

Tactical Emergency Medical Services

***VTR 0623-02 - RECOMMENDED STANDARDS FOR TACTICAL EMS
IN PENNSYLVANIA***

DEVELOPED BY THE PEHSC SPECIAL OPERATIONS TASKFORCE

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APPROVED

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**PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL**

Your Voice In EMS

Contents

Introduction.....	2
Purpose	2
Scope & Authority	2
EMS System Integration.....	3
Best Practice Recommendations.....	3
Education Standards	4
Course Design, Sponsorship and Approval Process	4
Clinical Practicum.....	5
Competency Evaluation	5
Expanded Scope of Practice Authority	6
Continuing Education Requirements.....	6
Transition to Expanded Scope of Practice.....	6
Reciprocity.....	6
Scope of Practice.....	7
Medication List	8
Expanded Scope of Practice Medications	8
Storage and Transportation of Equipment and Supplies.....	9
Educational Objectives.....	10
Medical Director Requirements	15
Medical Command.....	17
Statewide Tactical Paramedicine Protocols	17

Introduction

As the emergency medical services profession continues to evolve, multiple specialty areas of operation have emerged. One such specialty is that of Tactical Emergency Medical Support (TEMS). TEMS, defined by the National Tactical Officer's Association (NTOA) as "the provision of preventative urgent and emergent medical care during high-risk, extended duration and mission-driven law enforcement special operations", has become widely accepted as a required element of any tactical team.

The TEMS mission is complex and highly specialized, thus requiring providers functioning in these roles to have a level of training and practice authority above and beyond that of a traditional EMS provider.

Purpose

This project establishes educational standards and an expanded scope of practice that will allow these allied health professionals to provide effective medical support as a member of a tactical response team.

Scope & Authority

Pennsylvania Department of Health (Department) possesses the statutory (Title 35, Health and Safety) and regulatory authority (Title 28, Health and Safety) to establish the Tactical Paramedic and authorize their practice.

28 Pa Code § 1027.41. Special Operations EMS Services:

(a) *Generally.* A special operations EMS service provides EMS in austere environments that require specialized knowledge, equipment or vehicles to access a patient or it addresses patient care situations that differ from the routine situations that can be handled by a QRS, ambulance service or squad service, or some combination thereof. Depending upon the type of special operations EMS service and the circumstances presented, a special operations EMS service may be able to meet the EMS needs of the patient by itself, or may need to work with other EMS services to meet the EMS needs of the patient.

(b) *Special provisions.* The following apply to special operations EMS services:

(1) When providing EMS through a special operations EMS service, an EMS provider's scope of practice is expanded to include EMS skills and the use of equipment in addition to those included in the EMS provider's general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed a course approved by the Department for that type of special operations EMS service. The EMS provider is required to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the *Pennsylvania Bulletin*. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to that type of special operations EMS service or as otherwise directed by a medical command physician.

EMS System Integration

28 Pa Code § 1027.41(c)

Tactical EMS Service:

- (1) Purpose. An EMS agency that provides a tactical EMS service provides EMS support to a law enforcement service to afford a rapid and safe EMS response if a person becomes ill or injured during a tactical law enforcement operation.
- (2) Affiliation. To secure and maintain an EMS agency license that authorizes the EMS agency to operate a tactical EMS service, an EMS agency shall demonstrate that it is affiliated with a law enforcement service operated by a government law enforcement agency or a consortium of government law enforcement agencies.
- (3) Staffing. An EMS agency that provides a tactical EMS service shall be staffed by at least six EMS providers who are above the AEMT level with a minimum of 2 years of experience as an EMS provider above the AEMT level, and who have completed an educational program approved by the Department on tactical EMS operations. The minimum staff when providing EMS support as a tactical EMS service is two EMS providers who meet these standards. All EMS providers who provide EMS for an EMS agency's tactical EMS service shall be 21 years of age or older.
- (4) Weapons. Notwithstanding § 1027.3(j) (relating to licensure and general operating standards), when an EMS provider is responding to a tactical law enforcement operation as part of a tactical EMS service, the EMS provider may carry weapons and other tactical items as otherwise permitted by law and approved by the affiliated law enforcement agency.
- (5) Reporting. The EMS agency shall provide a summary report of a tactical EMS operation response to the regional EMS council assigned to the region in which the tactical EMS service was provided, within 30 days of the tactical EMS operation, on a form or through an electronic process as prescribed by the Department.

