



EMS Chiefs of Canada

The Canadian Tactical Paramedic



Training Competency Profile & Best Practices

May 2008

Published by the EMS Chiefs of Canada

This profile of competencies and best practices was developed over a period of several months with meetings held involving Tactical Paramedic program operators and other national stakeholders in 2007 and 2008.

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Executive Summary

It must be clearly understood that to undertake the creation and ongoing operation of a Tactical Paramedic program it requires a significant investment in person hours and most importantly training.

In Canada, Tactical Paramedic Support to Police Tactical operations has evolved in a parallel stream along side that of Paramedicine. As the demand from law enforcement agencies for this Paramedic specialty increases Tactical Paramedicine is becoming available to a growing number of Paramedics in Canada. The services in Canada that currently have programs all had remarkable similarities in the way they were run. These similarities included areas such as selection, training, equipping and deployment strategies.

This document is the result of bringing together people and sharing information on current Canadian doctrine. The intent is to assist existing programs and more importantly to provide a reference for any future programs. This text is a direct result of stakeholder input from across the country involving experts who were directly responsible for creating and maintaining Tactical Paramedic Programs in their communities.

Outlined herein are 36 competencies as well as current best practices to train Tactical Paramedics in Canada. These competencies are in addition to the National Occupational Competency Profiles for Paramedics (NOCP). The competencies are enhancements to current Paramedic competencies and are independent of the NOCP regardless of qualification level. The minimum level of care provided in the Tactical Paramedic environment should be Primary Care. Of the utmost importance is that all training should be focused towards the level of care of the provider and must concentrate on the provision of such care in the tactical arena.

The competencies are divided into five categories ranging from basic awareness to actual hands on application in a controlled as well as an uncontrolled environment. Preceptorship (P) level skills while not specifically recommended in the document as training expectations really do reflect the highest level of achievement to be aspired to for all 36 competencies. This recognizes that even deployment on actual operations constitutes a form of continued learning and proficiency development.

The best practice recommendations concentrate on development of a program, selection of candidates, physical fitness issues, minimum policies and procedures as well as minimum equipment required. All of these training competencies and best practices should be in place and finalized prior to any program being operational. This information should be considered, at a minimum, as a "how to" guide for Canadian Tactical Paramedic programs.

Acknowledgments

The EMS Chiefs of Canada wish to thank the following services for their work on this project for their dedication to the profession and commitment to Tactical Paramedicine in Canada.

Ottawa Paramedic Service

Toronto Emergency Medical Services

Corporation d'urgences-santé (Montreal
Emergency Medical Services)

Calgary Emergency Medical Services

Edmonton Emergency Medical Services

York Emergency Medical Services

Hastings Quinte Emergency Medical
Services

Peel Regional Paramedic Services

La Coopérative des techniciens
ambulanciers du Québec CTAQ (Quebec
City Ambulance Technicians Co-op)

Ambulance de L'Estrie (Sherbrooke
Ambulance)

Canadian Armed Forces (Special
Operations Command)

MD Ambulance Saskatoon

Royal Canadian Mounted Police (RCMP)

The EMS Chiefs of Canada appreciates and would like to specifically recognize the contribution of the individuals involved in the development of this document.

Kevin Newell
Peter Rotolo
Sylvie Beaudoin
Chris Robertson
Grant Therrien
Mike Harding
Brent Winchcombe
Stu Williams
Stephanie Mills
Sylvain Gagnon
Dominique Chaput
John Hewson
Kevin Smith
Moe Beauchamp

Todd Carrier
Dan Whitman
John Flynn
Casey Wall
Brad Richelle
John Hewson
JC Gilbert
Dominique Hamel
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Gerry Schriemer
Eric Boulanger
Rob Hill
Huguette Gelinis

Introduction

The Emergency Medical Services Chiefs of Canada (EMSCC) is a National organization led by Chiefs and Directors of Canada's EMS and Paramedic services across the country. The goal of the EMSCC is to advance and align emergency medical leadership across Canada. Its current Board of Directors is comprised of 15 Senior Directors and Chiefs from EMS and Paramedic organizations across Canada.

In May of 2008 the EMSCC sponsored a Tactical Paramedic symposium held in Ottawa at the Ottawa Paramedic Service Headquarters. The symposium was hosted by the Ottawa Paramedic Service and brought together subject matter experts from across Canada who are currently responsible for operating Tactical Paramedic Programs.

