

Emergency Rule
LSA Document #13-238(E)

DIGEST

Temporarily adds noncode provisions regarding tactical medical support for law enforcement agencies to comply with P.L.64-2013. Effective June 15, 2013.

SECTION 1. (a) Advanced life support personnel may function as tactical medical support for law enforcement agencies so long as all of the following conditions are met:

- (1) The provider organization shall submit an amendment to the existing Application for Advanced Life Support Provider Certification that defines the activities of tactical medical support as a function of the provider organization.**
- (2) The provider organization shall submit written documentation authorizing all involved advanced life support personnel to function in the capacity of tactical medical support personnel within the scope of practice of the provider's and the individual's certification.**
- (3) The provider organization shall submit documentation that ensures the continuation, during patient transport, of advanced life support procedures that are initiated by the tactical medical support personnel transport for all jurisdictions to which the tactical medical support personnel can be reasonably expected to respond.**
- (4) The provider organization's medical director shall issue written approval of the tactical medical support activity and approve the individual personnel involved.**
- (5) The provider organization's medical director shall issue written authority for any advanced life support devices or medications, or both, that are carried by the advanced life support personnel within the scope of practice of the provider's and the individual's certification or license.**
- (6) The provider organization's medical director shall issue written authority defining when and under what circumstances the advanced life support personnel may carry the advanced life support devices or medications, or both.**
- (7) The provider organization's medical director shall issue written authority defining when and under what circumstances any advanced life support devices or medication, or both, may be used.**
- (8) The provider organization's medical director shall issue written authority defining how the security of any controlled substances will be ensured.**
- (9) The provider organization's medical director shall issue written protocol for emergency medical services procedures performed by the advanced life support personnel while performing as tactical medical support.**
- (10) The chief officer of the participating law enforcement agency shall issue a written acknowledgement that the provider organization's advanced life support medical personnel are functioning as tactical medical support for the law enforcement agency.**
- (11) All written approvals, authorities, protocols, and acknowledgements shall be signed and dated and be on file with the commission.**
- (12) Emergency medical services personnel that function as tactical medical support personnel are restricted to functioning within the scope of practice of both their provider affiliation and their individual emergency medical services certification or license.**
- (13) The provider organization shall submit a statement agreeing that all medical care rendered by the tactical medical personnel will be documented on the organization's standard patient care record.**
- (14) The organization shall submit the requisite patient care data elements to the commission in a timely manner.**
- (15) Advanced life support personnel shall successfully complete the requirements of the tactical emergency medical support core curriculum as contained in [836 IAC 1-1.1-2](#).**

(b) Law enforcement agencies that chose to provide advanced life support tactical medical support and have not made arrangements with an Indiana certified advanced life support provider to provide that advance life support tactical medical support shall be certified by the commission as an advanced life support nontransport provider.

SECTION 2. (a) The advanced life support tactical emergency medical support core curriculum consists of the following:

- (1) For the history of tactical emergency medical support (TEMS), the following:**
 - (A) Define TEMS.**