Best Practice Recommendations

EMS Agencies Currently Providing Tactical EMS Support

Currently, across the Commonwealth, there are EMS agencies that provide medical support to tactical law enforcement teams on a regular and/or pre-arranged basis. The depth and breadth of an agency's involvement ranges from simply providing a dedicated ambulance to deploy with a team to a more formal arrangement where the agency's providers have completed some type of tactical EMS course, regularly train with law enforcement and may even be an integral part of an entry team.

In the future, when the Pennsylvania Department of Health begins to license the "Tactical EMS Agency" in accordance with 28 Pa.C. § 1027.41(c), some agencies currently providing dedicated support to law enforcement will take steps to obtain licensure, while others will be unable or unwilling to make the required financial and/or operational commitment. If an agency finds itself in this position, what are their options?

First, it's important to understand there is no requirement set forth in Pennsylvania statute or regulation that prevents a currently licensed BLS, IALS or ALS agency from continuing to provide tactical EMS support. The most significant functional difference between a licensed EMS agency and a licensed

“tactical EMS agency” lies in the EMS providers’ ability to operate with an expanded scope of practice, following completion of additional education and credentialing by the agency medical director.

An EMS agency that intends to continue to provide regular support to a tactical team, but not pursue tactical licensing, should ensure their EMS providers have been appropriately trained to operate in a safe manner, especially if providers are an integral part of a tactical entry team. Even though these providers would not have an expanded scope of practice, it is highly recommended they complete the Department approved training education proposed in this document. If the EMS agency should decide to pursue tactical licensing in the future, having their providers educated to the Department approved standard will make the transition more efficient.

Education Standards

Like many specialties, TEMS was created to fill a very specific need. Not surprisingly, this initially occurred with very little guidance or consistency. As more and more TEMS programs became operational it became evident that a minimum standard of practice and education was needed. Beginning in the late 2000’s, a group of subject matter experts began working to develop a listing of core competency domains of which a TEMS provider should be proficient. This was further finalized and published in 2011 with the formation of the National TEMS Initiative and Council (NTIC). Most recently updated in 2016, the following 10 NTIC Core Competency Domains are now widely accepted as the standard for Tactical Emergency Medical Support.

1. Tactical Emergency Casualty Care (TECC) methodology and TECC threat-based trauma interventions
 - a. Hemostasis
 - b. Airway
 - c. Respiration / breathing
 - d. Circulation
 - e. Vascular Access
 - f. Medication Administration
 - g. Casualty Immobilization and Packaging
2. Medical Planning
3. Remote Medical Assessment and Surrogate Treatment
4. Force Health Protection
5. Legal Aspects of TEMS
6. Hazardous Materials Management
7. Environmental Factors
8. Mass Casualty Triage
9. Tactical Familiarization
10. Operational Rescue and Casualty Extraction

Course Design, Sponsorship and Approval Process

The design of the tactical paramedic course curriculum will be determined by the course sponsor and should be based on the previously listed core competency domains.

A tactical EMS course sponsor should be accredited by the Pennsylvania Department of Health as an advanced life support education institution, licensed tactical EMS agency or a nationally recognized organization with expertise in tactical EMS to conduct a tactical paramedic course. The tactical EMS agency or nationally recognized organization with expertise in tactical EMS would be required to adhere to the same policies as accredited educational institutions with regard to course administration.