The mandate was to collectively define best practices for the sub-specialty known as Tactical Paramedicine and develop training competencies. Decisions and recommendations were arrived at by consensus. Details from each service's programs were compiled, reviewed and validated against each other for content and terminal competencies. From this information a competency matrix was developed indicating program similarities and differences. This matrix became the basis for the competencies, which were validated and further developed over the two day symposium and are published herein.

Throughout this publication subtitles are listed under major headings such as "Consensus recommendation" and "Consensus statement". These subtitles are exactly what they state. The recommendations are a best practice recommendation and there are nine in total. Typically where a consensus was not achieved or the issue did not warrant a recommendation, a statement is drafted to clearly illustrate the desire and intent. There are only two consensus statements contained on these pages.

National Tactical Training Competency Matrix

No.	Training Competency	Ottawa	Toronto	Montreal	Sherbrooke	Edmonton	Hastings Quinte	Calgary	York Region	Peel Region
1	History of TEMS	X		X	X	X	X	X	X	X
2	Roles & Responsibilities	X		X	X	X			X	X
3	Command & Control	X	X	X	X	X	X	X	X	X
4	Terrorism Awareness	X		X	X		X		X	
5	PPE & Clinical Equipment	X		X	X		X	X	X	X
6	Documentation	X		X	X	X	X	X	X	X
7	Medical Threat Assessment (MTA)	X		X	X	X	X		X	X
8	Mission Briefing	X		X	X	X	X		X	X
9	CBRNE	X	X	X	X	X	X	X	X	
10	Ballistics	X	X	X	X	X	X	X	X	X
11	Riot Control Agents	X	X	X	X	X	X	X	X	X
12	Less Lethal	X	X	X	X	X	X	X	X	X
13	Clandestine Labs	X		X	X	X	X	X	X	
14	Orientation to Police Firearms	X	X	X	X	X	X	X	X	X
15	Preventive Operations	X		X	X				X	X
16	Over the Counter (OTC) Medications	X	X							
17	K-9 Medicine	X						X	X	X
18	Effective Communication	X				X	X		X	X
19	Unit (team) Building	X		X	X	X				
20	Orienteering	X								
21	Street Drugs	X	X	X	X	X				
22	Scenarios & Debriefing	X	X	X	X	X	X	X	X	X
23	Tactical Uniform Equipment and PPE Considerations	X	X	X	X				X	X
24	Principles of Containment and Related Tactical Options		X	X		X	X	X		X
25	Principles and Phases of Tactical EMS	X	X	X	X		X	X		X
26	Medicine Across the Barricade (MAB)	X		X	X	X	X			
27	Orientation to Air Purifying Full-Face Respirator	X	X			X	X			X
28	Tactical Combat Casualty Care	X	X	X	X	X				
29	PHTL/ITLS	X		X	X					X
30	Conduct Energy Weapons issues	X	X	X	X	X	X	X		X
31	Legal Considerations					X	X			X
32	Difficult Airway	X	X			X	X			X
33	Off Site Training	X				X	X	X		X
34	Hemorrhage Control MCG Review			X	X	X	X			X
35	Call out Procedures			X	X	X	X			X
36	Explosives Unit orientation	X	X	X	X					X
37	Bomb Suit removal	X	X	X	X					X

Definitions

(From National Occupational Competency Profiles for Paramedic Practitioners June 2001, Paramedic Association of Canada)

PCP

The Primary Care Paramedic (PCP) has successfully completed a recognized educational program in paramedicine at the primary care level. PCPs may be volunteer or career paramedics associated with urban, suburban, rural, remote, industrial, air ambulance and / or military services. PCPs constitute the largest group of paramedic practitioners in Canada. They are expected to demonstrate excellent decision-making skills, based on sound knowledge and principles. Controlled or delegated medical acts identified in the PCP competency profile include semi-automated defibrillation and the administration of certain medications.

ACP

The Advanced Care Paramedic (ACP) has successfully completed a recognized educational program in paramedicine at the advanced care level. Such programs often require prior certification at the PCP level (or equivalent). ACPs are most often employed by urban, suburban, air ambulance and / or military services. Currently relatively few ACPs are found in rural areas. ACPs are expected to build upon the foundation of PCP competencies, and apply their added knowledge and skills to provide enhanced levels of assessment and care. This includes the added responsibilities and expectations related to an increased number of controlled or delegated medical acts available. Controlled or delegated medical acts identified in the ACP competency profile include advanced techniques to manage life-threatening problems affecting patient airway, breathing, and circulation. ACPs may implement treatment measures that are invasive and / or pharmacological in nature.

