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**MILWAUKEE COUNTY EMS  
SPECIAL OPERATIONS  
SPECIAL OPERATION  
TEAMS**

Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

**POLICY:**

- All teams utilizing special operations policies, protocols and standards under Milwaukee County EMS direction must have prior approval from Milwaukee County EMS.
- All special operation teams will adopt and adhere to the standards of care, medical protocols, standards for practical skills and operational policies as outlined in the *Milwaukee County EMS Standards Manual* defining the community standard of care. Supplemental special team specific standards of care, medical protocols, standards for practical skills and operational policies are defined in the Special Operations section of the *Milwaukee County EMS Standards Manual*.
- A paramedic may only be assigned to a special team after satisfactory completion of training consistent with local, state, and national standards.
- Policies unique to a special team are to be implemented only under circumstances where the team has been activated.

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Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS  
SPECIAL OPERATIONS  
TEMS - CARE OF THE**

Approved by: Ronald Pirrallo, MD, MHA J. Marc Liu, MD, MPH
Page 1 of 2

**PATIENT IN THE TACTICAL SETTING**

**POLICY:** All Tactical EMS (TEMS) providers must operate with an awareness of the tactical situation. The first priority is maintaining the safety and security of TEMS providers, law enforcement officers, other team members, and patients. The second priority is to support the completion of the mission. General operating procedures are described below.

- I. General Issues
  - A. Area of operations
    - 1. No TEMS provider is to enter the designated "hot zone", nor engage in direct tactical operations
    - 2. TEMS providers will operate in the "warm zone" as allowed by local department policies and procedures (the local law enforcement agency will have responsibility for providing security for TEMS providers)
    - 3. TEMS providers may operate in the "cold zone" as needed
  - B. Maintaining security
    - 1. TEMS providers will always maintain a vigilant defensive posture
    - 2. Primary responsibility for area/scene security rests with the law enforcement agency
    - 3. TEMS providers will follow the tactical instructions of law enforcement officers
    - 4. When not involved with patient care, TEMS providers may, at the team's discretion, assist by observing the area for potential threats, and communicating with law enforcement officers
  - C. Weapons
    - 1. All TEMS providers will remain alert to detect any weapons carried by a patient
    - 2. If weapons are detected, the TEMS provider will contact a law enforcement officer to remove them
    - 3. TEMS providers are not to handle weapons unless there is an immediate danger to the safety of team members or the patient
    - 4. If handling of a weapon is unavoidable, the provider will use universal precautions in handling weapons, will adhere to the standard Milwaukee County EMS operational policy on Potential Crime Scenes, and will contact a law enforcement officer immediately to take possession of the weapon
  
- II. Patient care
  - A. TEMS providers must pay the utmost attention to the safety of team members
  - B. TEMS providers must not deliver care if doing so will jeopardize the safety of themselves or other team members
  - C. All patients are to be disarmed by law enforcement before delivery of care, except in extreme circumstances
  - D. TEMS providers will adhere to Milwaukee County EMS policies, procedures, and protocols when caring for patients
  - E. Suspects and bystanders as patients
    - 1. All suspects and bystanders must be disarmed by law enforcement before care is rendered
    - 2. TEMS providers will contact a law enforcement officer when needed to secure a patient or weapons

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TEMS - CARE OF THE  
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Approved by: Ronald Pirrallo, MD, MHSA J. Marc Liu, MD, MPH
Page 2 of 2

F. Team members as patients

1. Except in extreme circumstances, all team members are to be disarmed by law enforcement officers before delivery of care by TEMS providers
2. An armed team member must be disarmed if any of the following occur in the patient
  - a. Confusion, disorientation, or loss of consciousness
  - b. Systolic blood pressure less than 100
  - c. Loss of radial pulse
3. TEMS providers will contact a law enforcement officer when needed to restrain a team member and/or secure weapons

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TEMS DOCUMENTATION**

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Page 1 of 1

**POLICY:** All patient encounters by a Milwaukee County EMS provider will be documented. Patient privacy and the confidentiality of all medical records will be maintained at all times.