An educational institution or agency may not conduct a tactical paramedic course without first obtaining the approval of the Pennsylvania Department of Health. As part of its approval process the Department may require the course sponsor to submit course objectives, content outline, instructional guidelines or other information as may be needed in order for the Department, or its designee, to determine if the proposed course meets the educational standards outlined in this document.

Clinical Practicum

Completion of a clinical practicum should be required for tactical paramedic endorsement by the Department. Students should demonstrate psychomotor skills competency in both the classroom/lab and simulated high threat environment for specific skills that may be used in such a setting. This experience should be provided as an integral part of a tactical paramedic course.

Competency Evaluation

The process to evaluate a student's entry-level mastery of the information presented in the tactical paramedic course is the responsibility of the course sponsor. This can be accomplished through the use of both cognitive and psychomotor examinations covering previously presented didactic and lab material. Course sponsors are permitted to incorporate the successful completion of a 3rd party exam, e.g. IBSC TP-C, as part of their course requirements, however the Department will not independently require such an exam following successful completion of an approved course as a prerequisite for expanded scope of practice.

The second level of competency evaluation, and arguably the most important, is that which is conducted by the tactical agency EMS medical director as part of the agency's credentialing process. The medical director has the sole discretion to grant, restrict or deny [expanded] practice privileges, in total or in part, pursuant to 29 Pa. Code §1023.01 (a)(1):

(vi) Making an initial assessment of each EMS provider at or above the AEMT level to determine whether the EMS provider has the knowledge and skills to competently perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level. This subparagraph does not apply if the EMS provider was working for the EMS agency at the same level prior to the physician becoming the medical director for the EMS agency and the EMS provider was credentialed at that EMS agency within the last 12 calendar months as being able to perform at the EMS provider's certification level.

(vii) Making an assessment, within 12 calendar months of the last assessment, of each EMS provider at or above the AEMT level to determine whether the EMS provider has demonstrated competency in the knowledge and skills to perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.

When making an assessment, the medical director should, to the extent possible, evaluate the tactical paramedic in both a controlled and simulated high threat environment for specific skills that may be used in such a setting.

Expanded Scope of Practice Authority

The tactical paramedic will only be permitted to use the approved expanded scope of practice when providing care for a licensed tactical EMS agency, or in other patient settings authorized by the Department of Health.

The tactical paramedic's expanded practice authority shall be based on:

1. Completion of a Department approved education course or equivalent process.
2. The licensed tactical EMS agency medical director's initial and annual review.
3. Other requirements as may be determined by the Department and/or licensed tactical EMS agency.

Continuing Education Requirements

Continuing education requirements for providers with expanded scope of practice privileges will be determined by the EMS agency in consultation with the EMS agency medical director, who shall determine the required number of continuing education hours and/or core content. Credits earned in tactical subjects that are also accepted by the Bureau of EMS for paramedic continuing education may be applied towards the paramedic's biannual registration requirement.

Transition to Expanded Scope of Practice

A PA certified EMS provider, above the AEMT level, who desires to obtain expanded scope of practice privileges to provide care on behalf of a tactical EMS service, shall submit documentation of successful completion of a Department approved course in tactical paramedicine to the EMS agency medical director for review. The Department will maintain a listing of approved training programs for reference.

Should the provider possess training, including prior military experience, that is not currently approved, they may submit detailed documentation of such training to the Department for consideration. This documentation should include course objectives, content outline, instructional guidelines or other information as may be needed in order for the Department, or its designee, to determine if the proposed course meets the educational standards as outlined in this document.

Following approval by the licensed TEMS agency medical director, the agency will maintain a list of providers who have been granted expanded scope privileges. This list will be updated following the medical director's annual provider review and shall be made available to the Department and/or regional EMS council upon request.

