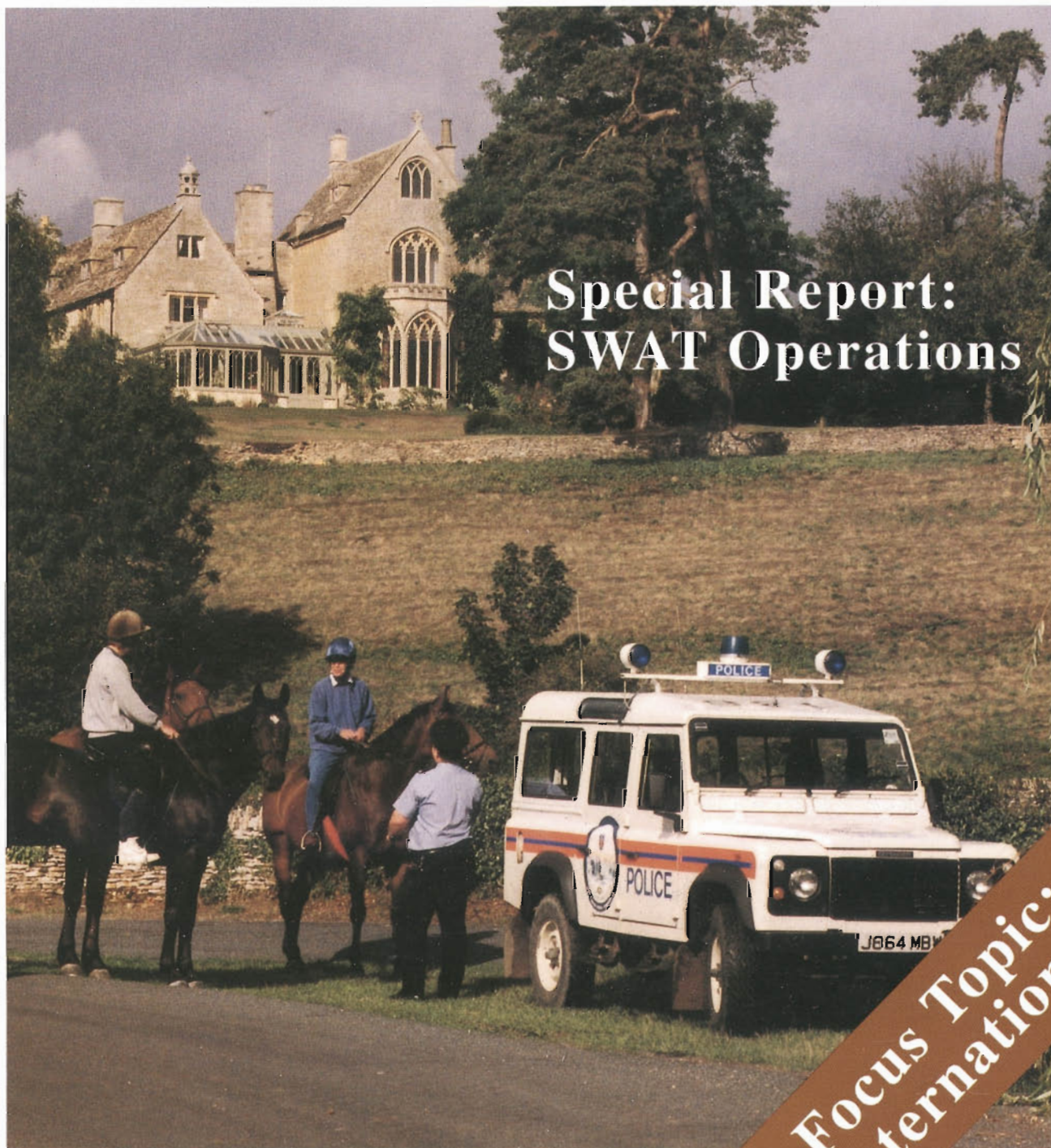


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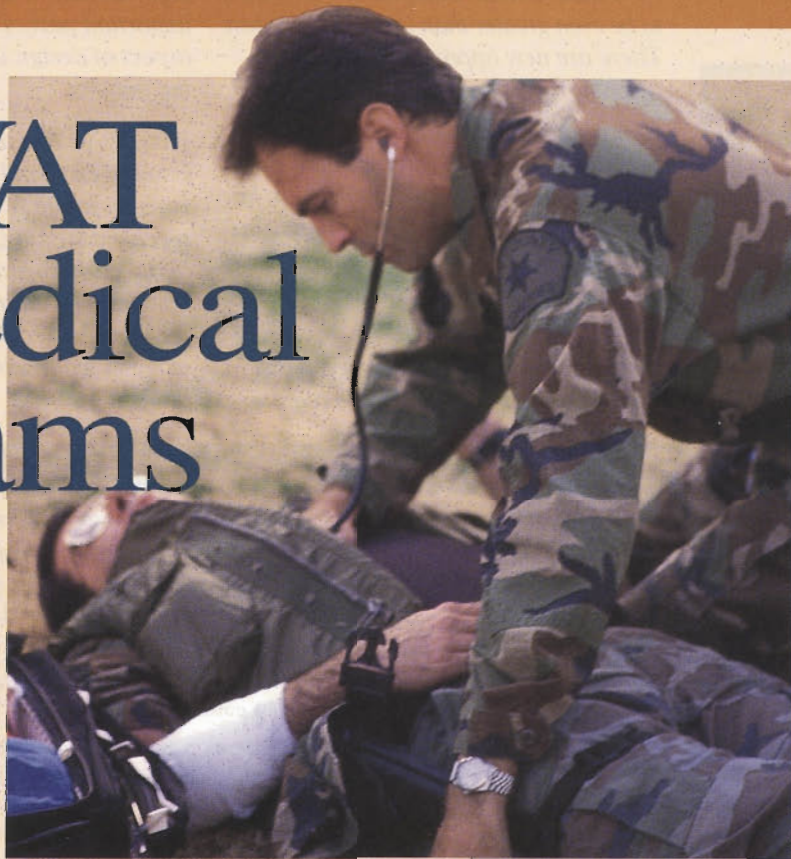
THE MAGAZINE FOR POLICE MANAGEMENT



Special Report: SWAT Operations

Focus Topic:
International

SWAT Medical Teams



Risks are reduced using tactically-trained medical support

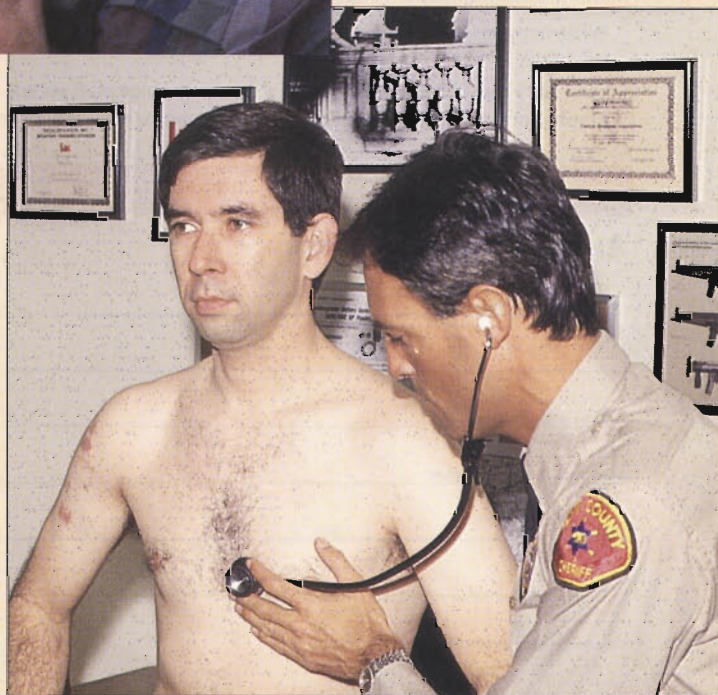
By
LAWRENCE E.
HEISKELL

The term SWAT reflects the nature of the assignment, for not only are “special weapons” deployed, but “special tactics” must be implemented. Special tactics are also needed in the emergency medical support portion of the operation to increase the chances of a successful mission.

Traditional approaches to emergency medical services in the tactical arena have often proved inadequate in the past. Thus, modifications must be made to enable medical support personnel to effectively integrate with the team. In addition, the medical component must be as close as possible to the site of injury without disrupting tactical operations.

SWAT teams often confront barricaded suspects, hostage situations and organized criminal elements. Tactical operations are sometimes prolonged, creating ongoing logistical and operating problems. With this in mind, law enforcement agencies now recognize the necessity of having advanced trauma life support personnel immediately available at the scene of any incident involving tactical operations.

Incredible as it may seem, some agencies still deploy SWAT teams for high-risk warrant service and other operations with no further medical plan than to call 911 if someone is injured. Despite the increasing nationwide awareness of the value of having an on-scene specialized medical team, the medical consequences of tactical operations are often overlooked or completely left out of the



Routine physical exams are important to ensure that all team members are physically and mentally fit for tactical operations.

