



# Tactical Casualty Care- Tactical First Aid/ Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO) Training Standards Guidelines

Emergency Medical Services Authority  
California Health and Human Services Agency

Guidelines  
EMSA #370  
March 2017



## **FOREWARD**

The California Emergency Medical Services (EMS) Authority recognizes the importance of working with state and local law enforcement in the medical planning and response to active shooter and terrorism incidents. By working closely with EMS, Fire, and Law Enforcement educators and first responders, the EMS Authority has developed this document to assist local California EMS agencies (LEMSA's), EMS training program providers, fire service, and public safety agencies in the development of policies, operational guidelines, and training standards for tactical casualty care and coordination during active shooter and terrorism related incidents in California.

Over the past two decades, there has been significant progress in the development of national and state tactical emergency medical response strategies and training standards to improve casualty outcomes of active shooter and terrorism incidents. The EMS Authority, in collaboration with members from the California Commission on Peace Officer Standards and Training (POST), the Firefighting Resources of Southern California Organized for Potential Emergencies (FIRESCOPE) program, and various local California EMS agencies, training program providers, and EMS employers, have collaborated to develop standardized statewide approaches to the training and response of first responder personnel to these incidents. In 2009, POST, through a partnership with the EMS Authority, released the *Tactical Medicine Guidelines for Operational Programs and Standardized Training* for use by law enforcement officers, supervisors, and administrators assigned to perform, supervise, or manage their Special Weapons and Tactics (SWAT) teams. In 2015, members of the FIRESCOPE program released an *Incident Command System Emergency Response to Tactical Law Enforcement Incidents* publication #701, for use by fire service agency personnel.

Pursuant to Health and Safety Section 1797.116, the EMS Authority has developed this document to establish additional medical training standards and guidelines for use by emergency medical care first responders to include, but not be limited to, public safety, Emergency Medical Technician (EMT), Advanced EMT (AEMT), and Paramedic personnel. These guidelines are designed to provide complementary medical training competency standards to those provided by POST and FIRESCOPE.

Core competency and training questions related to this document may be directed to Kim Lew at (916) 431-3741 or by email to [kim.lew@emsa.ca.gov](mailto:kim.lew@emsa.ca.gov). Questions related to local EMS and tactical operational planning and responses may be directed to the local EMS Agency and law enforcement agencies responsible for the development of specific policies and procedures within that State jurisdiction.

Howard Backer, MD, MPH, FACEP  
Director, California EMS Authority

## **ACKNOWLEDGEMENTS**

This guideline was developed through the steadfast and highly dedicated efforts of several emergency medical services (EMS), fire, and law enforcement service providers and educators across California. The California EMS Authority and POST extend its appreciation to all those who volunteered their time and expertise.

### **California Tactical EMS Advisory Committee**

Through the cooperative efforts of EMS, Fire, and Law Enforcement service and training leaders, the EMS Authority led a California Tactical EMS Advisory Committee to oversee this project. The following is a list of organizations that sent representatives to participate as members of this committee:

- ✚ Alameda County Emergency Medical Services Agency
- ✚ Alameda County Sheriff's Office
- ✚ Berkeley Police Department
- ✚ California Ambulance Association (CAA)
- ✚ California Commission on Peace Officer Standards and Training (POST)
- ✚ California Fire Chiefs' Association (CFCA)
- ✚ California State Firefighters' Association (CFSA)
- ✚ California Highway Patrol (CHP)
- ✚ California Office of Emergency Services (CalOES)
- ✚ California Office of the State Fire Marshal State Fire Training (CAL-FIRE)
- ✚ California Police Chiefs Association (Cal Chiefs)
- ✚ California Peace Officers' Association (CPOA)
- ✚ California State Sheriffs' Association (CSSA)
- ✚ City of Ontario Fire Department
- ✚ Emergency Medical Services Administrators' Association of California (EMSAAC)
- ✚ EMS Medical Directors' Association of California (EMDAC)
- ✚ Firefighting Resources of Southern California Organized for Potential Emergencies (FIREScope)
- ✚ Fremont Police Department
- ✚ International School of Tactical Medicine
- ✚ Los Angeles County Sheriff's Department
- ✚ Los Angeles Fire Department (LAFD)
- ✚ Rancho Cucamonga Fire Protection
- ✚ San Bernardino Sheriffs' Department
- ✚ San Luis Obispo County Public Health Department

## **California Tactical EMS Advisory Subcommittee Members**

Additionally, the following individuals are recognized for their additional contributions as sub-committee members:

Brendalyn Val Bilotti BS RN  
POST Master Instructor  
Alameda County Sheriff's Office

Kimberly Petersen, Captain  
Patrol Division Commander  
Fremont Police Department

Thomas G. Ronay, M.D. FACEP  
Medical Director  
Emergency Medical Services Agency  
San Luis Obispo County Public Health  
Department

Gerry Malais  
Battalion Chief  
Los Angeles Fire Dept. Homeland Security

Jim Morrissey  
Terrorism Preparedness Director  
ALCO EMS  
Senior SF FBI Tactical Medic

Dan Toomey  
Special Consultant  
Homeland Security Training Program  
Commission on POST

Patrick Lewis  
Fire Captain/ Paramedic  
Tactical Response Program Coordinator  
Rancho Cucamonga Fire Protection  
District

Carlos Mejia  
San Bernardino Sheriff's Department

Christopher D. Waite, Officer  
Berkeley Police Department

# Table of Contents

Foreward ..... i.

Acknowledgments ..... ii.

California Tactical EMS Advisory Subcommittee..... iii.

## SECTIONS

1. Introduction..... 1

2. Application of Training Standards..... 4

3. Curriculum Content – Tactical First Aid/TEMS FRO..... 6

4. Program and Course Review and Approval..... 9

## APPENDICES

A. TCC and Tactical Medicine for Special Operations California ... Training Model ..... 12

B.. EMS Personnel Scope of Practice Matrix..... 13

C.. Tactical Casualty Care California Quick Reference Guide..... 14

D.. Tactical Casualty Care Individual First Aid Kit Recommendations..... 15

E.. Tactical Medical Planning and Threat Assessment Quick Reference..... 16

F.. Active Shooter Quick Reference Guide..... 17

G. References..... 18

H.. California TCC Training Program/Course Approval Application Form..... 19

# 1

## INTRODUCTION

### Purpose

California statutes and regulations<sup>1</sup> require the Emergency Medical Services (EMS) Authority establish additional training standards for first responders to provide emergency medical services during active law enforcement incidents such as active shooter and terrorism events. By working closely with EMS, fire, and law enforcement educators and providers, tactical casualty care training program standards were developed. These guidelines are intended to be used as a reference for training program approval authorities, EMS training program providers, and continuing education EMS program providers, as specified in California Code of Regulations (CCR), Title 22, Division 9, to develop comprehensive tactical casualty care training program competency standards and course curriculum.