CCP

The Critical Care Paramedic (CCP) has successfully completed a recognized educational program in paramedicine at the critical care level. This is currently the highest level of paramedic certification available. CCPs are most often associated with large urban and / or air ambulance services, and are not found in all provinces. The CCP is expected to perform thorough assessments that include the interpretation of patient laboratory and radiological data. CCPs' high levels of decision-making and differential discrimination skills relating to patient care, result in their implementing treatment measures both autonomously and after consultation with medical authorities. Many controlled or delegated medical acts are available to the CCP. Those identified in the CCP competency profile include the use of invasive hemodynamic monitoring devices and advanced techniques to manage life-threatening problems affecting patient airway, breathing, and circulation. CCPs typically implement treatment measures that are invasive and / or pharmacological in nature.

The competencies at each practitioner level are cumulative, in that each level includes, and exceeds, the competencies of the previous level. Furthermore the competencies defined in these profiles are the minimum required at each practitioner level. Employment jurisdictions can, and frequently do, exceed these requirements.

Tactical Paramedic Scope of Practice

In training, the scope of care delivered by a Tactical Paramedic must be focused on the unique environment in which they will work. This may include specific training such as achieving and maintaining an airway using acceptable techniques and tools in the tactical environment or hemorrhage control using specific adjuncts unique to tactical paramedicine that are not normally used in regular operational deployment such as haemostatic agents or tourniquets . All clinical training must be specifically focused on providing the level of care in the unique environment of Tactical Paramedicine.

Consensus recommendation 1

Following the national competency profiles for Paramedics and recognizing that some jurisdictions may not have ACP availability the minimum recommended level of care for a Tactical Paramedic in Canada is a Primary Care Paramedic (PCP). This recommendation does not in any way preclude Advanced Care Paramedics (ACP) or Critical Care Paramedics (CCP) working or being trained as a Tactical Paramedic. CCP, ACP and PCP members may be paired together in any configuration (subject to local protocols) to provide Tactical Paramedic support in partnership with local law enforcement agencies.

Consensus statement 1

While the recommendation for the minimum level of care is a PCP it should be noted that the most prevalent level of care in the country was ACP. Given this ACP was identified by the group as the level of care most *desirable* for a Tactical Paramedic Program in Canada. A consensus was achieved to draft a statement, as well as the aforementioned recommendation, that it is *desired* to have ACP in the tactical environment in Canada.

Performance Identifiers

Performance Identifier	Definition
X	The practitioner should have a basic awareness of the subject matter of the competency. The practitioner must have been provided with or exposed to basic information on the subject, but evaluation is not required.
A	The practitioner must have demonstrated an academic understanding of the competency. Individual evaluation is required.
S	The practitioner must have demonstrated the competency in a simulated setting . Individual evaluation of physical application skills is required, utilizing any of the following: practical scenario skill station mannequin cadaver live subject (human or non-human).
C	The practitioner must have demonstrated the competency in a controlled live setting . Individual evaluation of physical application skills is required. An acceptable controlled setting may be but not limited to any of the following: Range work EDU training Veterinary clinic Alternate controlled settings must be appropriate to the Specific Competency being evaluated.
P	The practitioner must have demonstrated the competency in a field preceptorship within a tactical setting. Individual evaluation of physical application skills is required. An acceptable field preceptorship setting is a land Paramedic or EMS. Alternate field preceptorship settings must be appropriate to the Specific competency being evaluated.

Tactical Paramedic Profile

Item Number	Performance Expectation	Competency
1	X	History of Tactical Paramedicine
2	S	Roles & Responsibilities
3	S	Command & Control
4	S	Terrorism Awareness
5	S	PPE & Clinical Equipment
6	S	Documentation
7	S	Medical Threat Assessment (MTA)
8	S	Mission Briefing
9	A	CBRNE
10	S	Ballistics
11	S	Riot Control Agents
12	S	Less Lethal
13	A	Clandestine Laboratories and Grow Operations
14	A*	Orientation to Police Firearms
15	A	Preventive Operations
16	A	Over the Counter (OTC) Medications
17	A	K-9 Medicine
18	A	Effective Communication
19	C	Unit (team) Building
20	A	Map Reading and Orienteering
21	A	Street Drugs
22	S	Scenarios & Debriefing
23	C	Tactical Uniform Equipment and PPE Considerations
24	A	Principles of Containment and Related Tactical Options
25	S	Principles and Phases of Tactical Paramedicine
26	C	Air Purifying Respirator
27	S	TCCC
28	S	PHTL / ITLS
29	S	Conducted Energy Weapon issues
30	A	Legal Considerations
31	C	Off Site Training
32	A	Call out Procedures
33	A	Explosives Unit orientation
34	S	Bomb Suit removal
35	S	Medicine Across the Barricade (MAB)
36	S	Research

*It should be noted that while **A** was the consensus recommendation, a statement indicating that **C** was preferred is added here.