Top of page: A team physician provides immediate on-scene emergency medical care to an injured team member.

operational plan. In today’s litigious world, this practice is certain to come under close legal scrutiny.

The concept of a specialized medical care unit available during an operation is not new. In the past several years certain local, state, and federal, law enforcement agencies



A team medical doctor receives instruction and familiarization with the deployment and effects of chemical munitions.

Medical personnel experience the effects of a diversionary device.



Tactical team members prepare for an aero-medical evacuation during a training exercise.



have developed medical programs that operate with tactically-trained physicians and paramedics. Team commanders, planners and agency management personnel realize that operational risks can be greatly reduced with such on-scene medical support.

Most law enforcement personnel are usually trained only to the level of American Red Cross First Aid and cardiopulmonary resuscitation (CPR). In addition, they lack the experience and training to assess and provide rapid triage for victims.

Both principal and supervisory police personnel at the command post often do not understand and recognize the implications of certain disease and trauma processes dur-

ing prolonged operations. For these reasons, a tactically-trained medical support component is crucial to the team.

During tactical operations involving a barricade or hostage situations, commanders might place civilian emergency medical service (EMS) personnel far from the scene for their personal safety. When called upon for medical assistance, they often cannot gain access in order to provide care in a timely manner.

Oftentimes EMS crews are reluctant to enter the scene because they are not convinced that the area is safe. In addition, critical information necessary for proper care management is poor, due to confusion and stress on the EMS personnel upon their arrival.

Many pre-hospital care providers have had no street survival training. They typically believe that since they are health care providers they will not be harmed intentionally. But many EMS providers dress in uniforms that are similar to and could be mistaken for police officers by individuals suffering from mental illness or under the influence of drugs or alcohol. As a result, they may face a violent confrontation when operating at the scene of a tactical operation.

Not having direct communication channels with the command post removes them even more from being able to support the team. To further compound the problem,

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without tactical training they are unable to operate safely with the deployed police tactical unit.

Establishing a team

To establish a medical support team, several objectives must be defined. Pre-hospital support can be provided to law enforcement agencies through a wide array of options, from civilian emergency medical technicians (EMTs) to sworn reserve police officers who are physicians or paramedics. An agency must decide what best suits the needs of the team, and perform a cost-benefit analysis of its own program. Possibilities for resources could simply involve the assignment of selected fire department, rescue, or local EMS personnel.

Other options include whether to train members from their respective teams to become paramedics or EMTs. This option is unfortunately a financial burden for most agencies. Becoming an EMT is certainly within reach of most police officers. However, the required 700 to 1000 hours for classroom and clinical training is simply not cost effective for most agencies.

If a higher level of medical care is desired, a qualified physician should be recruited as a team doctor. A qualified physician is one that has experience and training in the management of medical emergencies and advanced-trauma life support. Residency-trained, board-certified emergency physicians are specialists in emergency care and are ideally suited for this type of work. These physicians have undergone a three- or four-year hospital-based training program and are required to pass a rigorous written and oral examination before becoming board-certified.

Physicians currently assigned to tactical teams throughout the U.S. volunteer their time and services and view this duty as community service. The source for emergency physicians is abundant. Many police officers know local "ER Docs," from frequently visiting hospital emergency departments on duty and could quickly identify those who are prospective candidates for team doctor.

Once the emergency medical team is selected, training issues must be addressed before the team is deployed. If budget constraints do not permit sending the medical personnel to a basic SWAT school, in-house monthly tactical training is a cost effective option. A basic one- or two-week dedicated SWAT school should provide the essential knowledge and skills required to operate safely in a tactical environment.

Tactical training for medical team members is important for a number of reasons. No team member, regardless of his position or assignment can be an effective integral component without proper training. For example, personnel should be trained in using hand signals should radio silence become necessary.

Tactically training the medical support personnel allows the medical component to understand all aspects of the operations and the risk-benefit ratio associated with each decision, such as the pros and cons of less-than-lethal weapons deployment and the use of chemical munitions during special operations. It also allows them to understand the roles and responsibilities of each team member.

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Finally, there is the liability issue. No management principal should allow medical support workers to operate with a SWAT team without proper training.

Although a number of courses are taught throughout the country that introduce pre-hospital care personnel to the issues of tactical medicine, none teaches the appropriate tactics along with relevant medical issues. Until now, none has successfully bridged the gap between emergency medical services and law enforcement special operations.

Training outside the agency is a cost-effective option for some departments. Heckler and Koch's famous International Training Division has developed an innovative Tactical Emergency Medicine Course, to be offered for the first time in the spring of 1996. The training curriculum is for physicians, paramedics, and EMTs. The full range of tactical operational skills is integrated with specific medical problems often encountered during law enforcement special operations.