- I. Documentation of Care of Bystanders and Suspects
  - A. All patients who are bystanders or suspects will receive a full assessment per usual Milwaukee County EMS policies and protocols
  - B. The normal patient care record must be completed as per usual Milwaukee County EMS policies and protocols
  
- II. Documentation of Care of TEMS or Law Enforcement Personnel
  - A. TEMS providers will follow all usual Milwaukee County EMS policies and protocols in caring for team personnel
  - B. Individual departments should complete their internal documentation for on-duty personnel injuries/illness
  - C. The following situations require a full patient assessment and completion of the normal patient care record regardless of visible injuries or symptoms:
    - i. Any injury inflicted by a suspect
    - ii. Any injury sustained during contact with a suspect
    - iii. Any motor vehicle crash, gunshot wound, or stabbing
  - D. TEMS providers will consult the medical director if there are any questions regarding proper documentation
  
- III. Review of Documentation
  - A. Copies of all patient encounters are to be submitted to Milwaukee County EMS
  - B. All patient encounters will be reviewed by the TEMS medical director
  - C. Medical records will not be released to anyone without the written consent of the patient (except in III-D below).
  - D. The medical director may choose to review cases with TEMS providers for educational and quality assurance purposes. Patient privacy will be maintained during these discussions, and no information will be transmitted outside of the discussion session.

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TEMS OPERATIONS**

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Page 1 of 1

**SECURITY AND MEDICAL INTELLIGENCE**

**POLICY:** All TEMS providers will maintain the highest levels of operations security (“OPSEC”) at all times. TEMS providers will conduct a pre-mission medical assessment at all operations.

IV. Operations Security

- A. All information on tactical operations will be kept confidential at all times. This includes (but is not limited to) mission locations, mission objectives, status of personnel, any pre and post-mission briefings, or other intelligence information.
- B. Information may be shared with TEMS personnel on a need-to-know basis only, and only with the permission of the on-scene tactical law enforcement commander
- C. Any breach or suspected breach of operations security must be reported to the on-scene tactical law enforcement commander

V. Medical Intelligence

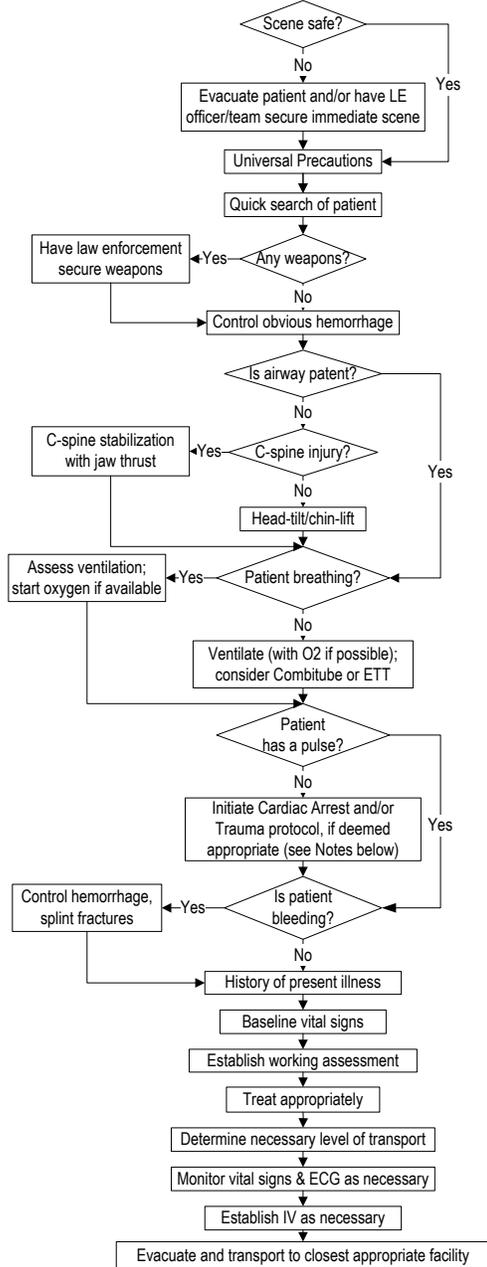
- A. Before any operation, TEMS providers will conduct a pre-mission medical threat assessment and complete a mission checklist/report
- B. The medical threat assessment at a minimum must include the following:
  - i. Location of tactical command post
  - ii. Location of tactical rally point
  - iii. Designated evacuation route and mode of transportation
  - iv. Location and capabilities of hospital closest to mission site
  - v. Location and capabilities of closest trauma center
  - vi. Availability of other EMS support
  - vii. Availability of air-medical assets and location of possible landing sites
  - viii. Possible environmental threats (heat, cold, sun, etc.)
  - ix. Possible hazardous materials (chemical, biological, radiological/nuclear, explosive) threats
  - x. Any other circumstances that may affect the health of personnel
- C. The TEMS providers will relay a summary of the medical threat assessment (either verbally or in writing) to the on-scene tactical law enforcement commander
- D. For sustained or continuous operations (over 4 hours), a new assessment should be performed and recorded every 4 hours.
- E. In the event of the arrival of additional TEMS providers on-scene, the complete medical threat assessment will be relayed (either verbally or in writing) to the newly arriving providers
- F. After the conclusion of the mission, a copy of the completed checklist/report will be forwarded to Milwaukee County EMS.