Competency Descriptions

- 1 History of Tactical Paramedicine**
Paramedics will participate in a course of study including but not limited to:
A broad overview of the history of Tactical Paramedicine with specific details and descriptions of pivotal moments in the evolution of tactical paramedicine. The focus should be on Canadian Tactical Paramedicine as well as international.
- 2 Roles & Responsibilities**
Paramedics will participate in a course of study including but not limited to:
The roles and responsibilities of a Tactical Paramedic in the tactical police environment as well as working with regular operations co-workers as a Tactical Paramedic in their unique jurisdiction.
- 3 Command & Control**
Paramedics will participate in a course of study including but not limited to:
The clear understanding and application of a command and control structure to ensure the safety of Paramedics and the safe completion of a mission. The focus must be on whom the Tactical Paramedic reports to when on a mission and who has authority over whom.
- 4 Terrorism Awareness**
Paramedics will participate in a course of study including but not limited to:
A comprehensive understanding of terrorism as it relates to today's social, political and economic realities. Understand the motivations of practitioners of terrorism, history, current trends and mitigation techniques to help manage the consequences of terrorist incidents focusing on domestic and international perspectives.
- 5 PPE & Clinical Equipment**
Paramedics will participate in a course of study including but not limited to:
Ensuring Paramedics possess the knowledge and capability to recognize when it is necessary and how to use appropriate personal protective equipment (PPE) and unique clinical equipment in the tactical environment.
- 6 Documentation**
Paramedics will participate in a course of study including but not limited to:
Proper preparation and completion of all documentation and unique forms in order to maintain legislative and regulatory compliance and assist in effective and efficient patient and incident record keeping and data gathering.

- 7 Medical Threat Assessment (MTA)**
Paramedics will participate in a course of study including but not limited to:
To be able to conduct a Medical Threat Assessment prior to a mission and to be able and develop a clear briefing for the Tactical Police Supervisor to assist in the development of the mission operational plan.
- 8 Mission Briefing**
Paramedics will participate in a course of study including but not limited to:
Participation in a mission briefing to understand the role that the Tactical Paramedic will have, lines of communication, safe areas, evacuation zones and casualty collection points in the mission and to help ensure the overall safety of all members of the team.
- 9 CBRNE**
Paramedics will participate in a course of study including but not limited to:
The awareness of and basic familiarization, required processes, PPE and protocols related to Chemical, Biological, Radiological, Nuclear and Explosives substances, agents, threats and incident response.
- 10 Ballistics and Blasts**
Paramedics will participate in a course of study including but not limited to:
The detailed understanding and in depth familiarization of the physics of small arms ballistics and explosives as they relate to wound dynamics as well as appropriate treatment modalities.
- 11 Riot Control Agents**
Paramedics will participate in a course of study including but not limited to:
The clear identification and in depth familiarization of all riot control agents used by Tactical Police partners.
- 12 Less Lethal**
Paramedics will participate in a course of study including but not limited to:
The clear identification and in depth familiarization of the different types of less lethal weapons that are used by Tactical Police partners.
- 13 Clandestine Labs and Grow Ops**
Paramedics will participate in a course of study including but not limited to:
General overview and understanding of as well as recognition of potential clandestine labs including clear and in depth knowledge of the dangers that are represent in this environment, including medical mitigation and treatment.
- 14 Orientation to Police Firearms**
Paramedics will participate in a course of study including but not limited to:
The ability to identify and an in depth familiarization of all types of firearms used by Tactical Police partners with an emphasis on how to safely secure these weapons, render safe as well as when it is appropriate to do so.

