

Statewide Standard Treatment Protocols

***Paramedic Standing
Orders and Policies***

For

***Tactical Emergency Medical Support
Program***



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State of Delaware
Department of Health and Social Services
Division of Public Health
Office of Emergency Medical Services

2001 Statewide Standard Treatment Protocols
for
Delaware's Tactical Emergency Medical Support
Program


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TACTICAL PARAMEDIC PROTOCOLS

1.0 PURPOSE:

To delineate the requirements and responsibilities of the various agencies and individuals responsible for the medical support of a Delaware paramedic tactical emergency medical services program which provide medical support to various law enforcement agencies involved in tactical situations.

2.0 JUSTIFICATION:

Paramedics assigned to law enforcement tactical teams (SWAT, SORT, etc.) operate under dangerous conditions with unconventional hazards. The purpose of a tactical emergency medical support (TEMS) program is to provide preventative medicine with immediate access to medical care, despite hazardous conditions that might otherwise delay treatment. Delaware paramedics operating as members of a bona fide TEMS program are responsible for providing care under the current clinical standards, as defined in the state Guidelines, and Statewide Standard Treatment Protocol and Paramedic Standing Orders, and enhanced by the provisions of this special protocol.

3.0 DEFINITIONS:

Hot Zone: That area in which there is a direct and immediate threat.

Warm Zone: That area in which there is a potential hostile threat.

Cold Zone: That area where no significant danger or threat is reasonably anticipated for the provider or patient.

TEMS: Tactical emergency medical support

SORT: Special operations and response team

OEMS: Delaware Office of Emergency Medical Services

EMS medical director: Physician hired or approved by the OEMS to function as an EMS agency's medical director.

State Paramedic Administrator: Management position within the OEMS, under the Department of Public Health.

SWAT: Special Weapons and Tactics team or unit

4.0 ELIGIBILITY and RESPONSIBILITIES:

4.1 Agency Requirements:

4.1.1 Participation in the TEMS program by Delaware paramedic agencies is elective.

- 4.1.2 Each Delaware paramedic agency which chooses to participate in the TEMS Program, will be required to apply for participation in the TEMS Program to the State Paramedic Administrator and State EMS Medical Director. Once granted participation by the State Paramedic Administrator and State EMS Medical Director training and credentialing of paramedics can begin.
- 4.1.3 Each Delaware paramedic agency applying for inclusion in the TEMS Program will be an authorized 9-1-1 service provider in good standing with the Delaware Office of Emergency Medical Services.
- 4.1.4 Each Delaware paramedic agency will have a detailed memorandum of agreement or joint operational policy with a recognized law enforcement agency that delineates:
 - 4.1.4.1 Lines of authority
 - 4.1.4.2 Anticipated types missions
 - 4.1.4.3 Dispatch
 - 4.1.4.4 Tactical equipment, training, maintenance, deployment.
 - 4.1.4.5 Personnel physical capabilities
 - 4.1.4.6 Tactical training
 - 4.1.4.7 EMS training
- 4.1.5 Each paramedic agency's EMS medical director will have minimally completed the Counter Narcotics & Terrorism Operations Medical Support (CONTOMS) Medical Director Course offered by the Uniformed Services University of the Health Sciences in the United States Department of Defense.
- 4.1.6 The paramedic agency administrator and EMS medical director will meet annually to assess the TEMS Program in terms of goals, and program performance and report to the State Paramedic Administrator and State EMS Medical Director.
- 4.1.7 The paramedic agency will coordinate "Delaware" TEMS Program training with the Delaware Office of Emergency Medical Services Training Coordinator.

4.2 Tactical Paramedic Requirements:

- 4.2.1 Each paramedic must be currently certified as a Delaware paramedic.
- 4.2.2 Each paramedic must be in good standing with his / her EMS agency's EMS medical director and the state EMS medical director.

- 4.2.3 Each paramedic must demonstrate adequate experience and skill to his / her EMS agency's EMS medical director to obtain a letter of recommendation for participation in the TEMS Program to the appropriate EMS agency administrator, state EMS Paramedic Administrator and the State EMS Medical Director.
- 4.2.4 Each paramedic must successfully complete the Emergency Medical Technician – Tactical certification. Only completion of the Counter Narcotics & Terrorism Operations Medical Support (CONTOMS) course offered by the Uniformed Services University of the Health Sciences in the United States Department of Defense will be accepted as initial training.
- 4.2.5 TEMS members must maintain their certification through the successful completion of continuing education courses that meet the requirements the Counter Narcotics & Terrorism Operations Medical Support (CONTOMS) course offered by the Uniformed Services University of the Health Sciences in the United States Department of Defense.
- 4.2.6 Each paramedic must meet the physical requirements established via MOU or joint operational policy.
- 4.2.7 Each paramedic must successfully complete training on Delaware TEMS Protocols, Standing Orders and policies.
- 4.2.8 Each paramedic must attend all designated Delaware TEMS Program training.
- 4.2.9 Each Paramedic must undergo appropriate tactical integration as determined by the law enforcement agency's tactical commander before deployment into "Warm or Hot" tactical zones.