This course may be a cost effective way for agencies to train their medical support component, knowing they will receive high-quality tactical training along with state-of-the-art emergency medical information.

Liability issues

The City of Canton v. Harris, et al. (1986) was a case that focused on the failure to adequately train police officers. A detainee alleged that during her booking procedure, she suffered severe emotional distress that required subsequent hospitalization. The decision as to whether a detainee should be transferred to a hospital for a medical evaluation rested with the jail supervisor.

The court found there had been "deliberate indifference" on part of the City to adequately train its officers. Because Canton's police department had no special training concerning which detainees should be sent for medical evaluation, the court found that the prisoner was denied her right of due process guaranteed under the 14th Amendment.

This case resulted in mandated expenditures in the training of police officers to handle all foreseeable contingencies.

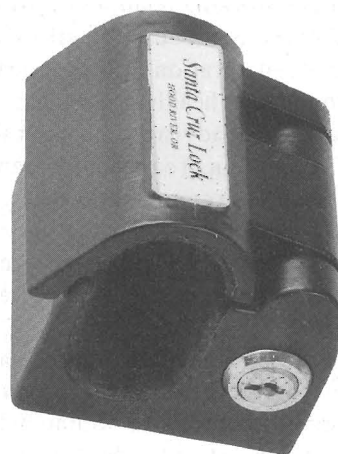
Once established, a tactical medical team can perform numerous high-level functions to support the SWAT team and reduce department liability. The team can provide careful advance coordination and planning for the necessary specialized medical equipment, and transport assets needed for successful tactical operations.

A team physician on the scene can provide a wealth of medical knowledge, medical control and guidance for paramedics assigned to the team. Should complications of injuries exceed paramedic protocols, there is no need to contact a base station and mission security is thereby maintained. The team physician ensures that the injured are afforded the best possible on-scene medical treatment and then transferred to an appropriate medical facility in a timely manner.

By maintaining current immunization, medical history, and an up-to-date health status of each team member, the team physician also ensures the transfer of crucial medical

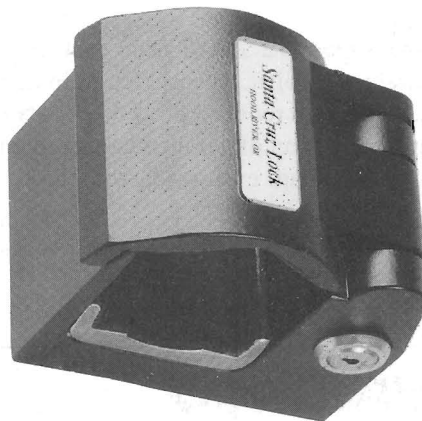
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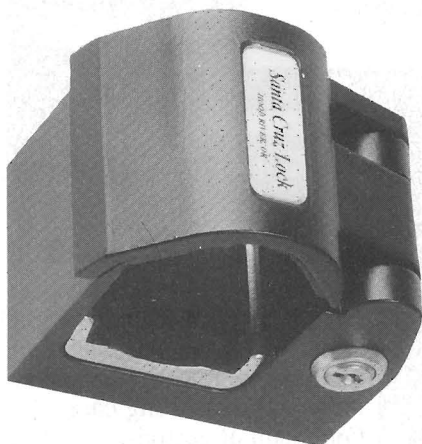
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information to the appropriate care provider. This will reduce delays in the treatment of illness and injuries.

Also, while serving as a patient advocate for officers being treated by other medical care providers, the medical officer can establish a favorable working relationship with the local EMS system and receiving medical facilities. This increases the appropriate integration of the tactical medical program with the community health care system.

A physician serving as a medical advisor is an asset to the commander of a SWAT operation. Team health management through routine physical exams ensures that all members are physically and mentally fit. Diet and exercise programs can be recommended as needed and team members' minor medical problems while deployed on an operation can be managed in-house.

Additionally, the team physician is a health information resource and can provide medical education and training to tactical operators in such areas as wound ballistics, field wound management, stress reduction and other health care issues.

A medical team that supports a SWAT team contributes to superior team morale and spirit. The reduction in line-of-duty injuries translates into reduced disability costs to the agency. The implementation of a police tactical medical team can save lives—perhaps even your own. L&O

Lawrence E. Heiskell, M.D., F.A.C.E.P. is a reserve police officer with the Palm Springs, CA, Police Department and serves as their SWAT team physician.

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Nominations should include verifying information (copies of awards, newspaper articles, etc.) and should be postmarked by October 4, 1996.

For more information, contact the National Rifle Association:

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