Reciprocity

Paramedics possessing valid certification from another state or territory seeking to practice as a tactical paramedic shall be required to:

1. Complete the process established by the Department to obtain reciprocity as a Pennsylvania paramedic, pre-hospital physician extender, pre-hospital registered nurse, or pre-hospital physician.
2. Provide the licensed TEMS agency medical director with documentation of successful completion of a Department approved educational program in tactical paramedicine

Should providers possess training, including prior military experience, that is not currently approved, they may submit detailed documentation of such training to the Department for consideration. This documentation should include course objectives, content outline, instructional guidelines or other information as may be needed in order for the Department, or its designee, to determine if the proposed course meets the educational standards as outlined in this document

Scope of Practice

Current Scope of Practice	<p>Skills currently authorized for Pennsylvania paramedics. Consistent with current ALS operations, these skills would be utilized during a tactical operation in both emergent/life threatening and non-emergent situations. An entry-level educational program will be required for the paramedic to translate their use in a tactical environment. All tactical paramedics in Pennsylvania will be required to demonstrate their ability to function safely and effectively in a tactical environment.</p>	<p>Refer to current scope of practice document published in the Pennsylvania Bulletin by the Pennsylvania Department of Health, Bureau of Emergency Medical Services for a list of these skills.</p>
Expanded Scope of Practice	<p>OPTIONAL skills that <u>may</u> be selected and credentialed by the tactical EMS agency medical director Tactical paramedics in Pennsylvania will be required to demonstrate competency in any or all of these skills as determined by the tactical EMS agency medical director.</p>	<ol style="list-style-type: none"> 1. Temporary wound closure techniques 2. Taser barb removal 3. Finger thoracostomy 4. Blood Products, Administration of

Medication List

Current Scope of Practice	
<p>Medications currently authorized for Pennsylvania paramedics. Consistent with current ALS operations, these medications would be utilized during a tactical operation in both emergent/life threatening and non-emergent situations. An entry-level educational program will be required for the paramedic to translate their use in a tactical environment. All tactical paramedics in Pennsylvania will be required to demonstrate their ability to function safely and effectively in a tactical environment.</p>	<p>Refer to the list currently approved medications for EMS providers published in the Pennsylvania Bulletin by the Pennsylvania Department of Health, Bureau of Emergency Medical Services for these medications.</p>
Expanded Scope of Practice Medications	
<p>In addition to those medications approved for use in the current ALS Scope of Practice, the following medications may be considered. All medications are considered optional and require approval by the tactical EMS agency medical director.</p> <p>Tactical paramedics in Pennsylvania will be required to demonstrate competency in any medications approved for use by the tactical EMS agency medical director.</p> <p><i>It is recognized that some medications in this category may cause side effects that are unfavorable or unsafe in the tactical environment. Therefore, all approved medications must be categorized as “operational” or “non-operational” by the tactical EMS agency medical director. Administration of a ‘non-operational’ medication should prevent the affected individual from continuing to function in their current capacity.</i></p>	
Antihistamine/Decongestant	Pseudoephedrine (Sudafed) Cetirizine (Zyrtec) Fexofenadine (Allegra) Oxymetazoline (Afrin)
Gastrointestinal	Antacid (Mylanta or equivalent) Cimetidine (Tagamet) or equivalent Loperamide (Imodium) Metoclopramide (Reglan) Dimenhydrinate (Dramamine) Meclizine (Antivert) Scopolamine
Ophthalmologicals	Fluorescein Erythromycin Ointment
Antimicrobial/antiviral	Emtricitabine (Truvada)

Steroids	Prednisone
Analgesic/Anesthetic	Naproxen (Aleve/Naprosyn) Tramadol (Ultram) Clove Oil
Sleep/Wake	Caffeine (No-Doz) Zaleplon (Sonata) Modafinil (Provigil)
Wound Management	Cyanoacrylate adhesive (Dermabond)
Antipsychotic	Haloperidol

Storage and Transportation of Equipment and Supplies

A licensed tactical EMS agency and the agency medical director are responsible to ensure all equipment and supplies used in a tactical EMS response are stored, transported and used in a manner that complies with 28 Pa.C. §10278.5(e)(2), related to medication storage, and applicable federal requirements.