- (B) List six (6) factors that have fostered the growth and acceptance of TEMS.
 - (C) List six (6) reasons that demonstrate the need for TEMS.
 - (D) Given a list, identify the unique attributes and skills associated with TEMS.
- (2) For the health of the unit as a command responsibility, the following:
- (A) Define the phrase "the Commander's medical conscience".
 - (B) List three (3) components of medical support to tactical operations.
 - (C) Describe potential pitfalls when collecting medical information.
 - (D) List four (4) processes tactical medical providers should be involved with when providing operational support.
- (3) For tactical operational medical support, the following:
- (A) List four (4) goals of a tactical operational medical support (TOMS) program.
 - (B) List five (5) factors that can influence the tactical medical support team structure.
 - (C) Identify the potential advantages and disadvantages associated with TOMS and:
 - (i) law enforcement status;
 - (ii) armed medical team members;
 - (iii) various levels of medical providers; and
 - (iv) staging and operating locations.
 - (D) Identify insurance and liability issues for team members, EMS, and law enforcement agencies.
- (4) For the basic tactics overview, the following:
- (A) Describe a typical team configuration.
 - (B) List the components of the acronym LIEEE (locate, isolate, evacuate, evaluate, eliminate).
 - (C) Contrast the differences between a law enforcement entry and dynamic entry.
 - (D) Discuss the effects of a failed breaching attempt (or long entry time) on the mission.
 - (E) Define the "fatal funnel" and its importance to tactical team entry personnel.
 - (F) List the steps in the plan of action represented by the acronym "RESCUE" (return fire, extract, safe area, control team, urgency of care, evacuate).
 - (G) Differentiate between the terms "cover" and "concealment".
 - (H) Define the following:
 - (i) "tactics";
 - (ii) "medic up";
 - (iii) "medic moving";
 - (iv) "medic clear";
 - (v) "medic/patient clear";
 - (vi) "gun"; and
 - (vii) "man with a gun".
 - (I) Differentiate among the "hot", "warm", and "cold" zones as they apply to the provision of care in the tactical environment.
- (5) For tactical medical and protective equipment, the following, which shall be performed as hands on training:
- (A) Indicate the appropriate level of protection to meet the mission and potential exposure.
 - (B) Identify the appropriate soft and hard body armor for different threat levels.
 - (C) Identify protective equipment to be used during field training exercises.
 - (D) Differentiate the advantages and disadvantages of protective equipment and the potential for individual performance degradation.
 - (E) List the variety of chemical/biological protection clothing available and their impact on performance.
 - (F) List the characteristics of a variety of medical equipment to suit mission requirements.
 - (G) Compare and contrast medical equipment requirements for rapid and sustained medical support.
- (6) For the medical preplan, the following:
- (A) Explain the reasoning for medical planning in tactical operations.
 - (B) Define "medical threat assessment".
 - (C) List possible information to be included in a medical threat assessment.
 - (D) Given a list, identify five (5) important components of the Medical Briefing for the team commander.
- (7) For care under fire, the following:
- (A) Compare and contrast the role of standard treatment methods and theory between standard EMS and tactical EMS.
 - (B) Describe Rapid Trauma Assessment (RTA).
 - (C) Describe Immediate Action Drills (IAD).
 - (D) List the steps of the tactical primary survey.

- (E) Define the goal and list the major decision points of the Rapid and Remote Assessment Methodology (RAM).
 - (F) Properly modify and perform specific treatment skills as required by the changing tactical environment.
- (8) For the officer rescue overview, the following:
- (A) Discuss the importance of having a well thought-out and practiced plan for tactical rescue of downed police personnel.
 - (B) List at least three (3) duties of the team medic during a tactical rescue evolution.
 - (C) Demonstrate two (2) different techniques for effecting an officer rescue.
 - (D) Discuss the proper use of a ballistic shield and its placement in rescues.
 - (E) List at least three (3) limitations or safety hazards, or both, associated with the use of smoke in the tactical environment.
- (9) For care under fire, the following, which shall be performed as hands on training:
- (A) Demonstrate patient positioning techniques.
 - (B) Demonstrate horizontal and vertical lifts.
 - (C) Demonstrate cradle-drop, sling, and vest drags.
 - (D) Demonstrate one-person, two-person, and stretcher carries.
 - (E) Demonstrate officer/hostage rescue from a vehicle.
 - (F) List the indications for and perform rapid trauma assessments.
 - (G) List the indications for and perform various airway procedures.
 - (H) List the indications for and perform needle thoracentesis.
- (10) For sensory-deprived/sensory-overloaded patient assessment, the following, which shall be performed as hands on training:
- (A) Perform a primary and secondary survey, and identify simulated injuries or illnesses, or both, without the customary reliance on visual or auditory clues, or both.
 - (B) Perform a primary and secondary survey, and identify simulated injuries or illnesses, or, both while over-stimulated by visual or auditory input, or both.
- (11) For weapons and their effects, the following:
- (A) List four (4) categories of weapon injury.
 - (B) List four (4) mechanisms of injury associated with blunt trauma.
 - (C) List four (4) mechanisms of injury associated with penetrating trauma.
 - (D) Given a list, select the most appropriate determinant of injury in penetrating trauma.
 - (E) Name three (3) important injury types caused by high explosives.
- (12) For weapon systems and safety, the following:
- (A) Identify the different weapon operating systems used by typical SWAT program.
 - (B) Demonstrate safe handling of each weapon system.
 - (C) Demonstrate procedures for placing weapons in a safe condition.
- (13) For crime scene awareness and management, the following:
- (A) Define "evidence".
 - (B) Define "chain of custody" and enumerate the steps needed to maintain that chain.
 - (C) Demonstrate how to facilitate evidence preservation during patient care.
- (14) For toxic hazards in the tactical environment, the following:
- (A) List types of incidents that have the potential to expose law enforcement personnel to toxic hazards.
 - (B) List the five (5) HazMat principles:
 - (i) the longer the time of exposure, the greater the amount absorbed;
 - (ii) the greater the amount absorbed, the sicker the patient;
 - (iii) avoidance of hazardous materials is the best form of protection;
 - (iv) it is better to be alive and "dirty" than clean and dead; and
 - (v) don't assume that your referral hospital is equipped to handle contaminated patients.
 - (C) Given a list of signs and symptoms, identify potentially causative chemical agents.
 - (D) List the appropriate procedures or medications, or both, used to treat specific chemical agent exposures.
 - (E) List two (2) major considerations in selecting personal protective equipment for tactical personnel.
 - (F) Discuss the medical effects of riot control agents.
- (15) For clandestine laboratories, the following:
- (A) Identify officer safety as the primary objective.
 - (B) Describe the different types of clandestine labs based on cooking method.
 - (C) Describe the medical effects of methamphetamine.
 - (D) Identify appropriate types of response when a lab is found.