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 TEMS ROUTINE TACTICAL**

Approved by: Ronald Pirralo, MD, MHSA  
 J. Marc Liu, MD, MPH  
 Page 1 of 1

**MEDICAL CARE FOR ALL PATIENTS**



**Notes:**

- When under direct tactical threat, appropriate care is first to evacuate to a safe location or secure the area.
- Before initiating CPR in traumatic arrests, providers should weigh the risks to team safety versus the extremely low survival rate from traumatic arrest in the tactical setting. CPR should still be administered in cases where the cause of arrest is believed to be cardiac, poisoning/overdose, hypothermia, or electrical injury.
- Data show an extremely low incidence of cervical cord injury in penetrating neck trauma patients who do not have obvious spinal deformities or neurologic findings. Providers may decide how to best implement C-spine precautions in the tactical setting.
- All usual Milwaukee County EMS procedures regarding written and radio patient care reports still apply.

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TEMS TERMINOLOGY**

Approved by: Ronald Pirrallo, MD, MHSA J. Marc Liu, MD, MPH
Page 1 of 1

**POLICY:** The following definitions will apply to terms used in TEMS policies.

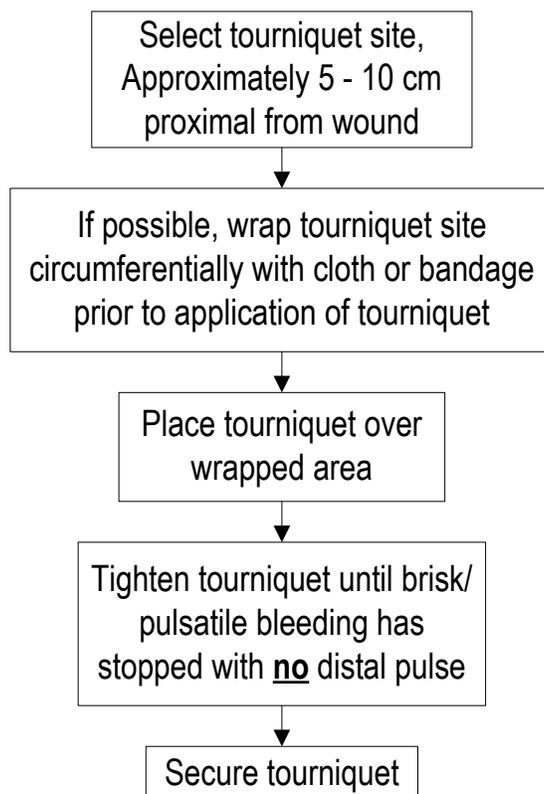
- I. Law Enforcement Officer – A sworn member of a police department who is authorized to enforce laws (“Law Enforcement Officer” is to be differentiated from Fire/EMS officers)
- II. Tactical care – Prehospital medical care rendered during active law enforcement or military operations
- III. TEMS – Tactical Emergency Medical Services
- IV. TEMS provider – Also “TEMS operator”, an active status member of a recognized TEMS program able to render tactical care
- V. Team – Group of EMS and law enforcement personnel operating together
- VI. Zones of Care – Areas of operation classified by the level of threats to the safety and security of persons within the area
  - A. Hot Zone – Area with a direct and immediate threat to safety; rendering care poses an immediate risk to patient and provider
  - B. Warm Zone – Area with threats to safety, though not immediate or direct; rendering care may pose a risk to patient and provider due to the possibility of becoming a hot zone
  - C. Cold Zone – Area without any reasonable threat either due to distance, barriers, or substantial interposed security presence; care can be delivered without risk.

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TEMS TOURNIQUET  
APPLICATION**

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Page 1 of 1

<b>Purpose:</b> To stop uncontrolled extremity hemorrhage		<b>Indications:</b> Uncontrolled extremity hemorrhage not responsive to direct pressure	
<b>Advantages:</b> Can be secured in place to control hemorrhage	<b>Disadvantages:</b> May be painful	<b>Complications:</b> Ischemia of extremity with prolonged use (usually over 2 hours)	<b>Contraindications:</b> Only to be used on the extremities, and <b>not</b> the torso, face, head, or neck



