



International **TACTICAL**
EMS ASSOCIATION

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Tactical Emergency Medical Support Team Data Collection Form

Law Enforcement Agency:	
Street Address:	
City:	County:
State:	Country:
Zip Code:	
Tactical Team Commander (Rank and Name):	
Office Telephone:	Fax:
E-Mail Address:	
Agency Providing Tactical Emergency Medical Support (If Applicable):	
Street Address:	
City:	County:
State:	Country:
Zip Code:	
Tactical Medical Team Leader (Rank and Name):	
Office Telephone:	Fax:
E-Mail Address:	
Medical Director:	E-mail Address:
Tactical Team Status (Please circle): Full-Time Part-Time Combination	
Number of Tactical Team Members Excluding Tactical Medical Providers:	
Number of Tactical Medical Providers:	

Law Enforcement Agency's Jurisdictional Population:						
Number of Sworn Personnel Within the Law Enforcement Agency:						
Number of "Road" Personnel Within the Agency Providing Tactical Emergency Medical Support:						
What year was the law enforcement agency's tactical team formed?						
What year was the Tactical Emergency Medical Support team formed?						
Number of Hours Tactical Team Trains Per Month:						
Number of Hours Tactical Medical Providers Train Per Month:						
Are tactical medical providers required to be present at all team activities? (Please circle)						
Selection Process: Yes No Tactical Training: Yes No Special Operations: Yes No						
Does the tactical team have K-9s? (Please circle): Yes No						
What components are included in the selection of tactical medical providers? (Please circle):						
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Employment Review</td> <td style="text-align: center;">Physical Agility</td> <td style="text-align: center;">Written Examination</td> </tr> <tr> <td style="text-align: center;">Skills Evaluation</td> <td style="text-align: center;">Oral Board</td> <td style="text-align: center;">Commander's Interview</td> </tr> </table>	Employment Review	Physical Agility	Written Examination	Skills Evaluation	Oral Board	Commander's Interview
Employment Review	Physical Agility	Written Examination				
Skills Evaluation	Oral Board	Commander's Interview				
What Tactical Emergency Medical Support course/s have team members attended? Please list:						
Are any specific courses approved and/or required by your agency? If so, please list:						
Do the tactical medical providers attend a SWAT Academy? (Please circle):						
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Required</td> <td style="text-align: center;">Optional</td> <td style="text-align: center;">No</td> </tr> </table>	Required	Optional	No			
Required	Optional	No				
Do the tactical medical providers have arrest powers? (Please circle): Yes No						
Are the tactical medical providers armed? (Please circle): Yes No						
What are the sources of funding for the Tactical Emergency Medical Support capability? (Please circle):						
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Budgeted Funds</td> <td style="text-align: center;">Grants</td> <td style="text-align: center;">Forfeiture Funds</td> <td style="text-align: center;">Donations</td> <td style="text-align: center;">Fundraising</td> </tr> </table>	Budgeted Funds	Grants	Forfeiture Funds	Donations	Fundraising	
Budgeted Funds	Grants	Forfeiture Funds	Donations	Fundraising		
What team activities are tactical medical providers compensated for? (Please circle):						
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Tactical Training</td> <td style="text-align: center;">Special Operations</td> <td style="text-align: center;">No Compensation</td> </tr> </table>	Tactical Training	Special Operations	No Compensation			
Tactical Training	Special Operations	No Compensation				
Do the tactical medical providers receive "specialty pay"? (Please circle): Yes No						
If so, what amount?						

What levels of medical licensure do the tactical medical providers maintain? (Please circle):			
EMT-Basic	EMT-Intermediate	EMT-Paramedic	
Registered Nurse	Physician's Assistant	Physician	
Do the tactical medical providers receive Tactical Emergency Medical Support - specific ongoing medical education? (Please circle): Yes No			
If so, please describe:			
Have the tactical medical providers attended any veterinary training? (Please circle): Yes No			
If so, where?			
Do the tactical medical providers utilize load-bearing vests? (Please circle): Yes No			
If so, what company manufacturers the product?			
Do the tactical medical providers utilize waist packs? (Please circle): Yes No			
If so, what company manufacturers the product?			
Do the tactical medical providers utilize leg packs? (Please circle): Yes No			
If so, what company manufacturers the product?			
Do the tactical medical providers utilize backpacks? (Please circle): Yes No			
If so, what company manufacturers the product?			
What equipment do the tactical medical providers use to extract casualties? (Please circle):			
Webbing	Flexible Litter	Folding Stretcher	Other
If so, what company manufacturers the product?			
If you had \$5,000 to spend on your Tactical Emergency Medical Support capability, what would you spend it on?			

Does the Tactical Emergency Medical Support capability have a dedicated vehicle? (Please circle):	Yes	No
If so, what kind?		
Do the tactical physicians typically operate in the inner perimeter? (Please circle):	Yes	No
Do the tactical medical providers have an expanded scope of care? (Please circle):	Yes	No
If so, please describe:		
Do the tactical medical providers carry pediatric equipment? (Please circle):	Yes	No
Do the tactical medical providers carry veterinary equipment? (Please circle):	Yes	No
Are tactical medical providers members of the International Association of Fire Fighters? (Please circle):		
	Yes	No
How does your team collect data on morbidity and mortality? (Please circle):	Local Database	
	Casualty Care Research Center	Both of the Previous
		No Data Collection
Has the tactical team ever had a line-of-duty death during tactical training or a special operation?		
(Please circle):	Yes	No
If so, please provide the year and mechanism of injury / illness:		
Were tactical medical providers present at that incident? (Please circle):		
	Yes	No
Was a Casualty Care Research Center data collection form completed? (Please circle):		
	Yes	No
Has the tactical team ever had a serious line-of-duty injury or illness during tactical training or a special operation?		
(Please circle):	Yes	No
If so, please provide the year and mechanism of injury / illness:		
Were tactical medical providers present at that incident? (Please circle):		
	Yes	No
Were Casualty Care Research Center data collection forms completed? (Please circle):		
	Yes	No
In 2005, how many casualties were transported to definitive care from tactical training or special operations?		