief smiles and says, "Well, I like your idea. I'll run it by the police chief and see if he agrees. But as far as I'm concerned, you're a go!"

Summary

Over the last several pages, you have been introduced to the history of Tactical EMS, some key terms associated with Tactical EMS, common elements of a tactical team, your roles and responsibilities as a Tactical EMS provider, common tactical response incidents, injuries that you could expect to see as a result of a tactical response incident, and finally common equipment and medications carried by Tactical EMS. Hopefully, this overview has shed some light on Tactical EMS and its uses and has heightened your interest.

Glossary

Active Shooter: An armed person (suspect) that has and is continuing to use deadly force in a random or systematic method to injure and kill others, and will continue to do so until stopped by law enforcement or suicide.

Barricaded Suspect: A person that is of interest to law enforcement and has placed a barrier between law enforcement and himself and refuses to comply with demands of law enforcement. A barricaded suspect may or may not have committed a crime and may or may not have hostages.

Care Under Fire: The initial medical care provided by a trained tactical medic at the initial point of injury while still under hostile fire. This care is limited to the equipment carried by the casualty, if any, as well as the tactical medic.

An illicit operation consisting of a sufficient combination of apparatus and chemicals that either have been or could be used in the manufacture or synthesis of controlled substances.

Cold Zone: The area outside the warm zone containing the command post, staging area, and other resources and activities needed to support the incident, such as triage and casualty evacuation.

Command Detonated Device: An explosive device that explodes on command by chemical-, mechanical-, or radio-controlled means.

Command Team: A component of the overall tactical team responsible for command and control of the other 4 tactical components. This team usually includes the tactical team commander, a communications officer, and an EMS representative.

Concealment: The process of hiding from view. Concealment offers no protection from gunfire, automobiles, or other dangers. Examples of concealment are a small shrub, a window drape, a dark shadow, an unlit area.

Contact and Cover: A concept developed to increase first responder safety while on the scene.

Containment Team: A component of the overall tactical team concept responsible for overall security of the immediate area surrounding the incident. This team usually includes a team leader, a containment team member, a grenadier, and an EMT.

Control Zones: Designated areas established at potentially life-threatening incidents and include the hot zone, warm zone, and cold zone.[4]

Cover: Any kind of barrier that protects a person from gunfire or other dangers. Examples of cover are a home, a concrete barrier, an automobile. Also known as protection. Remember that not all cover is effective against all dangers; some high-powered rifles may be able to effectively shoot through what one may consider impenetrable.

Crime Scene: Any location where a crime may have occurred or where there is evidence that a crime may have occurred.

Entry Team: A component of the overall tactical team responsible for forced entry if needed into a location or vehicle and rescue or immediate contact and neutralization of hostile persons as needed. This team usually includes a team leader, a breacher, a point officer, a cover officer, an EMT, and a rear guard.

Explosive Weapons: Devices that are developed and used to create blast, fragmentation, and traumatic injuries to their targets. Included within the category are improvised explosive devices, land mines, and conventional explosives. Explosive weapons are classified as high-order or low-order explosives.

Felony Warrant: A legal document issued by a judge authorizing law enforcement officials to arrest a person suspected of committing a violent felony crime. This is also known as a high-risk warrant. Felony crimes vary from jurisdiction to jurisdiction. However, they usually include murder, rape, robbery, severe assaults, and high-value property crimes.

First Responder: Any person, regardless of title, who has the official duty to initially respond to the scene of an emergency or critical incident. Among the most commonly known are law enforcement, fire suppression, and emergency medical services. First responders may include towing services, animal control officers, and other infrastructure personnel.

Hazard Location: Any location that has been designated as dangerous by first responders and 911 dispatchers. Hazard status can be conferred because of a violent or mentally ill citizen, an ongoing serious crime, illegal drug activity, traffic, chemical hazards, or other dangers. A hazard location is normally be dispatched as such. This is also known as a caution location.

Hostage Situation: An incident in which one or more persons hold others against their will through actual or threat of violence and refuse to release the hostages until certain conditions are met.

