T-EMRP · EXECUTIVE OVERVIEW

Building Measurable Interagency Medical Readiness for Active-Threat Incidents

T-EMRP is a proposed implementation and evaluation framework that helps law enforcement, fire/rescue, EMS, dispatch, and hospital partners translate recognized medical doctrine into shared competencies, joint exercises, measurable readiness, and structured after-action improvement.

The problem

The United States does not lack tactical medical guidance. TCCC, TECC, national EMS education standards, NIMS, and NEMSIS form substantial clinical and systems infrastructure. What is not uniformly operationalized across independent agencies is the connective work: shared training objectives, joint exercises, cross-agency handoffs, readiness measurement, and disciplined after-action learning.

The framework

Five components, one closed-loop method: (01) Common Readiness Crosswalk — what “ready” means, by role; (02) Joint Scenario Curriculum — how it is taught and rehearsed; (03) Readiness Measurement — what is counted, and how well; (04) After-Action Learning — what changes as a result; (05) Train-the-Trainer & QA — how quality survives scale.

The pilot

An 18-month, independently evaluated regional pilot with 3–6 founding institutions across six functional roles (law enforcement, fire/rescue, EMS, dispatch, a trauma center, and an academy or simulation facility), documented stage gates, and a go/no-go replication decision based on evidence.

What T-EMRP is not

Not a replacement for TECC or TCCC. Not a national credential. Not a substitute for medical direction. Not a patient registry. Not autonomous AI triage. Not a claim of proven mortality reduction. Not a federally endorsed program.

T-EMRP is a proposed pilot framework in pre-pilot status. It does not replace TECC, TCCC, NIMS, state EMS rules, local protocols, or a physician medical director. Any certification issued during the pilot is a local completion record — not a license, and not a nationally recognized credential. Contact: gabriel.galvani@temrp.org