- (E) Identify the issues with raids on clandestine labs.
- (16) For field expedient decontamination, the following, which shall be performed as hands on training:
 - (A) Explain the process of a field expedient decontamination.
 - (B) Identify the need for a field expedient decontamination.
 - (C) Demonstrate a field expedient decontamination.
- (17) For medical management of nonconventional weapons, the following:
 - (A) Compare and contrast the terms "less lethal", "less-than-lethal", and "nonlethal".
 - (B) Identify four (4) classes of less lethal weapons.
 - (C) Describe less lethal weapons commonly used by SWAT teams.
 - (D) Differentiate between "electrical stun" devices and "EMD" devices.
 - (E) List three (3) safety measures to follow when deploying distraction devices.
 - (F) Identify appropriate body target areas for the use of kinetic impact devices.
 - (G) List the potential medical complications associated with the use of kinetic impact weapons.
 - (H) Define "booby trap", describe the two (2) types, and:
 - (i) identify methods of preventing injury;
 - (ii) identify common areas of placement; and
 - (iii) identify marking techniques.
 - (I) List the special medical implications of a wound caused by a booby trap.
- (18) For hostages and medicine across the barricade, the following:
 - (A) Describe situations in which a crisis negotiator is utilized.
 - (B) Define "containment".
 - (C) Identify the criteria necessary to successfully negotiate a hostage situation.
 - (D) Define the tactical medic's role during the barricade situation.
 - (E) List the appropriate steps to performing medicine across the barricade.
 - (F) Demonstrate a standard protocol for provision of medical care in a simulated barricade situation.
 - (G) Identify equipment needs for both verbal and nonverbal communications.
 - (H) Identify types of barricaded situations.
 - (I) Describe appropriate and inappropriate responses to typical barricaded situations.
 - (J) List the actions one should take to increase chances of surviving a hostage-taking.
 - (K) List the consequences of actions taken by personnel outside to perimeter.
 - (L) Describe the psychological motivations and impact on both hostage takers and hostages.
 - (M) Describe the "crisis state" and the Stockholm syndrome.
- (19) For preventative operational medicine, the following:
 - (A) List the various hazards associated with extended operations.
 - (B) Explain the critical importance of preplanning and drills in achieving integration of multi-agency assets at tactical incidents involving more than one (1) agency.
 - (C) List examples of the benefits of providing sick call, injury control advice, and other preventative medicine strategies at tactical incidents.
 - (D) Define, give signs and symptoms of, and explain the treatment of dehydration.
 - (E) List the risk factors for heat injury.
 - (F) Describe three (3) methods to prevent heat emergencies.
 - (G) List the risk factors for cold injury.
 - (H) Describe three (3) methods to prevent cold emergencies.
 - (I) Given a list, identify necessary site characteristics for an incident rehabilitation center.
 - (J) Discuss the potential impact of sleep deprivation on tactical operations.
 - (K) Discuss the advantages and disadvantages of adjusting sleep/work cycles at tactical incidents.
 - (L) Describe the indications, contraindications, and methods for adjusting sleep/work cycles.
 - (M) List five (5) strategies for preventing food borne illness.
 - (N) Discuss the principle reason for effective waste and refuse handling.
 - (O) Describe the process leading to foot disease.
 - (P) List measures that reduce foot disease.
 - (Q) Explain the usefulness and limitations of currently available eye armor.
 - (R) Define critical incident stress.
 - (S) Discuss the principle used to respond to the feelings of an individual suffering critical incident stress.
 - (T) Describe the importance of adopting the "can do" attitude.
- (20) For TEMS response to the active shooter, the following:
 - (A) Define "targeted violence" and "active shooter".
 - (B) List four (4) characteristics of an active shooter.