As the framework for tactical casualty care training program development, this document is designed to provide training competency standards for statewide public safety, fire, and EMS agency personnel that are complementary to those developed in collaboration with the California Commission on Peace Officer Standards and Training (POST) for the Tactical Medic and/or Tactical Medicine Specialist<sup>2</sup> and those identified by members of the organization, Firefighting Resources of Southern California Organized for Potential Emergencies (FIREScope). Additionally, the EMS Authority is responsible for setting the statewide medical training standards utilized by POST; therefore, these guidelines are intended to serve as a template for the development of operational programs by any public safety agency in California, and to serve as the minimum competency training standards for initial emergency medical services.

### California Tactical Casualty Care and Tactical Medicine

In the State of California, medically trained, certified and/or licensed first responders may respond to an active law enforcement incident as either part of an established EMS system or from within an established law enforcement special operations team. As a result, first responder resources and response protocols to active law enforcement incidents vary greatly and are established through the coordination and collaboration of local EMS, fire, and law enforcement agencies. The EMS Authority, working closely with fire and law enforcement agencies, recognized these differences and identified two distinct categories of specialized tactical field medical response and training needs of first

---

<sup>1</sup> California Code of Regulations, Title 22, Division 9, Chapter 1.5 and California Health and Safety Code 1797.116, 1797.134, California Government Code 8588.10, California Penal Code 13514.1 and 13519.12

<sup>2</sup> Commission on Peace Officer Standards and Training. (2009). *The Tactical Medicine Guidelines for Operational Programs and Standardized Training*. West Sacramento, CA.

responders during active law enforcement incidents: 1) tactical casualty care and 2) tactical medicine.

Tactical casualty care is the delivery of specialized adjunct tactical emergency medical services to casualties of active shooter and terrorism events by first responders from an established EMS system to include, but not be limited to, public safety personnel, EMT's, Advanced EMT's, and paramedics as described by CCR Title 22, Division 9, Chapters 1.5 and Chapters 2-4. Tactical casualty care EMS providers respond as a medical support service provider to law enforcement incidents and provide field tactical medical care to casualties usually in an area where there is minimal to no direct or immediate safety threat. Medical direction and oversight of the tactical casualty care first responder is provided by the local EMS medical director in coordination with local law enforcement.

In order to provide a range of specialized tactical medical field training to meet a diverse level of statewide public safety personnel, EMT, AEMT, and paramedic service provider needs, tactical casualty training standards were developed to incorporate not only EMS specific medical training, but also include fire and law enforcement response level training recommendations. As a result, two distinct levels of tactical casualty care training program courses were identified:

- 1) Tactical First Aid/ Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO), 4 hours minimum
- 2) Tactical Life Saver Technician/TEMS Technician, 40 hours minimum

The Tactical First Aid/ TEMS FRO course provides instruction on specialized tactical medical care techniques and a brief overview of tactical response and operations methodologies. The Tactical Life Saver Technician/TEMS Technician course provides more advanced life support tactical medicine techniques and comprehensive instruction on the role of EMS in tactical response planning, response, and inter-department operations when providing adjunct medical support to law enforcement personnel during active shooter and terrorism incidents.

The EMS Authority and local EMS agencies are responsible for monitoring and approving tactical casualty care training programs. Training program or courses administered by statewide public safety agencies, such as the California Commission on Peace Officer Standards and Training, California Department of Parks and Recreation, California Department of Forestry and Fire Protection, and the Department of California Highway Patrol, are approved by the EMS Authority. Training programs or courses administered by any other entity are approved by the local EMS agency that has jurisdiction within the area in which the program or course is headquartered.

Alternatively, Tactical Medicine for Special Operations is the delivery of specialized tactical emergency medical services to casualties of any active law enforcement incident by law enforcement personnel assigned to a Special Weapons and Tactics (SWAT) operations team, as described by California Penal Code 13514.1. Tactical Medicine for Special Operations first responders respond as an integral part of a SWAT operation team and may provide field tactical medical care to casualties in an area where there is a direct and immediate safety threat. Medical direction and oversight of the Tactical