Hot Zone: The area immediately surrounding a critical incident, exposing those within the zone to life-threatening dangers such as gunfire, explosions, and chemical exposure. Often medical care within this area takes place under fire and may be self-aid or buddy aid until evacuation to the warm zone is completed. This hot zone extends to far enough from the incident to protect others from the dangers. The size of a hot zone depends on weather, material, and the surroundings.

Incident Command System: An on-scene standardized and systemic management approach to a hazardous event.

Incident Commander: The senior person on the scene of an emergency or critical incident who is responsible for the coordinated actions of responding entities.[5]

Medical Threat Assessment: A tool to identify potential medical threats from environmental issues, hazardous materials, and weapons types that may be used in a tactical operation.

Negotiations Team: A component of the overall tactical team responsible for negotiating with the suspects in an effort to obtain a peaceful resolution to the incident. This team usually includes a team leader and a negotiator.

Physical Evidence: Any item that is shown to have been directly or indirectly involved in or related to an event or crime.

Primary Device: An explosive or bomb designed to cause injury, death, or destruction to a specific target (often civilians), high-profile targets, or government buildings and services.

Responder Down: A call that refers to any situation in which a first responder is injured or killed as result of ongoing criminal activity often involving the use of deadly force against the responders.

Secondary Device: An explosive or bomb placed at the scene of a primary explosion or incident designed to detonate upon the arrival of initial emergency responders in an effort to hamper emergency response and cause injuries or death to initial emergency responders as well as spread additional fear and panic to the public at large.

Sniper: A person that engages targets from a distant concealed position; a marksman.

Sniper Team: A component of the overall tactical team responsible for observation from a concealed location and direct fire support for the neutralization of hostile persons as needed. This team usually includes an observer, a sniper, and sometimes an EMT.

Special Protective Detail: A team assigned to protect an individual, group, or object. This team includes 3 elements: (1) an advanced team, responsible for planning routes, clearing areas, and making other arrangements; (2) the security team, responsible for the protected person's (principal's) immediate security; and (3) the support team, responsible for general support of the other 2 teams as well as unforeseen events. Often these details perform their duties covertly so as not interrupt the principal's movements. In doing so, the detail deploys various formations, vehicles, and equipment as the situation dictates, ensuring that the principal or protected object is safe at all times and, in case of an

emergency, is evacuated according to plan.

Staging Area: An area that may or may not have been previously designated for responding units to wait safely in until the scene is secured by law enforcement or until responding units are needed on the scene.

Suspect: A person suspected of committing a crime; however, this person has not been adjudicated in a court of law.

Tactical Care: Care provided to a casualty by a tactical medic once the casualty is no longer exposed to hostile fire. Similar to care under fire, treatment is limited by the equipment carried by the casualty and tactical medic.

Tactical EMS: The implementation of proven medical procedures, skills, and equipment in an austere and often hostile environment in an effort to reduce the potential for injury and death to all first responders, civilians, and suspects. This is often accomplished by the integration of EMTs and other medical personnel into a tactical law enforcement team.

Tactical Team: An organization within a law enforcement entity that is organized, trained, and deployed to a critical incident or other high-profile operation that surpasses the capabilities of normal law enforcement response. The tactical team comprises entry, containment, sniper, negations, and command teams and often incorporates EMT personnel. SWAT (special weapons and tactics), SRT (special response team), SRU (special response unit), and QRT (quick response team) are all synonymous with the term tactical team.

Tactical Team Commander: The most experienced tactical officer assigned to the team with the primary responsibility of coordinating the team's efforts toward a rapid, successful end by providing leadership as well as command and control of all tactical elements. The tactical team commander may serve as the subject-matter expert to the incident commander.

Unified Incident Command: A process in which multiple jurisdictions are involved or a single jurisdiction that involves numerous entities such as law enforcement, fire suppression, and emergency medical services. The unified incident command system allows for a single controlled and coordinated response led by a single incident commander. The incident commander receives input from various staff officials as well as senior officials from each of the involved entities.

Warm Zone: The area between the hot zone and the cold zone. This zone is somewhat safer than the hot zone, allowing for supplies and equipment to be temporarily placed allowing rapid accessibility to the needed items. Also, more definitive medical care can be initiated within this area. The size of a warm zone depends on weather, material, and the surroundings.

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