- (C) List four (4) areas of concern when developing preplans for an active shooter incident.
- (D) List the roles of TEMS providers when responding to an active shooter.
- (E) Define the following:
 - (i) "immediate deployment";
 - (ii) "dynamic situation";
 - (iii) "static situation";
 - (iv) "time line of violence";
 - (v) "incident transition"; and
 - (vi) "barricaded suspect".
- (F) Differentiate the deployment for an active shooter vs. a barricaded/hostage situation.

(21) For medical aspects of specific operations, the following:

- (A) List three (3) TEMS considerations that should be addressed when planning medical support for a specific operation.
- (B) List injury types most commonly associated with high-risk warrant service and their appropriate medical treatment.
- (C) Discuss four (4) Immediate Action Drills associated with a hostage taking / barricade incident.
- (D) Discuss special considerations when planning Immediate Action Drills for a dignitary protection detail.
- (E) Identify changes in medical equipment necessary for medical support to a protection detail.
- (F) Identify special equipment that should be used to minimize injury during civil disobedience operations.
- (G) Discuss injury patterns that are associated with civil disobedience operations.

(22) For law enforcement actions, the following, which shall be performed as hands on training:

- (A) Identify safe searching techniques.
- (B) Discuss the risks associated with searching a subject and how to decrease them.
- (C) List potential locations where contraband can be hidden.
- (D) List and demonstrate crowd control formations.
- (E) Identify crowd control tools to quell unruly or violent demonstrations.
- (F) List proper equipment for crowd control missions.

(23) For administration issues, the following:

- (A) Explain the importance of providing detailed incident and casualty information.
- (B) Properly classify information and accurately complete the forms.
- (C) Explain to EMS and law enforcement personnel how the use of this data benefits their agency.
- (D) Provide the end product of the data collection to EMS and law enforcement personnel to enhance their medical planning.
- (E) Define "mission specific configuration".
- (F) Identify considerations for vehicles (air, land, and sea).
- (G) Identify considerations for computers.
- (H) Identify considerations for personal equipment.
- (I) Identify considerations for miscellaneous equipment.

(b) The advanced life support tactical emergency medical support core curriculum may include the following:

(1) For additional law enforcement actions, the following:

- (A) Identify the correct officer positioning and stance.
- (B) Demonstrate correct handcuffing techniques.
- (C) Demonstrate effective weapon retention techniques.

(2) For dental injuries, the following:

- (A) Identify the different types of dental injuries and distinguish injury from dental disease.
- (B) Describe appropriate care for different dental injuries.
- (C) Perform measures to provide temporary pain relief without increasing morbidity and without using narcotic analgesics.
- (D) Describe the proper management of different dental injuries.
- (E) Recognize the indications for temporary emergency dental repairs.
- (F) Demonstrate temporary emergency dental repairs.

