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Progress of Tactical Emergency Medical Support in Japan

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Introduction

In the United States, Special Weapons and Tactics teams were developed in the 1960s. Around that time, the first Tactical Emergency Medical Support (TEMS) teams were also informally established to support these new teams. The initial TEMS model was generally based upon the military Special Forces model of using medics who were also tactically qualified. In 1989, the National Tactical Officers Association, along with the Los Angeles County, California, Sheriff's Department, cosponsored the first tactical medicine conference. This conference was pivotal and a huge success, and it led to what we now know more formally as TEMS, which has gained widespread adoption and acceptance in the United States.[1] In Japan in 1996, Special Assault Teams (SATs) were established in seven prefectures. However, like the majority of the initial teams in the United States, the SATs lack internal medical support or TEMS teams. The injured, including SAT officers, were simply transferred to the fire department service, which has limited medical capability for transportation to hospitals. TEMS in Japan has been developing over recent years because of necessity. One key element in this is cooperation with partners in the United States. In this article, we report the current status of tactical medicine in Japan.

The Development of TEMS in Japan

The SAT allegedly existed for some time before being officially recognized by the National Police Agency in Japan in 1995, when All Nippon Airways flight 857 was hijacked with 364 passengers held hostage. This hijacking was successfully resolved without loss of life when the SAT forcefully subdued the hijacker. In 1996, SATs were established in seven main prefectures. These SATs provided tactical elements but did not include a tactical medical provider (TMP) in the SAT. Following the establishment of the SATs, several incidents occurred that have demonstrated the need for tactical medical support of these teams. In 2007, a man barricaded himself in his ex-wife's house. He had a firearm and, during the SAT raid, one officer was killed in the performance of his duties. Additionally, at the Akihabara massacre (8 June 2008), which occurred in the central Tokyo, a man drove a truck into a crowd, killing four people. He then left the vehicle, and stabbed 12 people with a knife (killing four and wounding eight). The Tokyo Disaster Medical Assistance Team, which was deployed to the scene, provided medical support without any information from the police agency, such as an arrest of suspect or other information about the scene security. While working in this potentially dangerous environment, we recognized the necessity of cooperation and improved communication between law enforcement and medical facilities.[2]

In 2011, the topic of tactical medicine in Japan was first presented orally at the annual meeting of Japanese Society for Emergency Medicine (JSEM); in 2013, the subsequent paper was accepted in the official JSEM journal.[3] Additionally, the Metropolitan Police Department (MPD) and Nippon Medical School (NMS) hospital had been in discussion continuously about medical support at crime scenes, based on lessons learned from the Akihabara massacre. From these discussions, an agreement was established, which was the first practical step for Japan to establish a TEMS program.

Moving forward from the initial steps in this process, a team from Japan took the Special Tactics for Operational Rescue and Medicine course in Los Angeles, California, in 2012 for standardization, and translated and published, in 2015, the text *Tactical Medicine Essentials* by the American College of Emergency Physicians.[4] Since 2014, the newly established tactical medical team has joined the SAT training for bimonthly training and is continuing to prepare for response to future critical incidents, such as hijackings, active shootings, or similar incidents.

The MPD has organized a presentation about tactical medicine. This presentation is given to the police commanders on scene twice per year to educate the commanders in the field. The Japan Coast Guard (JCG) has also established the Permanent Committee on Tactical Medicine in the agency. They have also started the discussion with physicians to support this program. The JCG already has advanced emergency medicine technicians (EMTs) in Special Rescue Team and Mobile Rescue Teams, and plans to cooperate as tactical medical providers. The evacuation and care of casualties on a ship at sea is another difficult issue that is being evaluated.

To build consensus around tactical medicine in the related ministries, agencies, and the Japan Medical Association, we have set up a committee in JSEM. This committee specifically addresses TEMS-related issues and is also proceeding with the plan to standardize the knowledge and skills in Japan.

Current Operation of TEMS in Japan

Since 2012, NMS is the only medical facility that has an agreement with law enforcement to provide TEMS.[5] In a tactical operation, the MPD commander on scene would place a call for the TEMS team in NMS, called Incident Medical Assistance Team (IMAT) of the MPD. This call is made as early as possible via a direct call line when the commander expects casualties in a certain condition, such as a raid. On scene, a liaison staff of the MPD is always with the IMAT. The scope of activity is limited to tactical field care (indirect threat) and tactical evacuation. The IMAT does not act during under fire (direct threat), because the team functions as an external team and is unarmed and without arrest rights. The IMAT provides triage in mass casualty incidents, hemostasis using tourniquets, airway management, needle decompression, and shock management on scene. The IMAT also provides the incident officer with medical recommendations about the environmental conditions to improve operational effectiveness.

At present, there are no advanced EMTs in the SAT. Our intent is to train SAT officers to have the license of advanced EMT in the near future. Medics in the Japanese Defense Force often have the opportunity to drill with US forces under the Japan–US alliance, and they will permit advanced medical care in tactical fields. In the civilian setting, we still have limitations and must perform TEMS under Japanese law. We will coordinate, however, with Tactical Combat Casualty Care in the Japan Defense Force for potential care in other settings.

Current TEMS Status in Japan

The provision of TEMS in Japan is still in its infancy. Our intent is to standardize skill sets and training along with protocols for the provision of TEMS in Japan. These issues have been discussed in the JSEM committee and we are working toward consensus in the field. Furthermore, for us to proceed with this process, we believe it is important to have TMPs who are fully trained and credentialed in law enforcement along with training and licensure as advanced EMTs in Japan, rather than the external medical teams. Our intent is to train some of the officers in SAT as TMPs, including advanced EMTs, while physicians who currently support law enforcement in TEMS will be medical directors. Each law enforcement agency and department will need to set up a TEMS committee to support this operational structure.

The proliferation of terrorism worldwide has become a major problem. Societies and organizations involved in TEMS in each country have international ties, and Japan is also a collaborative partner internationally. The cooperation with the United States is imperative to develop the TEMS system in Japan.

Conclusion

The current status of TEMS in Japan has been described here briefly. To develop TEMS, it is crucial to train TMPs in law enforcement and physicians to become medical directors of TEMS, and to cooperate with the United States.

Disclosures

The authors have nothing to disclose.

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