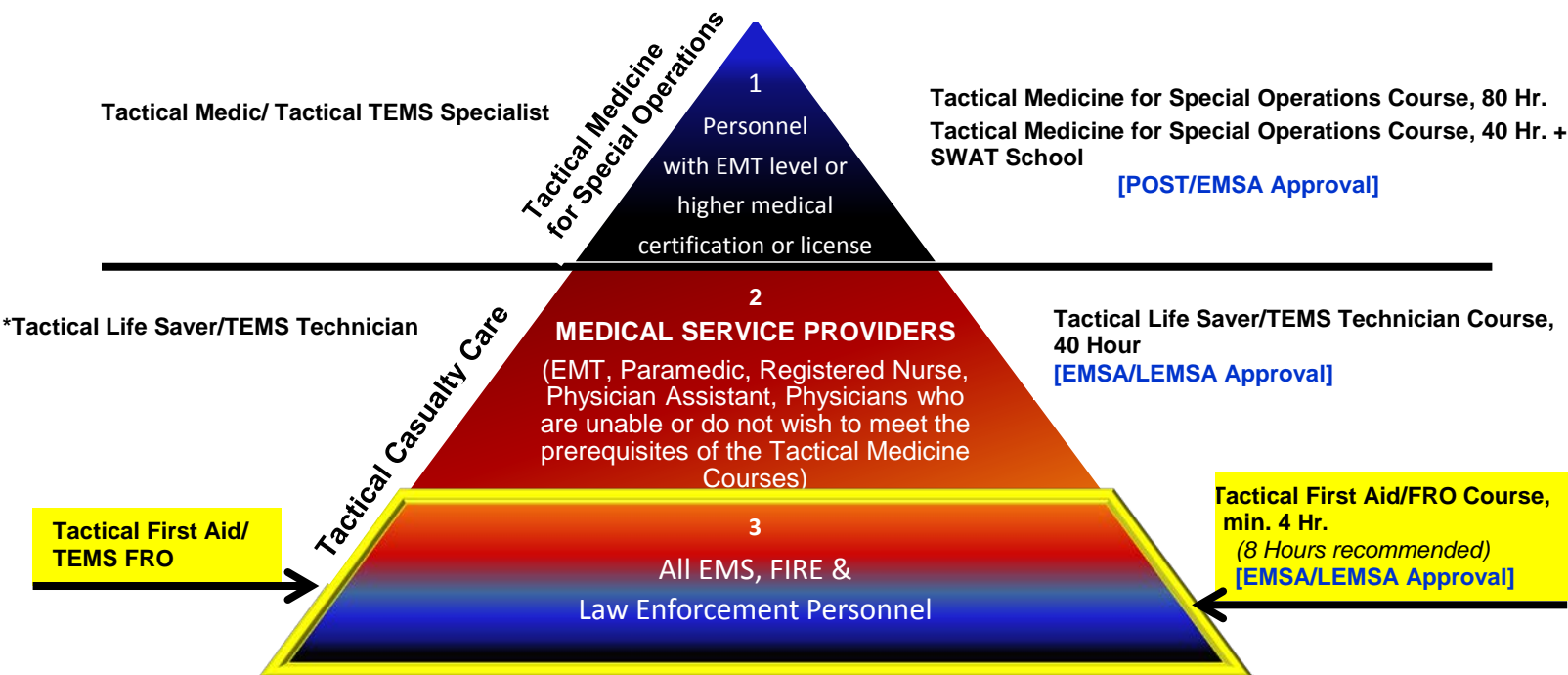


Medicine for Special Operations first responder are provided by a licensed physician in coordination with the local EMS agency as part of an established EMS system.

POST is responsible for monitoring and approving Tactical Medicine for Special Operations training programs and courses with input from the EMS Authority. Additional information on the POST Tactical Medicine for Special Operations training and operation program can be found on the POST website at <https://www.post.ca.gov>.

The following diagram describes the spectrum of California tactical field medical response and training courses:

### California Tactical Casualty Care and Tactical Medicine for Special Operations Training Programs



\*Although the Tactical Life Saver Technician/TEMS Technician course includes comparable curriculum as the Tactical Medicine for Special Operations alternative 40 hour course, it is not considered an equivalent course for attendance in lieu of the Tactical Medicine for Special Operations courses required to operate as a Tactical Medic or Tactical TEMS Specialist integrated into a SWAT operations team.

### Tactical Casualty Care Policies by Local EMS Agencies

Local EMS agencies and first responder providers should establish policies on the protocols and coordinated response of first responders to active law enforcement incidents. Policies developed should include ongoing local training needs assessments and the collaboration of joint training and exercises with law enforcement, fire service, and EMS personnel using Incident Command System (ICS) principles and terminology.



# 2

## APPLICATION OF TRAINING STANDARDS

### Course Overview

The Tactical First Aid/TEMS FRO is a course designed to provide first responders basic life support tactical casualty care techniques and a broad overview of law enforcement tactical operations and first responder rescue operations methodologies. Course content shall include instructor demonstrations and student skills testing of the competency standards identified in Chapter 3 of this document. Although this course does not require pre-requisites to attend, it is recommended that students have prior first aid, CPR, and AED knowledge or experience consistent with public safety first aid training pursuant to CCR Title 22, Division 9, Chapter 1.5.

Completion of this course should provide first responders the basic knowledge and skills to administer tactical casualty care to casualties during an active law enforcement incident. The course may be provided as initial training or as a continuing education course. Although eight (8) hours of training is recommended, a minimum of four (4) hours training is required; and shall include the following topics:

- An overview of the California tactical casualty care initiative and its emergency medical and fire agency personnel response to active law enforcement incidents within state EMS systems,
- common tactical and rescue terminology and operations,
- casualty movement and evacuation techniques,
- threat assessment considerations,
- description and demonstration of basic life support tactical casualty care techniques, and
- comprehensive, competency-based student demonstration and, when applicable, student skills testing.

Instructors should emphasize the important role of local EMS and law enforcement jurisdiction protocols, policies, and resources, as well as individual student scope of practices within those jurisdictions when considering the response and application of tactical casualty care techniques during an active law enforcement incident.

Students that have successfully attended a minimum of four (4) hours of training and demonstrated a level of competency in the topics and skills described in the Curriculum content of this course through written tests and, when applicable, skills testing shall be issued a Tactical First Aid/TEMS FRO certificate of completion.

## **Target Audience**

The Tactical First Aid/TEMS FRO course is an introductory course for public safety personnel, EMT's, AEMT's, paramedics, as defined by CCR Title 22, Division 9, Chapters 1.5 - Chapter 4 and other individuals (such as physicians or nurses) with minimal to no knowledge or experience in Tactical Casualty Care techniques that may either volunteer or be employed to perform as adjunct medical support first responders during an active law enforcement incident in California. Due to the broad range of potential attendees, program providers and/or instructors shall assess attendees' current medical knowledge and skills then adjust their course curriculum to meet student needs.

EMT's, AEMT's, and paramedics are trained to provide a higher level of medical care. However, as of April 1, 2017, the concepts of tactical casualty care are not presently part of the required curriculum found in California regulations. Consequently, it is highly recommended that all EMTs, Advanced EMTs, and paramedics are trained to the standards described in these guidelines.

# 3

## Curriculum Content: Tactical First Aid/TEMS FRO

Minimum 4 Hour Course

### Learning Domain 1: History and Background

**Competency 1.1: Demonstrate knowledge of tactical casualty care historical developments**

- 1.1.1 Demonstrate knowledge of tactical casualty care historical developments
- History of active shooter and domestic terrorism incidents
  - Define roles and responsibilities of first responders including
    - Law Enforcement
    - Fire
    - EMS
  - Review of local active shooter policies
  - Scope of Practice and authorized skills and procedures by level of training, certification, and licensure zone<sup>3</sup> [*Appendix B*]

### Learning Domain 2: Terminology and definitions

**Competency 2.1: Demonstrate knowledge of terminology** [*Appendix G*]

- 2.1.1 Demonstrate knowledge of terminology
- Hot zone, Warm zone, and Cold zone
  - Casualty Collection Point
  - Rescue Task Force
  - Cover and Concealment