(3) For veterinary medicine for the law enforcement K9, the following:

- (A) Given a list, prioritize injuries to a K9.
- (B) Identify common K9 medical problems.
- (C) Identify common K9 traumatic problems.
- (D) Demonstrate a K9 assessment.
- (E) Understand and demonstrate initial emergency veterinary measures.

SECTION 3. (a) Basic life support personnel may function as tactical medical support for law enforcement agencies so long as all of the following conditions are met:

- (1) The provider organization shall submit an amendment to the existing Application for Basic Life Support Provider Certification that defines the activities of tactical medical support as a function of the provider organization.**
- (2) The provider organization shall submit written documentation authorizing all involved basic life support personnel to function in the capacity of tactical medical support personnel within the scope of practice of the provider's and the individual's certification.**
- (3) The provider organization shall submit documentation that ensures the continuation, during patient transport, of basic life support procedures that are initiated by the tactical medical support personnel transport for all jurisdictions to which the tactical medical support personnel can be reasonably expected to respond.**
- (4) The provider organization's medical director shall issue written approval of the tactical medical support activity and approve the individual personnel involved.**
- (5) The provider organization's medical director shall issue written authority for any basic life support devices or medications, or both, that are carried by the basic life support personnel within the scope of practice of the provider's and the individual's certification or license.**
- (6) The provider organization's medical director shall issue written authority defining when and under what circumstances the basic life support personnel may carry the basic life support devices or medications, or both.**
- (7) The provider organization's medical director shall issue written authority defining when and under what circumstances any basic life support devices or medication, or both, may be used.**
- (8) The provider organization's medical director shall issue written authority defining how the security of any controlled substances will be ensured.**
- (9) The provider organization's medical director shall issue written protocol for emergency medical services procedures performed by the basic life support personnel while performing as tactical medical support.**
- (10) The chief officer of the participating law enforcement agency shall issue a written acknowledgement that the provider organization's basic life support medical personnel are functioning as tactical medical support for the law enforcement agency.**
- (11) All written approvals, authorities, protocols, and acknowledgements shall be signed and dated and be on file with the commission.**
- (12) Emergency medical services personnel that function as tactical medical support personnel are restricted to functioning within the scope of practice of both their provider affiliation and their individual emergency medical services certification or license.**
- (13) The provider organization shall submit a statement agreeing that all medical care rendered by the tactical medical personnel will be documented on the organization's standard patient care record.**
- (14) The organization shall submit the requisite patient care data elements to the commission in a timely manner.**
- (15) Basic life support personnel shall successfully complete the requirements of the tactical emergency medical support core curriculum approved by the commission on September 13, 2007.**

(b) Law enforcement agencies that chose to provide basic life support tactical medical support and have not made arrangements with an Indiana certified basic life support provider to provide that advance life support tactical medical support shall be certified by the commission as an *[sic]* basic life support nontransport provider.

SECTION 4. (a) The basic life support tactical emergency medical support core curriculum consists of the following:

- (1) For the history of tactical emergency medical support (TEMS), the following:**
 - (A) Define TEMS.**
 - (B) List six (6) factors that have fostered the growth and acceptance of TEMS.**
 - (C) List six (6) reasons that demonstrate the need for TEMS.**
 - (D) Given a list, identify the unique attributes and skills associated with TEMS.**
- (2) For the health of the unit as a command responsibility, the following:**
 - (A) Define the phrase "the Commander's medical conscience".**
 - (B) List three (3) components of medical support to tactical operations.**
 - (C) Describe potential pitfalls when collecting medical information.**
 - (D) List four (4) processes tactical medical providers should be involved with when providing operational support.**