The specific manner in which tactical equipment and supplies are stored and transported may vary according to local needs. . A licensed tactical EMS agency shall develop operational guidelines regarding medications deployed for tactical operations.

Educational Objectives

The following educational objectives, utilizing the NTIC core competencies as a framework, are consistent with the recommended expanded scope of practice and medication list. These objectives are considered to be the minimum topics to which all tactical paramedic programs must provide instruction. These are based on the assumptions that the individual is already trained at a level above that of AEMT. In all cases, the course(s) must be reviewed and approved by the Department.

TECC methodology & TECC threat –based trauma interventions	
<ul style="list-style-type: none"> a. Demonstrate proficiency in the use of TECC/TCCC as a system in the tactical environment b. Demonstrate proficiency in efficient and appropriate casualty care during immediate action drills in the “Direct Threat Care” phase of TECC/TCCC c. Demonstrate proficiency in efficient and appropriate casualty care and immediate action drills in the “Indirect Threat Care” phase of TECC/TCCC d. Demonstrate proficiency in efficient and appropriate casualty care and immediate action drills in the “Casualty Evacuation” phase of TECC/TCCC 	
a. Hemostasis	<ul style="list-style-type: none"> • Demonstrate proficiency in the identification of life-threatening hemorrhage • Demonstrate proficiency in conventional hemorrhage control, including direct pressure, wound packing, wound dressing, and pressure dressing under austere and potentially unsafe conditions • Demonstrate proficiency in the identification of life-threatening hemorrhage • Demonstrate proficiency in the application of an extremity tourniquet, commercial and improvised • Demonstrate proficiency in the application of a junctional tourniquet, commercial and improvised • Demonstrate proficiency in the application of advanced hemostatic agents • Demonstrate proficiency in the application of a pelvic binder, commercial and improvised
b. Airway	<ul style="list-style-type: none"> • Demonstrate proficiency in casualty airway positioning (recovery position, chin lift, jaw-lift) and basic airway clearance techniques • Demonstrate proficiency in placement of a nasopharyngeal airway (NPA) • Demonstrate proficiency in performing airway interventions in low and no-light situations • Describe the indications for supraglottic airway • Demonstrate proficiency in placement of a supraglottic airway • Describe the difficulties of performing endotracheal intubation in the tactical setting

	<ul style="list-style-type: none"> • Describe the medical indications for performing ET intubation and limitation of ET intubation in the tactical environment • Demonstrate proficiency in performing ET intubation, including the use of sedation and paralytics to facilitate intubation/advanced airway placement • Describe the conditions and situations where chemical assisted intubation should NOT be utilized • Describe the indications for placement of a cricothyroidotomy/surgical airway • Demonstrate proficiency in placement of a needle cricothyroidotomy/surgical airway using commercially available devices
<p>c. Respiration / Breathing</p>	<ul style="list-style-type: none"> • Describe the findings associated with open and tension pneumothoracies • Demonstrate proficiency in placement of a commercial and an effective improvised chest seal • Demonstrate proficiency in assessing the adequacy of a chest seal after placement • Describe indications for performing a needle decompression • Demonstrate proficiency in needle decompression for tension pneumothorax • Describe indications of finger thoracostomy • Demonstrate proficiency of finger thoracostomy for hemothorax or tension pneumothorax not relieved with needle decompression
<p>d. Circulation</p>	<ul style="list-style-type: none"> • Demonstrate proficiency in basic assessment of the adequacy of circulation (physical examination) • Demonstrate proficiency in advanced assessment of the adequacy of circulation (cardiac monitoring, lactate and end tidal CO2 monitoring) • Demonstrate proficiency in basic and advanced treatment of circulatory compromise • Describe the concept of permissive hypotension as it deals with penetrating torso injuries in the tactical environment
<p>e. Vascular Access</p>	<ul style="list-style-type: none"> • Describe the indications for, and tactical considerations of, obtaining IV/IO access • Demonstrate proficiency in establishment of an intraosseous (IO) device • Demonstration of proficiency in IV/IO fluid resuscitation in austere and unsafe conditions