4.3 Agency EMS Medical Director:

- 4.3.1 Must be a Delaware Office of Emergency Medical Services approved EMS medical director.
- 4.3.2 Must have successfully completed the National Association of EMS Medical Directors, EMS Medical Director's Course.
- 4.3.3 Each paramedic agency's EMS medical director will have minimally completed the Counter Narcotics & Terrorism Operations Medical Support (CONTOMS) Medical Director

Course offered by the Uniformed Services University of the Health Sciences in the United States Department of Defense.

- 4.3.4 The EMS agency's EMS medical director must recommend each paramedic for participation in the TEMS Program to the appropriate EMS agency administrator, state EMS Paramedic Administrator and the State EMS Medical Director. The EMS medical director will provide an assessment of the clinical abilities of the tactical paramedic candidate.
- 4.3.5 The paramedic agency administrator and EMS medical director will meet annually to assess the TEMS Program in terms of goals, and performance and report to the State Paramedic Administrator and State EMS Medical Director. This report is not intended to disclose any confidential operational information regarding law enforcement tactical operations.
- 4.3.6 The agency EMS medical director will included and consider a paramedic's TEMS Program involvement during the biannual paramedic interview and recommendation for certification to the State EMS Medical Director.
- 4.3.7 The agency EMS medical director will consult with the TEMS unit leader for the development of specific medical equipment, based on the specific mission profiles.
- 4.3.8 The agency's EMS medical director will be responsible for informing local medical control physicians of the TEMS Program's general operational concept. This is not intended to impede the maintenance of operational security (OPSEC).
- 4.3.9 The agency's EMS medical director shall be available or make provisions acceptable to the EMS agency's administrator, for immediate tactical field consultation, upon request of the EMS agency or TEMS coordinator.
- 4.3.10 The agency EMS medical director is not expected to physically participate in tactical EMS. The EMS medical director may be asked to participate in the "cold zone", upon request of the TEMS program coordinator.
- 4.3.11 The agency EMS medical director will be a resource to the TEMS team leader / incident commander. Generally, the EMS medical director should serve as a resource to the TEMS personnel and communicate through the tactical medical providers.

- 4.3.12 The agency EMS medical director will consider the health of the entire tactical team when making recommendations to the team leader / incident commander. Generally, the EMS medical director should communicate through the TEMS personnel on an incident.

5.0 GENERAL GUIDELINES:

- 5.1 These protocols shall go in effect whenever tactical medics (AKA: SWAT medics) are operating on missions, to include training, in conjunction with a law enforcement tactical team. Tactical paramedics will utilize the normal protocols and standing orders when not functioning within the "hot or warm zones" of a tactical deployment.
- 5.2 The Statewide Tactical Paramedic Protocols shall only apply to paramedics that have been designated by their agency's EMS medical director and / or state EMS medical director and who have completed all appropriate training, who are operating with a Delaware Office of Emergency Medical Services recognized TEMS Programs that support recognized Delaware or Federal law enforcement agencies in which there is a preexisting memorandum of understanding or joint (EMS/law enforcement) operating policy.
- 5.3 The expanded procedures included in this special protocol are only authorized for use by Delaware Certified Paramedics who are designated members of the Delaware TEMS Program by the State Paramedic Administrator and the State EMS Medical Director.

6.0 EQUIPMENT:

- 6.1 TEMS paramedics will have a full complement of all usual Delaware paramedic supplies and equipment in the "cold" zone.
- 6.2 TEMS paramedics may carry combinations of approved equipment in special packs as predetermined and authorized by the agency EMS medical director, the TEMS unit leader and the law enforcement tactical leader, that are designed for deployment in "Warm and Hot" zones.
- 6.3 Below is a list of equipment that may be carried beyond the current approved State of Delaware, Statewide Treatment Protocols and Standing Paramedic Standing Orders
 - 6.3.1 Asherman Chest Seal
 - 6.3.2 Tourniquet for control of severe hemorrhage
 - 6.3.3 SAED modified to turn sound off
 - 6.3.4 Combitube
 - 6.3.5 SAM splint

6.3.6 Mark I Kits

7.0 PROCEDURES and PROTOCOLS:

7.1 In addition to the standard skills and procedures defined by the Paramedic Scope of Practice, tactical paramedics are authorized to perform the following:

- 7.1.1 Medical control contact will be a Paramedic option while they are performing patient care within the “warm” or “hot” zones of a TEMS operation.
- 7.1.2 Perform intubation with the use of Combitube
- 7.1.3 Perform blind digital (tactile orotracheal) endotracheal intubation.
- 7.1.4 Perform chest decompression and use of Asherman Chest Seal.
- 7.1.5 Perform a surgical airway utilizing a Per-Trach or Quik-Trach.
- 7.1.6 Application of tourniquet proximal to extremity injury to control life-threatening hemorrhage.
- 7.1.7 Use of modified SAED (sound disabled).
- 7.1.8 Use of Mark I kits.
- 7.1.9 Use of pain protocol without medical control while in warm and hot zone.
- 7.1.10 Provide temporary dental care to members of the tactical team during extended or remote operations
- 7.1.11 Perform evacuation of potential spinal injuries from penetrating trauma to “cold zone” (tactically safe area) without formal spinal immobilization
- 7.1.12 Facilitate the distribution for *self-administration* of over-the-counter medications to assist in maintaining the functional status of personnel working at extended operations. Specific medications include:
 - 7.1.12.1 Acetaminophen (Tylenol)
 - 7.1.12.2 Antacids (Tums, Mylanta, Maalox)
 - 7.1.12.3 Attapulgate (Kao-Pectate)
 - 7.1.12.4 Bacitracin

- 7.1.12.5 Diphenhydramine (Benedryl) – warn of drowsiness
- 7.1.12.6 Calamine Lotion
- 7.1.12.7 Oil of Clove (Eugenol)
- 7.1.12.8 Ibuprofen (Advil, Nuprin, Motrin IB)
- 7.1.12.9 Pseudoephedrine (Sudafed)
- 7.1.12.10 Cough drops

7.1.13 Other procedures as approved by the Delaware EMS system medical direction through routine review and evaluation of this protocol (specifically in regards to possible nuclear, biological or chemical terrorism threats).

8.0 SPECIFIC APPROVED PROCEDURES

8.1 Digital Endotracheal Intubation

This procedure is indicated for completely unresponsive patients, and may be difficult in patients with large heads, due to the depth of finger insertion needed for proper tube placement.

- Don gloves and observe body substance isolation. Consider use of a mask and eye protection, if tactically feasible.
- Assure adequate ventilations via bag valve mask. Hyperventilate prior to the intubation attempt.
- Stiffen an endotracheal tube with a malleable stylet. Shape the tube in a large “J” shape.
- Confirm the patient is unresponsive. Halt ventilations, and place a bite block or oral airway partially into the patient’s mouth. This is intended to prevent the patient from biting down and injuring the medic.
- Using the first and second fingers of the hand closest to the patient, move the fingers to the posterior pharynx along the tongue until the medic can palpate the epiglottis. Hold the epiglottis against the anterior of the pharynx with the first finger.
- Insert the endotracheal tube along the curve of the back of the inserted hand. Guide it along the anterior surface of the larynx, past the epiglottis, and beyond. Advance the tube about 3 to 4 centimeters beyond the tip of the inserted finger.
- Carefully hold the tube in place and withdraw the stylet. Inflate the cuff, and verify breath sounds, check for gastric sounds, and confirm tube placement with ETCO₂ monitoring, if available.

8.2 Dental Injuries – General Guidelines

- Record the assessment of the injury
- Examine the surrounding tissues for other injury or missing pieces
- All EMS treatment of dental injuries should be considered a TEMPORARY treatment only
- Refer the patient to a dentist for follow-up as soon as possible

8.3 Fractured Tooth - Palliative Care

- Remove the fractured piece.
- Place small rolls of gauze to hold the lip away from the tooth.
- Apply Eugenol (Oil of Cloves) on the broken surface to decrease the pain.
- Mix zinc oxide powder and Eugenol into a putty-paste.
- Cover the broken surface with the zinc oxide “cement.”
- Keep dry 10 minutes and allow hardening.
- Smooth off any corners as the cement hardens.
- Use wax paper or plastic over surface and allow a gentle bite if an occlusive surface is involved.

9.0 QUALITY IMPROVEMENT:

- 9.1 The EMS agency's quality improvement officer or TEMS coordinator will be responsible for maintaining all appropriate documentation for the EMS agency's TEMS Program.
- 9.2 The EMS agency's quality improvement officer or TEMS coordinator will be responsible for development and maintenance of a TEMS personnel and activity database.
- 9.3 Quarterly and annual review of Tactical EMS clinical procedures will be performed by the agency quality improvement manager or TEMS coordinator, the agency EMS medical director and tactical medics to evaluate and improved procedures. A quarterly report will forward to the Paramedic Administrator and the State EMS Medical Director.
- 9.4 The EMS agency's quality improvement officer or TEMS coordinator along with the EMS medical director will be responsible for making recommendations to the State Paramedic Administrator and State EMS Medical Director for modifications to training programs, standing orders, etc.
- 9.5 All situations involving utilization of skills normally approved by verbal medical control orders shall be reviewed by the paramedic agency's EMS medical director. The exception shall be the distribution of approved over-the-counter medications to members of the law enforcement agency supported by the TEMS program.
- 9.6 All patients evaluated and treated by tactical paramedics require the completion of a patient care report, with the exception of self-administered over-the-counter medications. In event of multiple casualties, the tactical medic shall provide an operational overview of the medical situation, subject to editing of potentially classified material by the involved law enforcement agency. Individual patient care reports will be completed by the transporting EMS personnel.