- (3) For tactical operational medical support, the following:**
 - (A) List four (4) goals of a tactical operational medical support (TOMS) program.**
 - (B) List five (5) factors that can influence the tactical medical support team structure.**
 - (C) Identify the potential advantages and disadvantages associated with TOMS and:**
 - (i) law enforcement status;**
 - (ii) armed medical team members;**
 - (iii) various levels of medical providers; and**
 - (iv) staging and operating locations.**
 - (D) Identify insurance and liability issues for team members, EMS, and law enforcement agencies.**
- (4) For the basic tactics overview, the following:**
 - (A) Describe a typical team configuration.**
 - (B) List the components of the acronym LIEEE (locate, isolate, evacuate, evaluate, eliminate).**
 - (C) Contrast the differences between a law enforcement entry and dynamic entry.**
 - (D) Discuss the effects of a failed breaching attempt (or long entry time) on the mission.**
 - (E) Define the "fatal funnel" and its importance to tactical team entry personnel.**
 - (F) List the steps in the plan of action represented by the acronym "RESCUE" (return fire, extract, safe area, control team, urgency of care, evacuate).**
 - (G) Differentiate between the terms "cover" and "concealment".**
 - (H) Define the following:**
 - (i) "tactics";**
 - (ii) "medic up";**
 - (iii) "medic moving";**
 - (iv) "medic clear";**
 - (v) "medic/patient clear";**
 - (vi) "gun"; and**
 - (vii) "man with a gun".**
 - (I) Differentiate among the "hot", "warm", and "cold" zones as they apply to the provision of care in the tactical environment.**
- (5) For tactical medical and protective equipment, the following, which shall be performed as hands on training:**
 - (A) Indicate the appropriate level of protection to meet the mission and potential exposure.**
 - (B) Identify the appropriate soft and hard body armor for different threat levels.**
 - (C) Identify protective equipment to be used during field training exercises.**
 - (D) Differentiate the advantages and disadvantages of protective equipment and the potential for individual performance degradation.**
 - (E) List the variety of chemical/biological protection clothing available and their impact on performance.**
 - (F) List the characteristics of a variety of medical equipment to suit mission requirements.**
 - (G) Compare and contrast medical equipment requirements for rapid and sustained medical support.**
- (6) For the medical preplan, the following:**
 - (A) Explain the reasoning for medical planning in tactical operations.**
 - (B) Define "medical threat assessment".**
 - (C) List possible information to be included in a medical threat assessment.**
 - (D) Given a list, identify five (5) important components of the Medical Briefing for the team commander.**
- (7) For care under fire, the following:**
 - (A) Compare and contrast the role of standard treatment methods and theory between standard EMS and tactical EMS.**
 - (B) Describe Rapid Trauma Assessment (RTA).**
 - (C) Describe Immediate Action Drills (IAD).**
 - (D) List the steps of the tactical primary survey.**
 - (E) Define the goal and list the major decision points of the Rapid and Remote Assessment Methodology (RAM).**
 - (F) Properly modify and perform specific treatment skills as required by the changing tactical environment.**
- (8) For the officer rescue overview, the following:**
 - (A) Discuss the importance of having a well thought-out and practiced plan for tactical rescue of downed police personnel.**
 - (B) List at least three (3) duties of the team medic during a tactical rescue evolution.**
 - (C) Demonstrate two (2) different techniques for effecting an officer rescue.**