### Learning Domain 3: Coordination, Command and Control

**Competency 3.1: Demonstrate knowledge of incident command and agency integration into tactical operations**

- 3.1.1 Demonstrate knowledge of team coordination, command, and control
- Incident Command System (ICS) and National Incident Management System (NIMS)
  - Mutual Aid considerations
  - Unified Command
  - Communications, including radio interoperability
  - Command post

---

<sup>3</sup> NOTE: Always stay within scope of practice for level of certification/licensure and follow the protocols approved by the local EMS agency

- Staging areas
- Ingress/egress
- Managing priorities—some priorities must be managed simultaneously

## **Learning Domain 4: Tactical and Rescue Operations**

### **Competency 4.1: Demonstrate knowledge of tactical and rescue operations**

#### 4.1.1 Tactical Operations—Law Enforcement

- The priority is to mitigate the threat
- Contact Team
- Rescue Team

#### 4.1.2 Rescue Operations—Law Enforcement/EMS/Fire

- The priority is to provide life-saving interventions to injured parties
- Formation of Rescue Task Force (RTF)
- Casualty Collection Points (CCP)

## **Learning Domain 5: Basic Tactical Casualty Care and Evacuation**

### **Competency 5.1: Demonstrate appropriate casualty care at your scope of practice and certification**

#### 5.1.1 Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit *[Appendix D]*

#### 5.1.2 Understand the priorities of Tactical Casualty Care as applied by zone

#### 5.1.3 Demonstrate competency through practical testing of the following medical treatment skills:

- Bleeding control
  - Apply tourniquet
    - Self-Application
    - Application on others
  - Apply direct Pressure
  - Apply hemostatic Dressing with wound Packing, utilizing California EMSA-approved products
  - Apply pressure Dressing
- Basic airway management
  - Perform Chin Lift/Jaw Thrust Maneuver
  - Recovery position
  - Position of comfort
  - Airway adjuncts, such as Nasopharyngeal Airway (NPA) and Oropharyngeal Airway insertion, if approved by the Local EMS agency
- Chest/torso wounds

- Apply Chest Seals, vented preferred
- 5.1.4 Demonstrate competency in casualty movement and evacuation
- Drags and lifts
  - Carries
- 5.1.5 Demonstrate knowledge of local multi-casualty/mass casualty incident protocols
- Triage procedures; such as START or SALT<sup>4</sup>
  - CCP
  - Casualty triage and treatment
  - Casualty transport

## **Learning Domain 6: Threat Assessment**

### **Competency 6.1: Demonstrate knowledge in threat assessment [Appendix E]**

- 6.1.1 Understand and demonstrate knowledge of situational awareness
- Pre-assessment of community risks and threats
  - Pre-incident planning and coordination
  - Medical resources available

## **Learning Domain 7: Student Practical Assessment**

### **Competency 7.1: Demonstrate knowledge and skills through documented cognitive and/or skills evaluation**

7.1.1 Student demonstration and assessment of the medical skills specified in Learning Domain 5, *Basic Tactical Casualty Care* chapter.

7.1.2 Knowledge of coordinated law enforcement, fire, and EMS response, including the formation of RTF, adhering to ICS and unified command principles as applicable by local jurisdiction.

---

<sup>4</sup> START- Simple Triage and Rapid Treatment  
SALT- Sort, Assess, Lifesaving Interventions, Treatment/Transport

# 4

## PROGRAM AND COURSE APPROVAL

The Tactical First Aid/Tactical Medicine FRO training course review and approval shall be the responsibility of either the local EMS Agency or the EMS Authority. Training program or courses administered by statewide public safety agencies, such as the California Commission on POST, California Department of Parks and Recreation, California Department of Forestry and Fire Protection, and the Department of California Highway Patrol, shall be approved by the EMS Authority. Training programs or courses administered by any other entity shall be approved by the local EMS agency (LEMSA) that has jurisdiction within the area in which the program or course is headquartered.

Training program approval is valid for four (4) years from the date of approval and shall be reviewed by the applicable approving authority for continued approval every four (4) years. The approving authority has discretion to initiate a review of the program for renewal as early as a year prior to program expiration.

### Previously Completed Training

AB 1598 provides and allows for agencies or entities that have previously completed Tactical First Aid training to submit to the training program approval authority any relevant training for assessment of curriculum content to determine whether or not the prior training meets these training standards. In making this determination, the EMS Authority or the LEMSA should utilize the guidelines, publications, and recommended existing training programs for guidance.

As not all LEMSAs have developed training program approval authorities or assessment criterion pertinent to terrorism awareness training, previously completed programs may elect to submit their training curriculum to the EMS Authority for initial approval. State and local training program approval will be retroactive from the EMS Authority approval date and shall be valid for three (3) years from the approval date. The EMS Authority or LEMSA training program approval shall be in effect statewide.

### Continuing Education Credits

Continuing education credits may be issued to students who have successfully completed this course from training program providers that meet the following:

- hold current approval from an approving authority as a continuing education training program provider, pursuant to CCR Title 22, Division 9, Chapter 11, EMS Continuing Education; and
- hold current approval as a tactical casualty care training program provider.



## Course Approval Process

### Program and Course Content Submission

Training program providers shall submit to the applicable approving authority the Program/Course Application form, #TCC-1A [*Appendix H*] and all support documents associated to include the following:

- (1) Name of the sponsoring institution, organization, or agency;
- (2) Detailed course outline that meets or exceeds the course content identified in Chapter 3 of this document.
- (3) Final written examination with pre-established scoring standard for those programs with courses approved to provide CE credits;
- (4) Skill competency testing criteria, with pre-established scoring standards;
- (5) Name and qualifications of instructor(s); and
- (6) Sample of course completion record.

The approving authority may request additional materials or documentation related to course curriculum or staff qualifications.

### Training Instructor Eligibility

Training instructor eligibility requirements should include, but not be limited to, instructor knowledge and proficiency in the skills being taught and have either education or experience in teaching adult learners.

The training program provider shall be responsible for validating instructor qualifications.

### Training Program Notification

The tactical casualty care training approving authority shall, within twenty-one (21) days of receiving a request for training program approval, notify the requesting training program that the request has been received, and shall specify what information, if any, is missing. Training program approval or disapproval shall be made in writing by the paramedic training program approving authority to the requesting training program after receipt of all required documentation. Notification of program approval or deficiencies resulting in disapproval shall be made in writing by the training program approval authority to the requesting training program within a time period not to exceed ninety (90) days.