- 15 Preventive Operations**
Paramedics will participate in a course of study including but not limited to:
Define the mechanism of disease and injury sustained from typical tactical police operations and training, extended operations and the preventive measures to reduce injury and disability.
- 16 Over the Counter (OTC) Medications**
Paramedics will participate in a course of study including but not limited to:
Awareness of the effects those OTC medications have including indications, contraindications and appropriate dosages with a focus to assist Tactical Police partners when necessary.
- 17 Canine (K-9) Medicine**
Paramedics will participate in a course of study including but not limited to:
Become familiar with the basic concepts of canine anatomy, physiology and emergency medicine. The focus of this training is on emergency treatment and life saving procedures.
- 18 Effective Communication**
Paramedics will participate in a course of study including but not limited to:
Being able to recognize and implement aspects of effective communication focusing on how to reduce barriers that could potentially jeopardized teamwork and miscommunication amongst Paramedic members and Tactical Police partners.
- 19 Unit (team) Building**
Paramedics will participate in a course of study including but not limited to:
Exercises designed to create trust and confidence amongst members and Tactical Police partners. The focus is on identifying candidates' strengths as well as identifying weaknesses to build upon and improve.
- 20 Map Reading and Compass use**
Paramedics will participate in a course of study including but not limited to:
The knowledge of map reading and compass use as well as different tools used to traverse terrain and arrive at an unknown destination without consideration to all environmental conditions.
- 21 Street Drugs**
Paramedics will participate in a course of study including but not limited to:
The identification and in depth familiarization of common street drugs focusing on the drugs effects on their users as well as medical mitigation and treatment modalities.

22 Scenarios & Debriefing

Paramedics will participate in a course of study including but not limited to: Realistic scenarios and after action debriefings wherein the Tactical Paramedic may be provided the opportunity to put into practice what was taught and learn from possible errors or omissions with a focus on how to excel in the tactical environment.

23 Tactical Uniform Equipment and PPE Considerations

Paramedics will participate in a course of study including but not limited to: The ability to demonstrate the proper use of Tactical Paramedic specific PPE along with the unique Tactical Paramedic Uniform and accoutrements.

24 Principles of Containment and Related Tactical Options

Paramedics will participate in a course of study including but not limited to: The ability to clearly demonstrate knowledge and application of sound Tactical Police containment measures along with the tactical options that are possible. The focus is to clearly understand Tactical Police doctrine.

25 Principles and Phases of Tactical Paramedicine

Paramedics will participate in a course of study including but not limited to: Ensuring the Paramedic has an in depth understanding of the different principles and phases of a typical Tactical Paramedic mission. The focus must be to clearly understand what the expectations are for consistency and predictability as well as what a Tactical Paramedic may be confronted with in the tactical setting.

26 Air Purifying Respirator

Paramedics will participate in a course of study including but not limited to: Imparting in-depth understanding and a complete familiarization of as well, be able to appropriately demonstrate the use of an air purifying respirator including proper use, when to use, cleaning and maintenance.

27 TCCC

Paramedics will participate in a course of study including but not limited to: As it translates to the civilian environment, Tactical Paramedics must be able to clearly define and appropriately demonstrate the principles and techniques of a program of study such as Tactical Combat Casualty Care.

28 PHTL / ITLS

Paramedics will participate in a course of study including but not limited to: Tactical Paramedics must be able to clearly define and demonstrate the appropriate principles and techniques of an acceptable program of study such as PHTL or ITLS, which may translate to the tactical environment.

29 Conducted Energy Weapon issues

Paramedics will participate in a course of study including but not limited to:
Clear understanding and in depth familiarization of CEW weapons focusing on the potential clinical side effects and issues surrounding its use on people including appropriate dart removal as well as medical treatment and wound care.

30 Legal Considerations

Paramedics will participate in a course of study including but not limited to:
Legal considerations that are related to the work of Tactical Paramedicine as well as what might be accomplished during a mission and the potential ramifications of issues in the tactical environment while working with Tactical Police partners.

31 Off-site training

Paramedics will participate in a course of study including but not limited to:
Team building exercises and scenarios located away from the normal place of work (and training) focusing on realistically portrayed patient presentations, locales and scenarios to hone the skills recently learned.

32 Call Out Procedure

Paramedics will participate in a course of study including but not limited to:
Imparting detailed knowledge, focusing on the appropriate activation and “call out” process for Tactical Paramedics in the unique jurisdiction that the Paramedic is expected to operate in.

33 Explosives Unit Orientation

Paramedics will participate in a course of study including but not limited to:
An orientation to the explosive unit (if one is active within your jurisdiction). Focusing on the familiarization of the ordinance used and techniques and tactics of the explosives technician and their related equipment.