- (D) Discuss the proper use of a ballistic shield and its placement in rescues.
 - (E) List at least three (3) limitations or safety hazards, or both, associated with the use of smoke in the tactical environment.
- (9) For care under fire, the following, which shall be performed as hands on training:
- (A) Demonstrate patient positioning techniques.
 - (B) Demonstrate horizontal and vertical lifts.
 - (C) Demonstrate cradle-drop, sling, and vest drags.
 - (D) Demonstrate one-person, two-person, and stretcher carries.
 - (E) Demonstrate officer/hostage rescue from a vehicle.
 - (F) List the indications for and perform rapid trauma assessments.
 - (G) List the indications for and perform various airway procedures.
- (10) For sensory-deprived/sensory-overloaded patient assessment, the following, which shall be performed as hands on training:
- (A) Perform a primary and secondary survey, and identify simulated injuries or illnesses, or, both without the customary reliance on visual or auditory clues, or both.
 - (B) Perform a primary and secondary survey, and identify simulated injuries or illnesses, or, both while over-stimulated by visual or auditory input, or both.
- (11) For weapons and their effects, the following:
- (A) List four (4) categories of weapon injury.
 - (B) List four (4) mechanisms of injury associated with blunt trauma.
 - (C) List four (4) mechanisms of injury associated with penetrating trauma.
 - (D) Given a list, select the most appropriate determinant of injury in penetrating trauma.
 - (E) Name three (3) important injury types caused by high explosives.
- (12) For weapon systems and safety, the following:
- (A) Identify the different weapon operating systems used by typical SWAT programs.
 - (B) Demonstrate safe handling of each weapon system.
 - (C) Demonstrate procedures for placing weapons in a safe condition.
- (13) For crime scene awareness and management, the following:
- (A) Define "evidence".
 - (B) Define "chain of custody" and enumerate the steps needed to maintain that chain.
 - (C) Demonstrate how to facilitate evidence preservation during patient care.
- (14) For toxic hazards in the tactical environment, the following:
- (A) List types of incidents that have the potential to expose law enforcement personnel to toxic hazards.
 - (B) List the five (5) HazMat principles:
 - (i) the longer the time of exposure, the greater the amount absorbed;
 - (ii) the greater the amount absorbed, the sicker the patient;
 - (iii) avoidance of hazardous materials is the best form of protection;
 - (iv) it is better to be alive and "dirty" than clean and dead; and
 - (v) don't assume that your referral hospital is equipped to handle contaminated patients.
 - (C) Given a list of signs and symptoms, identify potentially causative chemical agents.
 - (D) List the appropriate procedures or medications, or both, used to treat specific chemical agent exposures.
 - (E) List two (2) major considerations in selecting personal protective equipment for tactical personnel.
 - (F) Discuss the medical effects of riot control agents.
- (15) For clandestine laboratories, the following:
- (A) Identify officer safety as the primary objective.
 - (B) Describe the different types of clandestine labs based on cooking method.
 - (C) Describe the medical effects of methamphetamine.
 - (D) Identify appropriate types of response when a lab is found.
 - (E) Identify the issues with raids on clandestine labs.
- (16) For field expedient decontamination, the following, which shall be performed as hands on training:
- (A) Explain the process of a field expedient decontamination.
 - (B) Identify the need for a field expedient decontamination.
 - (C) Demonstrate a field expedient decontamination.
- (17) For medical management of nonconventional weapons, the following:
- (A) Compare and contrast the terms "less lethal", "less-than-lethal", and "nonlethal".
 - (B) Identify four (4) classes of less lethal weapons.
 - (C) Describe less lethal weapons commonly used by SWAT teams.

- (D) Differentiate between "electrical stun" devices and "EMD" devices.
 - (E) List three (3) safety measures to follow when deploying distraction devices.
 - (F) Identify appropriate body target areas for the use of kinetic impact devices.
 - (G) List the potential medical complications associated with the use of kinetic impact weapons.
 - (H) Define "booby trap", describe the two (2) types, and:
 - (i) identify methods of preventing injury;
 - (ii) identify common areas of placement; and
 - (iii) identify marking techniques.
 - (I) List the special medical implications of a wound caused by a booby trap.
- (18) For hostages and medicine across the barricade, the following:
- (A) Describe situations in which a crisis negotiator is utilized.
 - (B) Define "containment".
 - (C) Identify the criteria necessary to successfully negotiate a hostage situation.
 - (D) Define the tactical medic's role during the barricade situation.
 - (E) List the appropriate steps to performing medicine across the barricade.
 - (F) Demonstrate a standard protocol for provision of medical care in a simulated barricade situation.
 - (G) Identify equipment needs for both verbal and nonverbal communications.
 - (H) Identify types of barricaded situations.
 - (I) Describe appropriate and inappropriate responses to typical barricaded situations.
 - (J) List the actions one should take to increase chances of surviving a hostage-taking.
 - (K) List the consequences of actions taken by personnel outside to perimeter.
 - (L) Describe the psychological motivations and impact on both hostage takers and hostages.
 - (M) Describe the "crisis state" and the Stockholm syndrome.
- (19) For preventative operational medicine, the following:
- (A) List the various hazards associated with extended operations.
 - (B) Explain the critical importance of preplanning and drills in achieving integration of multi-agency assets at tactical incidents involving more than one (1) agency.
 - (C) List examples of the benefits of providing sick call, injury control advice, and other preventative medicine strategies at tactical incidents.
 - (D) Define, give signs and symptoms of, and explain the treatment of dehydration.
 - (E) List the risk factors for heat injury.
 - (F) Describe three (3) methods to prevent heat emergencies.
 - (G) List the risk factors for cold injury.
 - (H) Describe three (3) methods to prevent cold emergencies.
 - (I) Given a list, identify necessary site characteristics for an incident rehabilitation center.
 - (J) Discuss the potential impact of sleep deprivation on tactical operations.
 - (K) Discuss the advantages and disadvantages of adjusting sleep/work cycles at tactical incidents.
 - (L) Describe the indications, contraindications, and methods for adjusting sleep/work cycles.
 - (M) List five (5) strategies for preventing food borne illness.
 - (N) Discuss the principle reason for effective waste and refuse handling.
 - (O) Describe the process leading to foot disease.
 - (P) List measures that reduce foot disease.
 - (Q) Explain the usefulness and limitations of currently available eye armor.
 - (R) Define "critical incident stress".
 - (S) Discuss the principle used to respond to the feelings of an individual suffering critical incident stress.
 - (T) Describe the importance of adopting the "can do" attitude.
- (20) For TEMS response to the active shooter, the following:
- (A) Define "targeted violence" and "active shooter".
 - (B) List four (4) characteristics of an active shooter.
 - (C) List four (4) areas of concern when developing preplans for an active shooter incident.
 - (D) List the roles of TEMS providers when responding to an active shooter.
 - (E) Define the following:
 - (i) "immediate deployment";
 - (ii) "dynamic situation";
 - (iii) "static situation";
 - (iv) "time line of violence";
 - (v) "incident transition"; and
 - (vi) "barricaded suspect".
 - (F) Differentiate the deployment for an active shooter vs. a barricaded/hostage situation.