A certificate of program approval shall be provided to the program provider upon approval of their program and shall contain the following training program information:

- Provider name
- Program or course location
- Type of tactical casualty care course(s)
- Approval effective date
- Approval expiration date

Upon approval, the EMS Authority and LEMSA's are responsible for the entry and updating of their respective tactical casualty care training program approval information in the training program database located on the EMS Authority website.

### **Withdrawal of Program Approval**

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of these guidelines may result in denial, probation, suspension, or revocation of the tactical casualty care training program or course. For those programs with continuing education approval, the approving authority has discretion to suspend or revoke the tactical casualty care courses specifically without affect to any other EMS courses being provided under the programs continuing education provider approval.

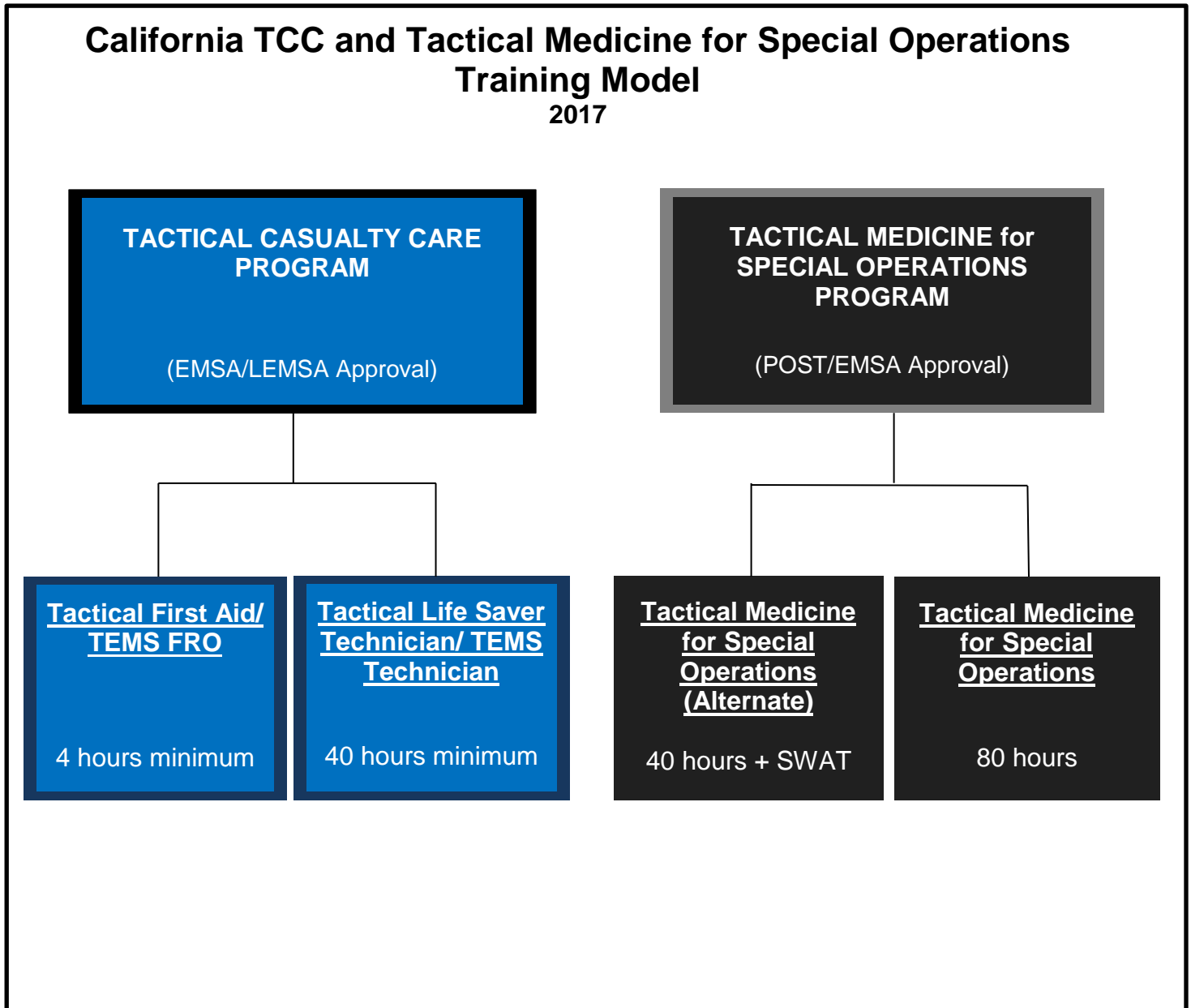
The training program approving authority shall notify the training program course director of the noncompliance in writing, by registered mail. Within fifteen (15) days of receipt of the notification of noncompliance, the training program shall submit in writing, by registered mail, to the training program approving authority one of the following:  
1) evidence of compliance with the provisions of these guidelines, or 2) a plan for meeting compliance within thirty (30) days from the day of receipt of the notification of noncompliance.

Within fifteen (15) days of receipt of the response from the training program, or within thirty (30) days from the mailing date of the noncompliance notification if no response is received from the training program, the training program approving authority shall notify the Authority and the approved training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the training program approval.

If the training program approving authority decides to suspend, revoke, or place a training program on probation, the notification of decision shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation.

