

LAW ENFORCEMENT TECHNOLOGY



Medics with guns

Green-lighting a red
light enforcement system

Conserving health
care costs



Medics

with guns

Like army medics, SWAT paramedic teams combine fire, EMS and police training to provide tactical defense and first aid care in situations civilian teams can't touch

Police work can be war — unpredictable and downright dangerous. Sometimes police lines more resemble enemy territory, with flying bullets, impenetrable standoffs and erratic players. When the stakes are high, the threat of serious injury to responders can be great. So why must law enforcement officers in high-risk situations depend so often on civilian medical care?

Agencies who have designed their own Tactical

Emergency Medical Service (TEMS) units within the last decade or so can't imagine not having these highly skilled, highly versatile men and woman onboard. SWAT paramedics not only protect officers in the hot zone, but they offer immediate aid to suspects, victims and hostages. Like military medics, TEMS units accompany teams on virtually all high-risk missions and training. When a situation heats up and SWAT is stacked, they're standing in line.

Officer in trouble

Standard medical protocol does not allow medics near a scene until it is secured. So what becomes of those inside? Lt. David Wood, commander of the Columbus (Ohio) SWAT team, was forced to consider this one day as his team was called to perform a dynamic entry. While inside, an officer was shot in the flashlight mount of his machine gun. Not knowing the extent of injury, fellow officers promptly called for assistance.

"Of course, when you give an officer in trouble call, all the cruisers come with their red lights and sirens on and try to help," recalls Wood. "What happened that particular day was they blocked all the streets so the medics couldn't get in. After that, we said we've got to have them closer."

The system was re-worked and medics were now trained to come to the command post rather than stand by at the firehouse. Still, Wood decided this wasn't good enough.

"I wanted them even closer. A lot of teams in the country were having their police officers actually trained as medics, SWAT officers, and going right in with the teams."

The cross-training of Columbus' SWAT and paramedic units started around 1988, when medics from the fire department would standby to assist SWAT during dynamic entries, or "crack house raids." Now Columbus' tactical medics are trained above the level; they possess firearms and tactics training as well as the medical training and qualifications of the standard civilian EMS system. Of the 100 people who applied for the Columbus tactical emergency medical team, 27 are currently employed — and all are current fire department medics.

Wood's unit spends 50 percent of its time serving



Above: Southwest Washington Regional TEMS officer Navin Sharma (ret.) provides aid to an EOD technician wounded in an explosive breaching exercise. **At left:** Cpl. Doug Rickard assists fire department medics with a patient suffering a medical emergency.

felony warrants for robbery, rape, homicide and felonious assault. Team members spend 25 percent of their time in training, though most of it happens on the job.

Choosing teams

Unlike civilian paramedics, tactical medics can defend themselves as well as provide faster life-saving support to officers. But how does an agency go about designing its team?

"I Googled TEMS just to see how other people are doing it, and it's so varied ... there's no set way," says Wood. In fact, forming a TEMS team can be more like

"In a tactical situation you can't afford to call time-out."

— Sheriff D. Brad Riley,
Cabarrus Co. (N.C.) Sheriff's Department

a game of a pickup. Agencies must do some research and see what works best. That includes finding candidates with relevant training who are also willing to learn new skills.

Sheriff D. Brad Riley of North Carolina's Cabarrus County Sheriff's Department helped start his county's SWAT team in the 1990s. Everybody he spoke to who already had teams established suggested getting a medic onboard. Cabarrus County used regular law enforcement medics for about six months before



switching to paramedics from an EMS service. The department now assigns two medics to every team.

"We kept thinking we needed somebody internal, somebody that could carry a gun [and] had some military experience doing medic stuff. [But] the more we got involved and we tried some of that, we realized it just didn't work. The best thing for us to do was get somebody that was a true paramedic professional," says Riley. He points out medics with military experience train differently than medics who are on the street and provide emergency care every day. Wood agrees: "That's who I want to have working on me; a guy who's had stabbings and shootings every day and is working on people."

Though most TEMS units are fire-medic based, some teams, like the Southwest Washington Regional (SWWR) TEMS team, start with a primary background of law enforcement officers who acquire medic training.

"A lot of teams were cross-training firemen and giv-

ing them some type of minimal law enforcement training so they could carry a gun, be in the stick, and at least protect themselves," recalls Sheriff's Commander of Special Operations Mike Nolan with the Clark County Sheriff's Office in Vancouver, Wash. "We were fortunate enough to have a number of police officers who had [paramedic] training."

The Vancouver SWWR TEMS was developed in 1998 by a full-time law enforcement officer and part-time trauma nurse and paramedic. "This guy was kind of an over-achiever," recalls Cpl. Doug Rickard, team leader of the SWWR SWAT-TEMS. His team responds on all SWAT missions, training and supports the civil disturbance and riot teams.



