



## INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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### TACTICAL MEDICINE FOR SPECIAL OPERATIONS

#### I. PURPOSE

To provide medical oversight and continuous quality improvement and establish policies and procedures for Tactical Medicine for Special Operations first responders who respond as an integral part of a Special Weapons and Tactics (SWAT) operations.

#### II. POLICY

- Tactical Medicine for Special Operations shall be developed and utilized in accordance with the "California POST/EMSA Tactical Medicine Operational Programs and Standardized Training Recommendations" document that can be located on the EMSA website at [emsa.ca.gov](http://emsa.ca.gov).
- Tactical Medicine for Special Operations and Tactical Medics/Tactical TEMS Specialists (Emergency Medical Technicians (EMTs), Advanced EMTs (AEMTs), Paramedics (EMT-Ps), and Registered Nurses (RNs)) shall be integrated into the local EMS system, in coordination with ICEMA, the local Emergency Medical Services (EMS) Agency (POST, 2010).
- Tactical Medicine for Special Operations shall be reviewed and approved by ICEMA.
- Administration of this policy applies to EMTs, AEMTs, EMT-Ps, and RNs providing medical services within an established EMS Agency and as part of a recognized Tactical Medicine Program.
  - The medical scope of practice for EMTs, AEMTs and EMT-Ps is consistent with California Code of Regulations, Title 22, Division 9 and all ICEMA protocols.
- Tactical Medicine for Special Operations should designate a Tactical Medicine Program Director as defined within POST and EMSA guidelines.
- Tactical Medicine for Special Operations should designate a physician as a Tactical Medicine Medical Director "to provide medical direction, continuous quality improvement, medical oversight, and act as a resource for medical contingency planning" (POST, 2010).
- Tactical Medicine for Special Operations should have components pertaining to planning, medical oversight, quality improvement and training as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.1-7) and *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).
- Tactical Medicine for Special Operations should include tactical medical personnel in mission planning and risk assessment to ensure appropriate assets are available for the identified mission as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.2).

### III. PROCEDURE

- All agencies that intend to provide a Tactical Medicine for Special Operations that include EMTs, AEMTs, EMT-Ps and RNs, will:
  - Submit an original application indicating the type of program. The Specialty and Optional Scope Program Application is available on the ICEMA website at ICEMA.net.
  - Submit a copy of the proposed program to include all information as listed on the application.
  - Provide a list of all EMTs, AEMTs, EMT-Ps and RNs assigned to the Tactical Medicine for Special Operations.
  - Tactical medicine personnel must be:
    - EMTs and AEMTs must be California certified.
    - EMT-Ps must be California licensed and accredited by ICEMA.
    - RNs must be licensed as a Registered Nurse in California and an authorized Flight Nurse or MICN within the ICEMA region.
  - Participate in ICEMA approved Continuous Quality Improvement process.

### IV. TRAINING

Designated Tactical Emergency Medical Support (TEMS) personnel shall successfully complete all initial and ongoing recommended training provided by an approved tactical medicine training program as listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* (March 2010) or *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).

### V. DRUG AND EQUIPMENT LISTS

Equipment and supplies carried and utilized by Tactical Emergency Medical Support (TEMS) personnel shall be consistent with the items listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* document. Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular Tactical Medicine for Special Operations (TEMS BLS or TEMS ALS).

The Tactical Medicine for Special Operations standard list of drugs and equipment carried by TEMS BLS or TEMS ALS medical personnel must be reviewed and approved by ICEMA prior to issue or use by EMT or EMT-P personnel.

#### TACTICAL MEDICINE OPERATIONAL EQUIPMENT RECOMMENDATIONS

Medications	BLS	ALS
Albuterol 2.5 mg with Atrovent 0.5 mg MDI		1
Aspirin 81 mg		1 bottle
Atropine Sulfate 1 mg preload		1
Dextrose 50% 25 gm preload		1
Diphenhydramine 50 mg		2
Epinephrine (1:1000) 1 mg		2
Epinephrine (1:10,000) 1 mg preload		2
Glucagon 1 mg		1

Naloxone 2 mg preload		2
Nerve Agent Antidote (DuoDote)		1
Nitroglycerine 0.4 metered dose or tablets (tablets to be discarded 90 days after opening)		1
Normal Saline 500 ml		2
Ondansetron 4 mg IV/IM/oral tabs		4
Tranexamic Acid (TXA) 1 gm		1

**CONTROLLED SUBSTANCE MEDICATIONS**

<b>Controlled Substance Medications MUST BE DOUBLED LOCKED</b>	<b>BLS</b>	<b>ALS</b>
Midazolam		20 mgs
Fentanyl		200 - 400 mcg
Ketamine		120 - 1000 mg

**AIRWAY EQUIPMENT**

<b>Airway Equipment</b>	<b>BLS</b>	<b>ALS</b>
Chest seal and Flutter Valve		1
End Tidal CO2 (device may be integrated into bag)		1
Endotracheal Tubes - 6.0 and/or 6.5, 7.0 and/or 7.5, and 8.0 and/or 8.5 with stylet		1 each
ET Tube holder		1
Laryngoscope Kit		1
Nasopharyngeal Airways Adult	1 set	1 set
Needle Cricothyrotomy Device		1
Needle Thoracostomy Kit		1
Suction (hand held)	1	1
Ventilation Bag collapsible (BVM)	1	1

**IV/MONITORING EQUIPMENT**

<b>IV/Needle/Syringes</b>	<b>BLS</b>	<b>ALS</b>
AED (with waveform monitoring preferred)	1	1
AED Pads	1	1
Blood Pressure Cuff	1	1
IO Device and Needles		1
IV Needles 14-20 Gauge		1 of each
IV Start Kit		1
IV Tubing		1
Pulse Oximeter (optional)		1
Saline Flush		2
Saline Lock		2
Stethoscope	1	1
Syringes 3 cc, 5 cc, 10 cc		1 each

**DRESSING AND SPLINTING**

<b>Dressing/Splints</b>	<b>BLS</b>	<b>ALS</b>
CoTCCC - Recommended tourniquet system	1	1
Elastic compression dressing	1	1
Latex free gloves	1	1
N95 Mask	1	1
Occlusive dressing	1	1
Roller bandage	1	1
Splint - semi-ridged moldable	1	1
Sterile gauze pads	1	1
Tape	1	1
Trauma dressing	1	1
Trauma shears	1	1
Triangle bandage	1	1
Hemostatic impregnated gauze non-exothermic, i.e., Combat Gauze (optional)	2	2

**MISCELLANEOUS EQUIPMENT**

<b>Miscellaneous Equipment</b>	<b>BLS</b>	<b>ALS</b>
Litter	1	1
Patient care record	1	1
Personal protection equipment (PPE)	1	1
Triage tags	10	10
Tactical light	1	1
Eyeware	1	1
Rescue blanket	1	1
Self-heating blanket	1	1