<p>f. Medication Administration</p>	<ul style="list-style-type: none"> • Demonstrate proficiency in the identification and consideration of medication allergies • Describe common reactions to and treatments for the reactions related to blood product administration • Demonstrate proficiency in administration and monitoring of TXA and blood products • Demonstrate proficiency in enteral, intramuscular, intranasal, transbuccal, intravenous, rectal and subcutaneous medication administration • Demonstrate proficiency in analgesia administration
<p>g. Casualty immobilization & packaging</p>	<ul style="list-style-type: none"> • Demonstrate proficiency in moving patients while maintaining spinal motion restriction in c-spine injured patient, when tactically appropriate • Demonstrate proficiency in the management of suspected CNS and spine injuries • Demonstrate proficiency in fracture splinting and extremity neurovascular assessment • Demonstrate proficiency in hypothermia prevention and management using commercial and improvised devices

Medical Planning

- Describe a medical threat assessment and list major medical threats in the tactical setting
- Demonstrate proficiency in medical planning and analysis of medical intelligence to develop a medical plan
- Describe the key elements of the scene size-up associated with the tactical setting

Remote Medical Assessment & Surrogate Treatment

- Demonstrate proficiency in performing a remote assessment of a casualty
- Demonstrate proficiency in high threat extraction techniques during immediate action drills
- Demonstrate proficiency in performing assessment of illness/injury and providing treatment via surrogate without the use of one hands or visual clues.

Force Health Protection

- Describe the minor ambulatory complaints likely to be encountered in the tactical environment
- Describe the red flag injury and illnesses that require immediate medical evaluation at a medical facility

- Describe the indications for the need for wound closure
- Demonstrate proficiency in temporary wound closure techniques
- Demonstrate proficiency in taping injured extremities to provide support for continued participation for operators who have minor injuries
- Demonstrate proficiency in blister care including drainage
- Describe the signs and symptoms of an abscess that requires incision and drainage
- Demonstrate proficiency for incision and drainage of an abscess
- Demonstrate proficiency in local anesthetic administration Including digital blocks on fingers and toes
- Describe signs and symptoms of joint dislocation and describe the red flags for NOT attempting to a performing joint reduction
- Demonstrate proficiency in reduction of commonly dislocated extremities utilizing appropriate methods
- Demonstrate proficiency in medical support for wellness programs and workforce hardening
- Describe the indications for use; side effects; and the potential adverse effects in the tactical environment of commonly used OTC medications
- Demonstrate proficiency in monitoring work/rest cycles
- Demonstrate proficiency in health surveillance and rehabilitation techniques
- Demonstrate proficiency in preventive medicine and injury prevention
- Demonstrate proficiency in the assessment and management of eye injuries

Legal Aspects of TEMS

- a. Describe the various types of incidents that warrant the use of tactical teams and the unique legal risks of which the tactical paramedic may face
- b. Describe the concept and importance of operational security

Hazardous Materials Management

- Demonstrate proficiency in the recognition and treatment of explosion/blast injuries
- Describe the risk of hazardous materials exposure found in clandestine drug labs.
- Demonstrate proficiency in performing field expedient decontamination
- Demonstrate proficiency in performing all lifesaving medical procedures listed in the hemostasis, airway and breathing section while operating in an air purifying respirator
- Describe the risks associated with commonly used chemical munitions

Environmental Factors

- Demonstrate proficiency in management of near drownings, lightning injuries, cold, heat, altitude, plants, and animal bite injuries/envenomation
- Demonstrate proficiency in the identification and treatment of severe allergic reactions (anaphylaxis)