- (21) For medical aspects of specific operations, the following:
- (A) List three (3) TEMS considerations that should be addressed when planning medical support for a specific operation.
 - (B) List injury types most commonly associated with high-risk warrant service and their appropriate medical treatment.
 - (C) Discuss four (4) Immediate Action Drills associated with a hostage taking / barricade incident.
 - (D) Discuss special considerations when planning Immediate Action Drills for a dignitary protection detail.
 - (E) Identify changes in medical equipment necessary for medical support to a protection detail.
 - (F) Identify special equipment that should be used to minimize injury during civil disobedience operations.
 - (G) Discuss injury patterns that are associated with civil disobedience operations.
- (22) For law enforcement actions, the following, which shall be performed as hands on training:
- (A) Identify safe searching techniques.
 - (B) Discuss the risks associated with searching a subject and how to decrease them.
 - (C) List potential locations where contraband can be hidden.
 - (D) List and demonstrate crowd control formations.
 - (E) Identify crowd control tools to quell unruly or violent demonstrations.
 - (F) List proper equipment for crowd control missions.
- (23) For administration issues, the following:
- (A) Explain the importance of providing detailed incident and casualty information.
 - (B) Properly classify information and accurately complete the forms.
 - (C) Explain to EMS and law enforcement personnel how the use of this data benefits their agency.
 - (D) Provide the end product of the data collection to EMS and law enforcement personnel to enhance their medical planning.
 - (E) Define "mission specific configuration".
 - (F) Identify considerations for vehicles (air, land, and sea).
 - (G) Identify considerations for computers.
 - (H) Identify considerations for personal equipment.
 - (I) Identify considerations for miscellaneous equipment.

(b) The basic life support tactical emergency medical support core curriculum may include the following:

- (1) For additional law enforcement actions, the following:
- (A) Identify the correct officer positioning and stance.
 - (B) Demonstrate correct handcuffing techniques.
 - (C) Demonstrate effective weapon retention techniques.
- (2) For veterinary medicine for the law enforcement K9, the following:
- (A) Given a list, prioritize injuries to a K9.
 - (B) Identify common K9 medical problems.
 - (C) Identify common K9 traumatic problems.
 - (D) Demonstrate a K9 assessment.
 - (E) Understand and demonstrate initial emergency veterinary measures.

SECTION 5. SECTIONS 1 through 4 of this document take effect on June 15, 2013.

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