# APPENDIX A

## TCC and Tactical Medicine for Special Operations California Training Model 2017



## APPENDIX B

## EMS Personnel Scope of Practice Matrix 2017

Public Safety Personnel	EMT	Advanced EMT	Paramedic
<p><b>Authorized Skills</b> (CCR §100018)</p> <ul style="list-style-type: none"> <li>• Perform CPR &amp; AED</li> <li>• Perform Patient evaluation</li> <li>• Treatment for shock</li> <li>• Provide airway support including: Head-tilt/chin lift; jaw thrust; Manage manual airway obstructions; recovery position.</li> <li>• Perform Spinal immobilization</li> <li>• Perform Splinting</li> <li>• Irrigate eye</li> <li>• Assist with oral glucose administration</li> <li>• Assist with physician-prescribed epinephrine auto-injector and naloxone</li> <li>• Assist in emergency childbirth</li> <li>• Control hemorrhaging by direct pressure, pressure bandages, tourniquets, wound packing, and hemostatic dressings</li> <li>• Apply Chest seals and dressings</li> <li>• Perform simple decontamination techniques</li> </ul> <p><b>Optional Skills (LEMSA Approved)</b></p> <ul style="list-style-type: none"> <li>• Administer Epinephrine Auto- injectors</li> <li>• Administer Oxygen</li> <li>• Administer Duodote kits for self/peer</li> <li>• Administer Naloxone</li> <li>• Institute Oropharyngeal &amp; Nasopharyngeal airways</li> </ul>	<p><b>Basic Scope</b> (CCR §100063)</p> <ul style="list-style-type: none"> <li>• <b>All Public Safety Skills</b></li> <li>• Perform Patient Assessment</li> <li>• Render basic life support, rescue and emergency medical care</li> <li>• Administer advanced first aid and OTC medications with LEMSA approval</li> <li>• Transport ill and injured persons</li> <li>• Administer adjunctive breathing aids</li> <li>• Administer of oxygen</li> <li>• Extricate patients</li> <li>• Conduct field Triage</li> <li>• Use mechanical restraints</li> <li>• Assist with administration of prescribed devices</li> <li>• Use of pulse oximetry</li> <li>• Administer continuous positive airway pressure</li> </ul> <p><b>Optional Skills (LEMSA Approved)</b></p> <ul style="list-style-type: none"> <li>• Institute Perilaryngeal airways</li> <li>• Administer Epinephrine Auto-injectors</li> <li>• Administer Duodote kits</li> <li>• Administer Naloxone</li> </ul>	<p><b>Basic Scope</b> (CCR §100063)</p> <ul style="list-style-type: none"> <li>• <b>All EMT skills</b></li> <li>• Use of Perilaryngeal airways</li> <li>• Use of Tracheo-bronchial suctioning</li> <li>• Institute intravenous (IV) catheters, saline locks, needles or other cannulae (IV lines)</li> <li>• Administer IV Glucose, Isotonic balanced salt solutions, and Naloxone</li> <li>• Establish pediatric intraosseous access</li> <li>• Obtain venous and/or capillary blood samples</li> <li>• Measure blood glucose</li> <li>• Administer 7 drugs in a route other than intravenous:                             <ul style="list-style-type: none"> <li>○ Nitroglycerine</li> <li>○ Aspirin</li> <li>○ Glucagon</li> <li>○ Inhaled beta 2 agonists</li> <li>○ Activated charcoal</li> <li>○ Naloxone</li> <li>○ Epinephrine</li> </ul> </li> </ul> <p><b>Optional Skills</b></p> <p>Previously certified EMT- IIs have additional medications approved by the local EMS agency</p>	<p><b>Basic Scope</b> (CCR §100146)</p> <ul style="list-style-type: none"> <li>• <b>All Public Safety, EMT, &amp; AEMT skills and medications</b></li> <li>• Use of Laryngoscope, remove foreign bodies with magills</li> <li>• Use of lower airway multi-lumen adjuncts, esophageal airway, perilaryngeal airways, stomal intubation, Endotracheal (ET) intubation (adults, oral)</li> <li>• Perform Valsalva's Maneuver</li> <li>• Perform Needle thoracostomy &amp; cricothyroidotomy</li> <li>• Perform Naso/orogastric tube insertion/suction</li> <li>• Monitor thoracostomy tubes</li> <li>• Monitor/adjust potassium (<math>\leq 40</math> mEq/L) IV lines</li> <li>• Utilization &amp; monitoring of electrocardiographic devices</li> <li>• Defibrillation</li> <li>• Perform cardiac pacing</li> <li>• Perform synchronized cardioversion</li> <li>• Administer 25 medications</li> <li>• Bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP)</li> <li>• Institute intraosseous (IO) needles or catheters</li> <li>• Use of pre-hospital laboratory devices</li> </ul> <p><b>Optional Skills</b></p> <p>Local EMS Agencies may add additional skills and medications if approved by the EMS Authority</p>

# APPENDIX C

## Tactical Casualty Care (TCC) California Quick Reference Guide



### Tactical Casualty Care California Quick Reference Guide

HOT ZONE / DIRECT THREAT (DTC) / CARE UNDER FIRE (CUF)
1. <b>MITIGATE</b> any threat and move to a safer position.
2. <b>DIRECT CASUALTY</b> to stay engaged in operation, if appropriate.
3. <b>DIRECT CASUALTY</b> to move to a safer position and apply self-aid, if appropriate.
4. <b>CASUALTY EXTRACTION.</b> Move casualty from unsafe area to include using manual drags or carries, or use a soft litter or SKEDCO, as needed.
5. <b>STOP LIFE-THREATENING EXTERNAL HEMORRHAGE</b> , using appropriate personal protective equipment ( <b>PPE</b> ), if tactically feasible:
6. <b>-Apply effective tourniquet</b> for hemorrhage that is anatomically amenable to tourniquet application.
7. Consider quickly placing casualty in <b>recovery position</b> to protect airway.

WARM ZONE / INDIRECT THREAT CARE (ITC) / TACTICAL FIELD CARE (TFC)
1. Law enforcement casualties should have weapons made safe once the threat is neutralized or if mental status altered.
2. <b>AIRWAY MANAGEMENT:</b> a. Unconscious patient without airway obstruction: - <b>Chin lift / jaw thrust maneuver</b> - <b>Nasopharyngeal airway</b> , if approved by LEMSA as an optional skill -Place casualty in <b>Recovery Position</b> b. Patient with airway obstruction or impending airway obstruction: - <b>Chin lift / jaw thrust maneuver</b> - <b>Nasopharyngeal airway</b> , if approved by LEMSA as an optional skill -Allow patient to assume position that best protects the airway, including <b>sitting up</b> . -Place casualty in <b>Recovery Position</b>
3. <b>BRATHING:</b> a. All open and/or sucking chest wounds should be treated by applying a <b>Vented Chest Seal or non-Vented Occlusive seal</b> to cover the defect and secure it in place. b. Monitor for development of a tension pneumothorax.
4. <b>BLEEDING:</b> a. Assess for unrecognized hemorrhage and control all sources of bleeding. If not already done, use a <b>tourniquet</b> , and appropriate <b>pressure dressing</b> . b. For compressible hemorrhage not amenable to tourniquet use, apply a <b>CA EMS Authority approved hemostatic dressing</b> with a <b>pressure bandage</b> . c. Reassess all previous tourniquets. Consider exposing the injury to determine whether a tourniquet is still necessary. If not necessary, use other techniques to control bleeding and remove the tourniquet. d. Apply <b>Emergency Bandage</b> or direct pressure to the wound, if appropriate. e. For hemorrhage that cannot be controlled with a tourniquet, apply CA EMSA-approved <b>Hemostatic Dressing</b> .