Mass Casualty Triage
<ul style="list-style-type: none"> • Describe the principles of triage and apply them to the tactical settings • Demonstrate proficiency in treating mass casualties in tactical situation • Demonstrate proficiency rapid lifesaving interventions during a response to a multiple casualty incident of violence
Tactical Familiarization
<ul style="list-style-type: none"> • Demonstrate proficiency in movement in a tactical environment • Describe the various operational phases based on priorities of life: Active Threat, Hostage Rescue, Barricaded Subject, Open Area Search, Dignitary Protection • Demonstrate proficiency in the recognition and treatment of illness and injury associated with less-lethal weapons • Describe injury patterns based on the ballistic characteristics (direct injury, cavitation, temporary cavity, permanent cavity and zone of injury) of various weapons • Demonstrate proficiency understanding the various blast injury types • Demonstrate proficiency in basic breaching techniques • Describe the contraindications for taser barb removal • Demonstrate proficiency in taser barb removal
Operational Rescue & Casualty Extraction
<ul style="list-style-type: none"> • Describe the multi-dimensional tactical space and methods for extraction, infiltration and exfiltration • Describe methodology in determining casualty evacuation triage • Describe the role of the ongoing assessment, oxygen therapy, continued intravenous fluid therapy and patient monitoring in casualty evacuation • Demonstrate proficiency in creating patient moving devices utilizing tubular webbing • Describe key elements of handoff to the next level of care

Medical Director Requirements

In TEMS, the physician medical director's role takes on added significance due to the complexity associated with providing advanced level care in an austere environment. The tactical paramedic represents the best of their profession but can only provide optimal care when the agency medical director is prepared to guide and support their practice.

In Pennsylvania, the EMS Act (Act 37 of 2009) requires all licensed EMS agencies to have a medical director. The statute further provides requirements for physician qualifications and outlines their roles and responsibilities.

Recommended Best Practices Recommendation:

In addition to the requirements set forth in statute, the tactical EMS agency medical director should assume the following responsibilities.

- a. Roles and responsibilities:
 1. Review the statewide EMS and tactical protocols and Department-approved regional EMS protocols that are applicable to the licensed tactical EMS agency and ensuring that its tactical paramedics and other relevant personnel are familiar with the protocols applicable to the licensed tactical EMS agency.
 2. Perform medical audits of tactical EMS provided by the licensed tactical EMS agency's tactical paramedics.
 3. Participate in quality improvement and peer reviews of tactical EMS provided by the licensed tactical EMS agency.
 4. Review regional mass casualty and disaster plans and provide guidance to the licensed tactical EMS agency regarding its provision of tactical EMS under those plans.
 5. Provide guidance to the licensed tactical EMS agency, when applicable, with respect to the ordering, stocking and replacement of medications and devices, and compliance with laws and regulations impacting upon the licensed tactical EMS agency's acquisition, storage and use of those medications.
 6. Make an initial assessment of each provider above the AEMT level to determine whether they possess the knowledge and skills to competently perform the skills within the tactical paramedic's scope of practice, and a commitment to adequately perform other functions relevant to the tactical paramedic providing Tactical EMS at that level. This subparagraph does not apply if the tactical paramedic was working for the licensed tactical EMS agency at the same level prior to the physician becoming the medical director for the licensed tactical EMS agency and the tactical paramedic was credentialed at that licensed tactical EMS agency within the last 12 calendar months as being able to perform at the tactical paramedic's certification level.
 7. Make an assessment, within 12 calendar months of the last assessment, of each tactical paramedic to determine whether they have demonstrated competency in the knowledge and skills to perform the skills within the tactical paramedic's scope of practice, and a commitment to adequately perform other functions relevant to the tactical medic providing tactical EMS at that level.