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Unification

Working units that combine EMS, SWAT and law enforcement require collaboration on many parts. Riley says his team is fortunate to have a good working relationship with its EMS personnel, though sometimes it takes a little effort to get the ball rolling. Wood was proud to “knock some of those doors down” at the fire and police departments and develop a camaraderie between the bomb squad and TEMS medics, adding: “It’s something that’s never been done here before.”

As more and more “special teams” are carved out in civil service, traditional roles are redefined. “The focus, I believe nationally, is all-hazards,” says Nolan,

“and all disciplines: fire, police, EMS ... [and] you have to include SWAT, HNT, EOD and civil disturbance in this group, [as well].”

Collaborative SWAT teams are a vivid example of how agencies are improvising to better use resources and manpower. Adds Nolan, “We combine the teams because there’s no reason for duplication.”

Tactical medic units provide clear lines of responsibility and help build relationships across departments that often resonate beyond TEMS itself. In high-trauma scenes, cooperation is crucial and even the best-equipped men and women are not immune to danger.

Rickard recalls one officer who was shot while mitigating a hostage situation. Tactical medics swiftly entered the house while shots were still being fired. They took the injured officer around to an adjacent house where he was stripped of his body armor, medically stabilized on the scene and “ready for transport in 14 minutes from the time of the call.” The officer could have sustained fatal injury. Fortunately he survived.

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Shelter in the storm

This level of care and expertise certainly does save lives. But TEMS is not all-trauma, all the time. Some of the biggest benefits Riley has seen inside his unit involve preventative measures. For example, medics can effectively monitor officers' welfare on-scene, bearing in mind things like the temperature, food and water supplies, heavy equipment, etc.

During a suicide call-out one day, Cabarrus County TEMS medics continually provided feedback to the command post. "He's up on the frontline checking all kinds of vitals," says Riley. "It got to a point where we had [other agencies' SWAT teams] on standby. In a tactical situation you can't afford to call time-out."

But TEMS medics do not only serve their own. When sending civilian emergency medical service is not an option, TEMS is fast on the scene. During one of the Vancouver team's first missions, a man had barricaded himself in a house on a cul-de-sac loop and threatened to kill anyone who came near. At the same

time, a couple in their 80s were next door, both of whom had critical medical issues.

"Both were on home dialysis, both were on oxygen and both were diabetics, and this standoff lasted 8 hours," remembers Rickard. "So one of our missions was to make sure those folks were OK." As the standoff progressed, tactical medics repeatedly went into the hot zone to check on the couples' oxygen and blood sugar. They also moved them to another side of the house and sealed it off from hazardous gasses.

On missions, members of the SWWR SWAT wear olive drab uniforms, while their TEMS counterparts don black so they are easily identified. All individuals have the same heavy body armor, only TEMS have additional pouches to hold medical gear. Advanced life support medics also carry full ALS kits in addition to trauma care items located on their vest. Some medics, though not all, are armed. Rickard's team posts itself outside the front door and members carry side arms as opposed to long guns. He explains this is



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because they're close enough should someone call for a medic, but they're not part of the actual assault team. He also found that carrying long arms gets in the way of doing patient care.

The Vancouver unit also has a tactical rescue vehicle — an old out-of-service Air Force ambulance — for on-site care and shelter. Local businesses pitched in to help paint and refurbish the unit, and the local ambulance company supplied soft goods to go inside.

"When it's cold and rainy, we're constantly taking people out of the houses," says Rickard. "Some of them are bad guys, some are not. When the house is not secured yet we have to have a warm, dry place to put them ... there's no need for them to be in detrimental weather."

These are special units

Wood equates today's TEMS teams to how SWAT teams evolved in the early '70s. And certainly these units are evolving every day. In addition to trauma care,

SWWR TEMS offer things like health and wellness training for officers and perform EKGs on SWAT every two years. Special paramedics, especially rural teams, benefit from sharing information and training practices in order to achieve better interoperability. Newly formed tactical-medical training institutes across the country also offer great training opportunities and resources.

For any officer who's ever walked into open fire, or sealed themselves off to face the unknown, they can tell you: It helps to know someone has your back.

"We ask our officers to do all these kinds of crazy things in life," says Wood. "We give [them] ... the necessary equipment and training so they have the confidence to fulfill that mission."

As the tactical medics get closer, we're building more confidence in our officers because now they know if something goes bad, they'll be taken care of immediately. The more guns we come up against, and the bigger guns we come up against, the more it's necessary for us to make sure we take care of our officers." ■

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