5. <b>ASSESS FOR HEMORRHAGIC SHOCK:</b> a. Elevate Lower Extremities if casualty in shock.
6. <b>PREVENTION OF HYPOTHERMIA:</b> a. Minimize casualty exposure to the elements. Keep protective gear on if feasible. b. <b>Replace wet clothing</b> with dry, if possible. Place onto an insulated surface ASAP. c. Cover casualty with <b>self-heating</b> or <b>rescue blanket</b> to torso. d. Place <b>hypothermia prevention cap</b> on casualties head. e. Use dry blankets, poncho liners, etc. to assist in heat retention and protection from exposure to wet elements.
7. <b>PENETRATING EYE TRAUMA:</b> a. Perform a rapid field test of visual acuity b. <b>Cover eye with a rigid eye shield</b> (NOT a pressure patch).
8. <b>REASSESS CASUALTY AND TREAT OTHER CONDITIONS AS NECESSARY:</b> a. Complete <b>Secondary Survey</b> checking for additional injuries or conditions. b. Consider <b>splinting known/suspected fractures</b> or <b>Spinal Immobilization</b> , if indicated. c. Use <b>Nerve Agent Auto-Injector</b> (i.e. Duo-Dote) for Nerve Agent Intoxication, if approved by LEMSA as an optional scope skill. d. Use <b>Epi-Pen</b> for Anaphylactic Reaction, if approved by LEMSA as an optional scope skill.
9. <b>BURNS:</b> a. Aggressively monitor airway and respiratory casualty status with smoke inhalation or facial burns, including oxygen or cyanide antidote treatment when significant symptoms are present. b. Estimate TBSA and <b>cover burn area with dry, sterile dressings</b> .
10. <b>MONITORING:</b> a. Apply monitoring devices or diagnostic equipment, if available. b. Obtain vital signs.
11. <b>PREPARE CASUALTY FOR MOVEMENT:</b> a. Move casualty to site where evacuation is anticipated. b. Monitor airway, breathing, bleeding, and reevaluate casualty for shock.
12. <b>COMMUNICATE WITH CASUALTY, IF POSSIBLE:</b> a. Encourage, reassure, and explain care.
13. <b>CPR AND AED:</b> a. Resuscitation in the tactical environment for casualties of blast or penetrating trauma who have no pulse or respirations should only be treated when resources and conditions allow.
14. <b>DOCUMENTATION:</b> a. Document clinical assessments, treatments rendered, and changes in casualty status. b. Forward documentation to the next level of care provider.

## APPENDIX D

### Tactical Casualty Care (TCC) Individual First Aid Kit Recommendations

---

First responders and their employers shall adhere to LEMSA medical direction and approval of first responder medical equipment. The following is a list of recommended medical equipment individual responders on a team may carry in their first aid kit.

Quantity	Type of Equipment
1	Medical Pouch
6	Gloves (Trauma, latex-free, 3 pair)
1	Tourniquet, CoTCCC-Recommended
1	Pressure Bandage
1	Hemostatic Dressing, LEMSA/EMSA approved
1	Nasopharyngeal Airway (28f size with water-based lubricant), if approved by the local EMS agency Medical Director
1	Chest Seal, vented preferred
1	Pen, Permanent Marker
1	Rescue Blanket (disposable-consider thermal reflective material)
1	Shears, Trauma
1	Gauze, Roller Bandage or Elastic Bandage



# APPENDIX E

## Tactical Medical Planning and Threat Assessment Quick Reference Guide



### Tactical Casualty Care California Quick Reference Guide

MEDICAL INTELLIGENCE (MISSION AND PATIENTS)
1. Mission type:
2. Number of potential patients:
3. Ages of potential patients:
4. Pre-Existing conditions:
5. Special populations (pediatric, elderly, disabled, language barrier, etc.):
6. Other:

MEDICAL THREAT ASSESSMENT (TEAM)
1. Environment (weather, temperature, precipitation, wind/Wind direction, health considerations):
2. Hazards (hazardous materials, explosive threats, chemical hazards, nuclear/radiological hazards, Improvised Explosive Devices):
3. Biological threats?
4. Animal threats?
5. Plant threats?
6. Regional specific threats?
7. Personal Protective Equipment needs (ballistic vest, helmet, mask – as locally determined)

MEDICAL PLANNING AND RESOURCES
1. Communication: Tactical Frequency: _____ Base Hospital: _____
2. Location of key areas: Staging Area: _____ Casualty Collection Point: _____ Triage Area/Treatment Area: _____
3. Hospital Closest hospital: _____ Trauma center: _____ Burn center: _____
4. EMS Transport: Ground ambulance: _____ - Staging area: _____ Air ambulance: _____ - Landing Zone Lat./Long.: _____
5. Support Services: Poison Control, 1-800-222-1222  Veterinary/Animal Control Services  Mental Health/Chaplain  Social Services/CPS/APS  Public Works/General Services

TEAM HEALTH CONSIDERATIONS
1. Team medical records completed: Access to records: _____
2. Exposure protection:
3. Hydration:
4. Food/Nutrition:
5. Extended Operation Care (sleep, fatigue):
6. Rehabilitation/First Aid Station needs:
7. Other:

# APPENDIX F

## Active Shooter Quick Reference Guide



Tactical Casualty Care Tactical First Aid / TEMS FRO Active Shooter Events Quick Reference Guide

PREPARATORY PHASE
<b>1. ARRIVE AND REPORT</b> for Staging Area in Secure Area
<b>1. REPORT TO UNIFIED COMMAND (UC)</b> -Notify UC that an EMS Team/Rescue Group is ready, staged, and awaiting direction.
<b>2. Personal Protective Equipment (PPE):</b> ballistic vest, helmet, etc.
<b>3. Ensure Clear IDENTIFICATION</b> of Rescue Personnel
<b>4. Prepare MEDICAL EQUIPMENT</b> (Tourniquet, trauma kit, etc.)
<b>5. Perform Brief MEDICAL INTEL AND THREAT ASSESSMENT</b> -Identify Hot, Warm and Cold Zone Areas
<b>6. Establish COMMUNICATION</b> with respective on-scene medical, fire, and law enforcement. -Determine and Broadcast Response Routes for Additional Responding Resources -Obtain Duress Code
RESCUE TASK FORCE FORMATION AND PRIORITY SETTING PHASE
<b>1. FORM RESCUE TASK FORCE (RTF)</b> -Two (2) Law Enforcement Officers -Two (2) EMS Personnel -Designate Team Leader
<b>2. FOLLOW</b> law enforcement RTF Leader Direction -Know Hot, Warm, and Cold Zones -Follow Protected Access Routes
<b>3. BRIEF objective and direction of movement</b> -Identify initial Emergency Egress Routes -Identify secure Extraction Lane -Identify initial Safe Refuge Area -Identify Rally Point -Identify "Mayday" operations emergency evacuation
<b>4. IDENTIFY CASUALTY COLLECTION POINTS (CCP),</b> Dynamic and Static
<b>5. REINFORCE MISSION PRIORITIES (THREAT)</b> T- Threat suppression H-Hemorrhage Control RE-Rapid Extrication to safety A-Assessment by medical providers T-Transport to definitive care