34 Bomb Suit removal

Paramedics will participate in a course of study including but not limited to:
Detailed knowledge of and demonstration of acceptable competence of the techniques required to safely remove a bomb suit from a sick or injured bomb technician.

35 Medicine Across the Barricade (MAB)

Paramedics will participate in a course of study including but not limited to:
A Tactical Paramedic clearly understanding and practicing what is required to provide a medical assessment and possible treatment via phone, radio, and other remote means or through a negotiator or caregiver who is on the hostile side of the barricade.

36

Research

Paramedics will participate in a course of study including but not limited to: Understanding research principles focusing on the important contribution research has to Tactical Paramedicine including areas of study such as theory, data, scientific method, design, statistics and cognitive bias.

Professional Development and Skills Maintenance

Training consumes both time and resources but pays off in high quality care and overall safer operations; as well it limits liability to the organization. Given the unique nature of Tactical Paramedicine and the significant level of additional training required as well as maintaining these new skills and tactics, professional development was identified as a pressure that all services will have to struggle with.

The need for ongoing professional development was clear; acting on this necessity was also identified as a challenge for all services. All services provided some level of periodic, post operational training. Most services had a minimum amount of time allocated on an annual basis for mandatory, professional development or Tactical Paramedic training.

Consensus recommendation 2

While the group was unable to arrive at a consensus on the amount of time required for a Tactical Paramedic to participate in ongoing professional development, it was clear that there was a strong desire to come to a consensus. There was a consensus on a recommendation that there should be a mandatory Standard Operating Procedure to specify the need for what the service will allocate towards professional development per person.

Consensus statement 2

All services were very sensitive to the regular operational needs of their agency. Periodic Tactical Paramedic professional development was not always possible given regular operational constraints and deployment demands. Given this, and in support of the aforementioned recommendation, the consensus was to draft a statement that the *desired* minimum amount of time for professional development was at least monthly, preferably one shift per month.

Legal Issues

The nature of tactical operations and the fact that paramedics have been on scenes and participating in this type of activity for years illustrates the risk that employers may be potentially placing on employees by not providing this specialized training and equipment. Typically the action of an employer in dealing with hazards is to attempt to remove the hazard thus negating the need to train or equip an employee. With a Tactical Paramedic program the onus is on the employer to appropriately train and equip personnel with personal protective equipment to function in this more dynamic and dangerous environment.

Consensus recommendation 3




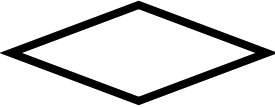
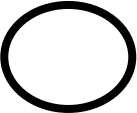





It is recommended, when creating a Tactical Paramedic capability within a service in Canada, to delve into the legal issues surrounding such a venture. Each jurisdiction in Canada has similar legislation requiring employers and supervisors of employees to acquaint employees with any hazard or potential hazard.

