

FINAL DRAFT

Position Statement on the Inclusion of Physicians in Tactical Law Enforcement Operations in the USA

Position Statement

1. The N.T.O.A. endorses and supports the inclusion of Emergency Medical Services (EMS) in the planning, execution and retrospective analysis of law enforcement tactical operations.

2. The N.T.O.A. supports and endorses the concept of Tactical EMS (TEMS), which recognizes that EMS procedures at a tactical law enforcement emergency should be modified in recognition of unique operational factors.

3. The N.T.O.A. believes that even though the tactical scene differs greatly from that of non-law enforcement emergencies, the inclusion of TEMS should be mindful of established principles and practices of American EMS, unless danger would be unacceptably increased.

4. The N.T.O.A. believes that TEMS should be performed by individuals

qualified in the provision of emergency medical services, and that qualifications should conform to local EMS system requirements.

5. The N.T.O.A. believes that TEMS should be subject to medical control by a physician who meets local requirements as an EMS system medical officer.

6. The N.T.O.A. believes that whether a medical officer expected to perform TEMS has been commissioned as a reserve or full-time police officer, or is a civilian, that medical officer should be oriented to those factors of tactical law enforcement affecting the delivery of Emergency Medical Services.

7. The N.T.O.A. believes that if a medical officer will be assigned to a command post or outside a perimeter of operations only, that medical officer should receive general orientation to tactical methods, techniques and

equipment.

8. The N.T.O.A. believes that if a medical officer is to be assigned to duties at a location inside a perimeter of operations other than a command post, that medical officer should be experienced in rescue activities, and should also receive specific training in tactical methods, techniques and equipment.

9. The N.T.O.A. believes that the duties of a medical officer should not include the performance of law enforcement or tactical measures unless the performance of medical duties is not expected of that medical officer. In that event, that medical officer should be trained and certified as a reserve or regular police officer, meeting the same standards applied to other reserve or regular police officers in that law enforcement agency who perform those same law enforcement or tactical measures.

10. The N.T.O.A. believes the general duties of a medical officer should include:

Before a Mission

Preventive Medicine/Health Maintenance Injury Control

Mission planning (medical aspects)/ Medical Threat Assessment

Research of Pertinent or Topical Medical Issues

Recommendations of Internal Policies Related to TEMS or General Health Issues

During A Mission

Direct medical care

Medical control of certified prehospital care providers

Advisement/consultation for incident commanders, team leaders

Liaison with local EMS system officials, local hospitals, officials from other public safety agencies

After A Mission

Incident review

Review of all medical records relevant to operational or training missions

Data collection and analysis

Recommendations based on review and analysis

11. The N.T.O.A. believes that, generally speaking, because physician-level medical care can best be provided in a safe area, TEMS should be provided within the inner perimeter by tactically competent certified prehospital care providers under the medical control of physicians with tactical training, whenever feasible.

HRT TRAINING

Hostage Rescue Fundamentals

Lane County, OR - 6/27-7/1/94 - \$420.00

(Taught by Lt. Sid Heal, Steve Wilkinson & Michael Centofante)

Critical Incident Management

Lane County, OR - 5/23-5/24/94 - \$140.00

(Taught by Lt. Sid Heal)

Diversory Device Instructor

Los Angeles, CA - 6/23-6/24/94 - \$150.00

(Taught by Lt. Sid Heal)

Tactical Diagramming

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(Taught by Lt. Sid Heal)



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132 1/2 La Porte Arcadia, CA 91007

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