INDIRECT THREAT: WARM/YELLOW ZONE OPERATIONS PHASE
<b>2. MAINTAIN COVER AND CONCEALMENT</b>
<b>3. UTILIZE TACTICAL CASUALTY CARE (TCC) PRINCIPALS</b> -Triage as required
<b>4. FINALIZE DIRECTION of MOVEMENT</b> -Identify Emergency Egress Routes -Identify Secure Extraction Lane -Identify Safe Refuge Area
<b>5. MAINTAIN SITUATIONAL AWARENESS</b>
<b>6. IDENTIFY DYNAMIC CCP</b>
<b>7. MOVE CASUALTIES</b> -Warm Zone to Cold Zone Treatment Areas Preferred -Transfer Care to additional medical providers for treatment and transport
<b>7. PREPARE TO RE-ENTER WARM ZONE</b>

POST INCIDENT PHASE
<b>1. ENSURE RTF ACCOUNTABILITY</b>
<b>2. COLLECT INCIDENT MANAGEMENT RECORDS/UNIT LOGS</b>
<b>3. DETERMINE AND ANNOUNCE INCIDENT DEBRIEFING STRATEGY</b>
<b>4. ASSESS MENTAL AND PHYSICAL RESPONDER HEALTH</b>

California EMS Authority (2015)

## APPENDIX G

## References

### Further Suggested Reading on Best Practices

Active Shooter Awareness Guidance:

<http://www.caloes.ca.gov/LawEnforcementSite/Documents/Cal%20OES%20-%20Active%20Shooter%20Awareness%20Guidance.pdf>

American College of Surgeons for more information on management of prehospital trauma care: <http://informahealthcare.com/doi/pdf/10.3109/10903127.2014.896962>

Assembly Bill No. 1598

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB1598](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1598)

Committee for Tactical Emergency Casualty Care (C-TECC) - IAFF position paper

<http://www.jsomonline.org/TEMS/1401CTECC%20Update.pdf>

C-TECC- <http://www.c-tecc.org/>

FBI Resources for Active Shooter/MCI Incidents -

<https://www.fbi.gov/about/partnerships/office-of-partner-engagement/active-shooter-resources>

FBI Study of Active Shooter Incidents - <http://www.fbi.gov/news/stories/2014/september/fbi-releases-study-on-active-shooter-incidents/pdfs/a-study-of-active-shooter-incidents-in-the-u.s.-between-2000-and-2013>

FEMA for guidance on the incident command system: <https://www.fema.gov/incident-command-system-resources>

Firescope-Emergency Response to Law Enforcement Incidents ICS 701

<http://www.firescope.org/docs-operational-guidelines/ics%20701.pdf>

Hartford Consensus II for national consensus strategies on improving survivability for mass casualty shooting events: [http://www.naemt.org/Files/LEFRTCC/Hartford\\_Consensus\\_2.pdf](http://www.naemt.org/Files/LEFRTCC/Hartford_Consensus_2.pdf)

Integrated response:

<http://www.cffjac.org/go/jac/media-center/video-gallery/tcm-active-shooter-scenario/>

[https://www.usfa.fema.gov/downloads/pdf/publications/active\\_shooter\\_guide.pdf](https://www.usfa.fema.gov/downloads/pdf/publications/active_shooter_guide.pdf)

POST/EMSA Tactical Medicine Guidelines:

<http://lib.post.ca.gov/Publications/TacticalMedicine.pdf>

Texas State University Study of Active Shooter Events - <http://alerrt.com/>

# APPENDIX H

## California TCC Training Program/Course Approval Application Form

**Please Type or Print Clearly.**

TRAINING COURSE(S) INFORMATION			
<input type="checkbox"/> Tactical First Aid/Tactical Medicine FRO – minimum 4 hour course ○ Traditional (Stand Alone) Program Approval ○ CE Approval	<input type="checkbox"/> Tactical Life Saver/Tactical EMS Technician – minimum 40 hour course ○ Traditional (Stand Alone) Program Approval ○ CE Approval		
APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip Code:
Business Phone Number:		Email Address:	
TRAINING PROVIDER INSTITUTION INFORMATION			
Type of Provider:			
<input type="checkbox"/> Statewide Public Safety (EMSA approval)		<input type="checkbox"/> All Others (LEMSA approval)	
Company/Institution/Agency Name:			
Address:	City:	State:	Zip Code:
Business Phone Number:		Email Address:	
ADDITIONAL SUPPORTIVE DOCUMENTS PROVIDED			
<i>Submit with this application</i>			
<input type="checkbox"/> Course Schedule w/Hourly Distribution	<input type="checkbox"/> List of Tactical Medical Scenarios		
<input type="checkbox"/> Course Outline	<input type="checkbox"/> Written / Skills Competency Examinations, if applicable		
<input type="checkbox"/> Course Curriculum	<input type="checkbox"/> Written Course Safety Policy		
<input type="checkbox"/> List of Psychomotor Skills	<input type="checkbox"/> Instructor Resume(s)		
SIGNATURE			
I hereby certify <b>under penalty of perjury</b> that all information on this application is true and correct. I understand that any falsification or omission of material facts may cause denial of this program or course approval and that all information on this application is subject to verification.			
<b>SIGNATURE OF APPLICANT</b> _____		<b>DATE</b> _____	

*Local EMS Agency / EMS Authority Official Use*

Approving Authority:		Date:
Approve/Deny:	<input type="checkbox"/> Approve, Expiration Date: _____ <input type="checkbox"/> Deny, reason: _____	
Comments:		