8. Recommend to the tactical EMS agency that a tactical paramedic not be permitted to provide tactical EMS at their certification level if the tactical EMS medical director determines that the tactical paramedic has not demonstrated competency in the knowledge and skills to perform the skills within their scope of practice, or a commitment to adequately perform other functions relevant to the tactical paramedic providing tactical EMS at that level, and recommending restrictions on the tactical paramedic's practice for the tactical EMS agency, if appropriate, to ensure patient safety
 9. Provide medical direction and availability for tactical medical command for the tactical paramedic or tactical EMS agency dispatch center, if applicable
 10. Participate in the regional and Statewide quality improvement programs, participate in affiliated law enforcement agency training and quality improvement programs and cooperate with regional, State and federal agencies as needed. Liaise with the regional EMS medical director.
 11. Recommend to the relevant regional EMS council, when appropriate, tactical EMS protocols for inclusion in the Statewide and regional tactical EMS protocols.
- b. Minimum qualifications:
1. Be a physician with an unrestricted license to practice medicine in Pennsylvania.
 2. Have successfully completed an emergency medicine residency accredited by a residency program crediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine and/or be board certified or board eligible in emergency medicine by an emergency medicine certifying board recognized by the State Board of Medicine or the State Board of Osteopathic Medicine. The physician should also have successfully completed or taught the ACLS course within the preceding 2 years and have completed the ATLS course and PALS course or APLS course, or other programs determined by the Department to meet or exceed the standards of these programs and maintain the certifications or;
 3. Have successfully completed a residency program in surgery, internal medicine, family medicine, pediatrics or anesthesiology, accredited by a residency accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine. The physician should also have successfully completed or taught the ACLS course within the preceding 2 years and have completed the ATLS course and PALS course or APLS course, or other programs determined by the Department to meet or exceed the standards of these programs and maintain the certifications. The physician should be able to meet the same educational competencies as the prehospital providers they supervise regarding medical care, mission planning and support.
 4. Have successfully completed and maintain certification as a Pre-Hospital Physician as recognized by the Department.
 5. Be an active medical command physician and has successfully completed the medical command course as recognized by the Department and serves or served as an ALS agency medical director having completed an EMS agency medical director course as recognized by the Department or has served as an ALS medical director under the Emergency Medical Services Act [35 P.S. &&6921-6938] [repealed by the act of August 18, 2009 [P.L.308, No. 37]] prior to February 16, 2010.
 6. Have a valid Drug Enforcement Agency number.

7. Have completed an EMS agency medical director course, an EMS fellowship, or other EMS training program determined by the Department to be equivalent. This training will ensure that the EMS agency medical director has knowledge of:
 - i. The scope of practice of the EMS providers.
 - ii. The provision of the EMS under the Statewide EMS protocols.
 - iii. The interface between EMS providers and medical command physicians.
 - iv. Quality improvement and peer review principles.
 - v. Emergency medical dispatch principles and EMS agency communication capabilities.
 - vi. EMS system design and operation
 - vii. Federal and State laws and regulations regarding EMS.
 - viii. Regional and State mass casualty and disaster plans.
 - ix. Patient and EMS provider safety principles.

Medical Command

The licensed tactical EMS agency should establish, by agreement, a relationship with a PA DOH licensed medical command facility(s)) and medical command physician(s) to provide primary online medical direction to its tactical paramedics. Such an agreement(s) should ensure that physicians providing online medical direction are familiar with the expanded scope of practice capabilities of a tactical paramedic. This does not preclude the tactical paramedic from establishing contact with a local medical command facility if contact cannot be made with the primary medical command facility(s)) or medical command physician(s) in the agreement.

Statewide Tactical Paramedicine Protocols

The workgroup envisions the development of statewide tactical care protocols to follow a similar path to that of the current statewide ALS protocols. These protocols should, to the extent possible, be evidence based and developed with stakeholder input and in consultation with the PEHSC Medical Advisory Committee.