Consensus recommendation 4

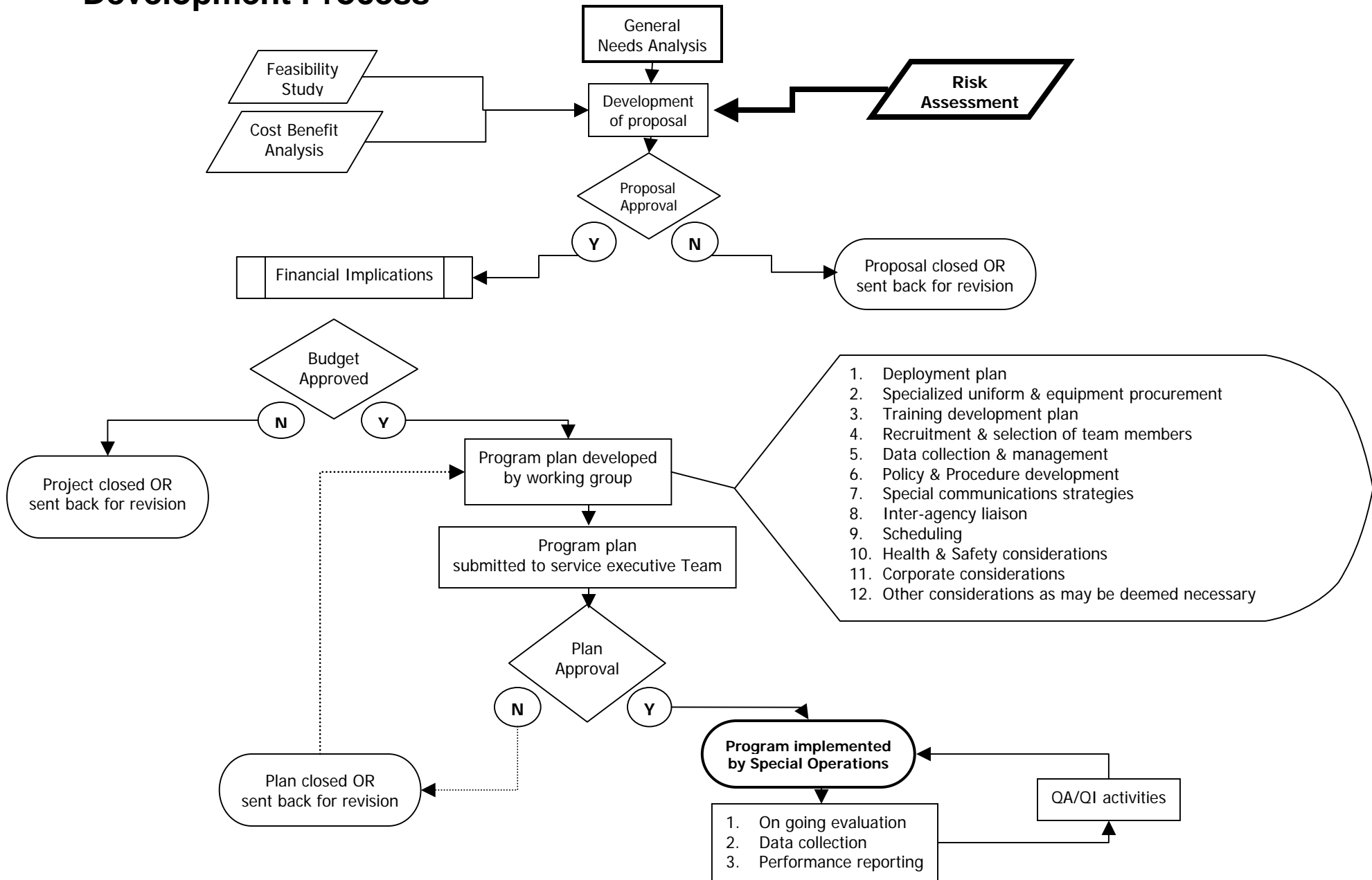
Creating a Tactical Paramedic program has inherent hazards to the Paramedic and the service. Employers are knowingly, placing the employee in a potentially harmful situation. As such the burden to appropriately train and equip the Tactical Paramedic rests with the employer. When creating a program all Tactical Paramedic employees must be made fully aware of all possible legal as well as health and safety implications regarding the program. Further to this it is incumbent on the employer to fully educate Police Service personnel who will be working closely with the Tactical Paramedics in these same issues.

Flow Chart Symbols

The following pages outline the recommended processes to create a Tactical Paramedic capability within a service in Canada. Assessment of risk and the development of internal service processes and protocols are identified in the flowchart and pages that follow.

	Refers to a process, an action or an event <i>I.e.: Paramedic booked off</i>
	Refers to an input or output operation <i>I.e.: A phone call is made</i>
	Denotes the beginning or end of a process <i>I.e.: Paramedic has been replaced</i>
	Indicates that a decision has to be made A minimum of 2 routes will follow this step <i>I.e.: Fill or not to fill shift</i>
	Represents a point where this process connects with another separate process <i>I.e.: Paramedic booked off hence refer to "Scheduling Process"</i>
	Represents an established sub-process <i>I.e.: Paramedic signing on with Communications at start of shift</i>
	Used when supplementary information is required to describe a specific event/action
	Refers to a Center of Excellence (COE)
	Denotes the direction of logic flow from one step to another
	Denotes a link between two items

Development Process



Standard Operating Procedures

Consensus recommendation 5

When developing policy and procedures for Tactical Paramedics it is prudent to search for and become familiar with applicable published best practices, regulatory and legislative support resources such as but not limited to:

- Occupational Health and Safety legislation
- National Institute for Occupational Safety and Health (NIOSH)
- Canadian Standards Association (CSA)
- International Tactical EMS Association (ITEMS)
- Tactical Combat Casualty Care (TCCC)
- National Tactical Officers Association (NTOA)
- Counter Narcotics Tactical Operations Medical Support (CONTOMS)
- Special Operations Medical Association (SOMA)
- Local Service Policy and Doctrine
- Local Police procedures and Doctrine

Consensus recommendation 6

The following are the minimum suggested policies that should be developed when establishing a Tactical Paramedic capability within a service in Canada.

