

Focus: Essential skill sets for SWAT Medics and/or SWAT operator
Assume the medics have EMT-B skills as defined by NHTSA education standards.

Domains

1. Tactical Combat Casualty Care Methodology
2. Remote Assessment and surrogate care
3. Rescue/Extraction
4. Hemostasis (hemorrhage control)
5. Airway
6. Breathing
7. Circulation
8. Medication Administration
9. Casualty Immobilization
10. Medical Planning
11. Force Health Protection
12. Environmental Factors
13. Mechanisms and Patterns of injury
14. Medical Legal aspects of TEMS
15. Hazardous Materials
16. Mass casualties
17. Tactical Familiarization

Domain Definitions/Competency Areas

Core Crosscutting Competency areas are applicable to all levels of tactical operators

1. Tactical Combat Casualty Care Methodology
 - 1.1 Tactical medical skills in the Care Under Fire (CUF) phase of TCCC
 - 1.2 Tactical medical skills in the Tactical Field Care (TFC) phase of TCCC
 - 1.3 Tactical medical skills in the Tactical Evacuation (TACEVAC) phase of TCCC
 - 1.4 Use of TCCC as a system in the tactical environment
2. Remote Assessment and surrogate care
 - 2.1 Remote assessment methodology (RAM)
 - 2.2 providing medical care by proxy or surrogate
3. Rescue/Extraction
 - 3.1 High threat extraction techniques
4. Hemostasis (hemorrhage control)
 - 4.1 Conventional hemorrhage control including: direct pressure, wound packing, wound dressing, and pressure dressing
 - 4.2 Identification of life-threatening hemorrhage
 - 4.3 Application of a tourniquet (TQ), commercial and improvised

4.4 Application of advanced hemostatic agents

5. Airway

5.1 Management of the airway including: casualty positioning (rescue, chin-lift, jaw-thrust), basic airway clearance techniques, airway adjuncts (nasopharyngeal airway (NPA), supraglottic airway (SGA) device, surgical airway (cricothyroidotomy), and endotracheal (ET) intubation

6. Breathing

6.1 Identify and treat thoracic injuries and respiratory distress

7. Circulation

7.1 Recognition and treatment of shock

7.2 Vascular access

7.3 Fluid resuscitation

8. Medication Administration

8.1 Administration of oxygen

8.2 Administration of analgesia

8.4 Appropriate and safe use of over the counter (OTC) medications in the tactical setting

8.5 Identification and consideration of medication allergies

8.6 Implementation of medical formulary

9. Casualty Immobilization

9.1 Evaluation and management of suspected central nervous system (CNS) or spine injuries

9.2 Fracture splinting and extremity neurovascular assessment (including pelvic binder)

10. Medical Planning

10.1 Medical planning and analysis of medical intelligence

11. Force Health Protection

11.1 Monitoring work/rest cycles

11.2 Health surveillance

11.3 Preventive medicine

11.4 Injury prevention (e.g., personal protective equipment (PPE))

12. Environmental Factors

12.1 Management of specific threats from the environment (e.g., heat, cold, altitude, plants, animals, geography)

- 12.2 Identification and management of severe allergic reactions (anaphylaxis)
- 13. Mechanisms and Patterns of injury
 - 13.1 Recognition and treatment of blunt, blast, penetrating and burn injuries
 - 13.2 Recognition and treatment of injury associated with less lethal weapons
- 14. Medical Legal aspects of TEMS
 - 14.1 Fourth Amendment Issues (including proportional use of force, search, seizure, detention and arrest, obligations of the police to a person in custody or under arrest, medical evaluation of an arrestee prior to detention, implications of using sworn versus civilian personnel.)
 - 14.2 Prevent the destruction and/or contamination of evidence when rendering medical care during a law enforcement operation and maintaining the chain of custody
 - 14.3 Privacy of protected health information
 - 14.4 Definition of the practice of medicine and scope of practice
 - 14.5 Issues related to practicing in a different jurisdiction
- 15. Hazardous Materials
 - 15.1 Recognition of the potential presence of chemical, biological, radiological, and/or nuclear (CBRN) materials
 - 15.2 Selecting appropriate personal protective equipment (PPE)
 - 15.3 Performing field expedient decontamination
 - 15.4 Immediate clinical interventions for the victims of CBRN exposure
- 16. Mass casualties
 - 16.1 Mass casualty Triage
 - 16.2 Casualty Collection Point (CCP) setup and control
 - 16.3 Evacuation Prioritization
 - 16.4 Incident command and interface with EMS
- 17. Tactical Familiarization
 - 17.1 Tactical team operations, objectives, and team structure
 - 17.2 Tactical team command and control and communication
 - 17.3 Description of Tactical team equipment
 - 17.4 Personal and patient safety in the tactical environment