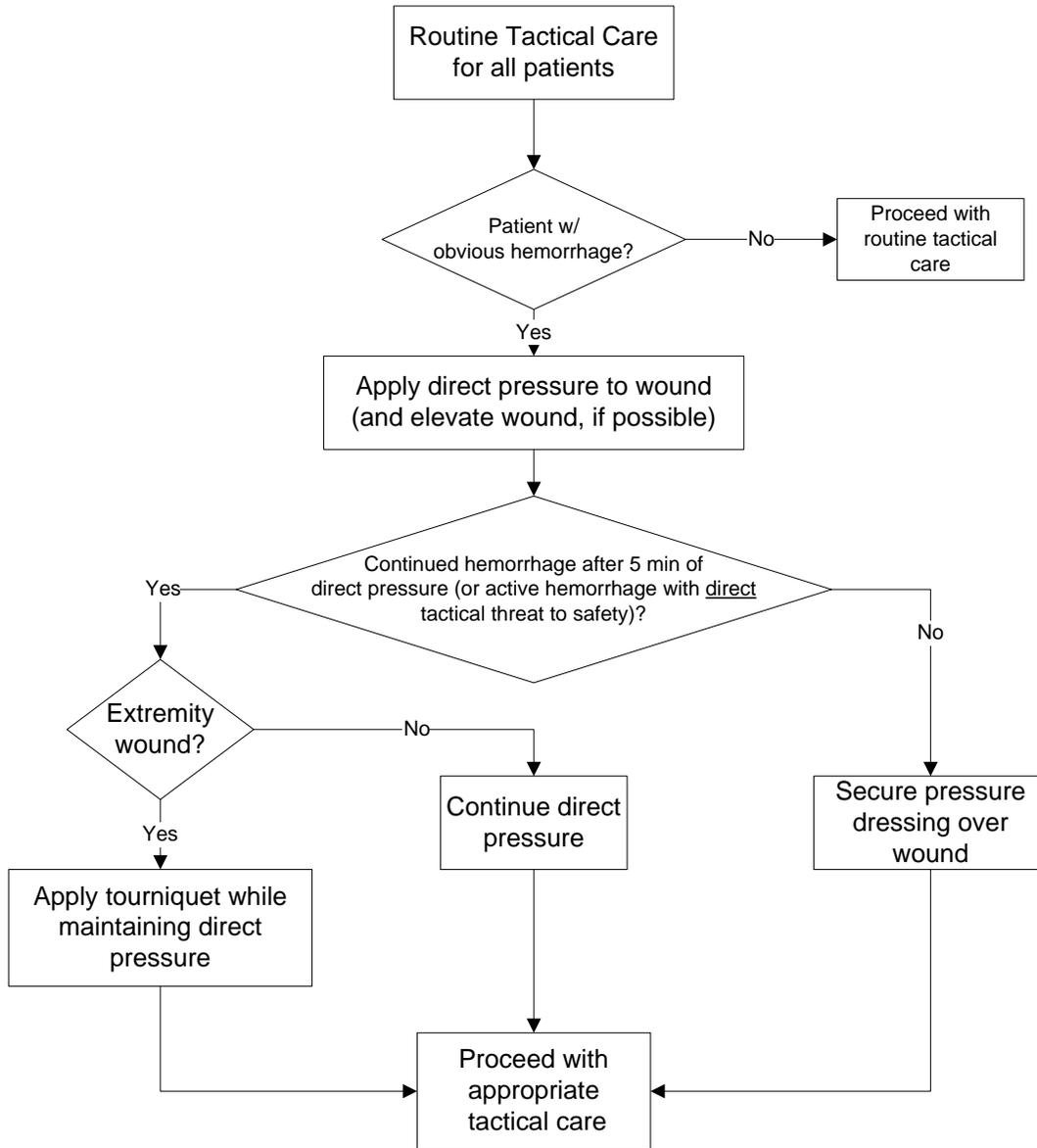
**NOTES:**

- Whenever possible, tourniquets should be applied over circumferential clothing remnant or gauze/kling wrap in order to reduce the possibility of skin injury.
- Tourniquets are applied to the injured extremity approximately 5-10 cm proximal to (above) the wound. They should never be applied on a joint. In such cases, the tourniquet can be moved distally (below) or proximally (above) - preferably distal - to the joint.
- A tourniquet should be tightened until brisk/pulsatile bleeding ceases, and there are no detectable distal pulses. The wound may continue to ooze.
- Once placed, a tourniquet should not be removed except under the orders of a physician.
- Every attempt should be made to evacuate a patient with a placed tourniquet to a hospital within 2 hours.

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TEMS USE OF  
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J. Marc Liu, MD, MPH  
Page 1 of 1



**Notes:**

- TEMS providers may consider the application of a hemostatic agent while applying direct pressure to a wound.