- 1 A written Mission Statement of the unit
- 2 A written statement of unit composition and structure
- 3 A written statement detailing clear command and control procedures
- 4 A written statement detailing activation criteria
- 5 A written statement detailing the qualifications necessary to become a Tactical Paramedic
- 6 A written statement outlining and defining the selection process to become a candidate for Tactical Paramedic training and ultimately a unit member
- 7 A written statement detailing the ongoing professional development standards required to maintain unit membership
- 8 A written statement listing the minimum safety equipment that must be used
- 9 A written statement regarding mutual aid provision to surrounding municipalities or inter-jurisdictional responses. This statement should detail clear command and control issues, financial issues and procedural issues unique to the mutual aid provision
- 10 A written statement outlining the requirement to perform and complete a medical threat assessment for each mission
- 11 A written statement outlining the requirement to perform and complete an after action report for each mission
- 12 A written statement detailing the need for regular review of all policies and procedures including timelines and who is responsible
- 13 A written statement listing the requirement to adhere to all local and provincial policies and or applicable related legislation
- 14 A written statement regarding the system design chosen for the Tactical Paramedic support being used

Selection Process

Consensus recommendation 7

The process that should be undertaken to recruit, train and staff a Tactical Paramedic Unit within a service in Canada is outlined below.

1. Expression of interest (*to all service personnel*)
2. Information sessions (*open to all staff*)
3. Permanent HR file review
4. Immediate superior recommendation
5. Written Testing (*qualification level specific*)
6. Practical Testing (*appropriate level skills*)
7. Physical Testing (*preferred to mimic Police partner agency testing*)
8. Interviews (*preferred with Police partner agency*)
9. Police background check (*As needed or requested by partners*)
10. Evaluation in training (*ongoing throughout training*)

Importance of high level of physical fitness

The nature and scope of Paramedicine demands a relatively high level of overall fitness and well being to effectively perform the duties required. The unique nature and increased scope of operations in Tactical Paramedicine demands a very high level of physical fitness compared to normal Paramedic operations.

Consensus recommendation 8

As such it was a consensus that all Tactical Paramedics should possess and maintain a level of fitness at least equal to their Tactical Police partners. Ongoing and periodic assessment of the level of physical fitness of all Tactical Paramedics is recommended. It is further recommended that to enter into the physical fitness testing process (item number seven listed above) a candidate should have to perform a realistic assessment of their current level of fitness. A mechanism should be put into place to determine a candidate's current level of health prior to participating in the fitness testing process. In the event that the employer has any concerns of the level of fitness of a candidate they should require a medical certificate.

Equipment (Tactical Paramedic)

Consensus recommendation 9

The following is a list of minimum recommended protective equipment and unique uniform and apparel for Canadian Tactical Paramedic practitioners.

1. **Shirt, tactical**, subdued (no reflective striping with Paramedic identifier)
2. **Pant, tactical**, subdued (no reflective striping)
3. **Jacket**, subdued (no reflective striping with unique Paramedic identifier)
4. **Hat**, subdued (ghosted cresting with unique paramedic identifier)
5. **Boots**, protective, black, tactical style
6. **Balaclava**, protective, subdued colour, flame retardant
7. **Gloves**, protective (such as cut proof Kevlar lined with leather)
8. **Pads, knee**, protective, subdued colour (matching local Police style)
9. **Helmet**, ballistic, subdued colour (with Paramedic identifier or matching local Police protocol)
10. **Earplugs (with case)**, subdued colour, disposable (or re-useable)
11. **Glasses or goggles** ballistic, protective, clear
12. **Vest, ballistic**, subdued colour (matching local Police level, style and protocols)
13. **Air Purifying respirator**, (with-pouch)
14. **Filter, chemical respirator**, (such as FR 15 or 64 or similar approved plus spare)
15. **Flashlight, high-intensity**, (such as 2 cell lithium "Surefire" brand)
16. **Casualty Extrication Device (Tactical)**, subdued colour
17. **Platform for conveyance of medical supplies** (such as a subdued back pack, or load bearing vest)
18. **Ear piece** (for radio)
19. **Gear bag**, black, (for conveyance of listed mandatory equipment)
20. **Belt**, duty, nylon, black