



Tactical EMERGENCY MEDICAL

Recent incidents such as the Columbine High School shooting in Colorado fuel persuasive arguments in favor of better equipping SWAT teams.

BY WILLIAM J. MAZZOCCO JR.

"Shots fired ... Columbine High School."

Little did we realize that this police call would be the first of a daylong series of events that would traumatize a community and a nation. The fingers of blame are flying left and right. Was it access to guns or something deeper?

But for the SWAT officers who responded to this nightmare, it was not for them to assign blame. Rather, it was their job to assemble, plan and end the event with the least loss of life. As in any special weapons and tactics situation, when they first entered the high school, their goal was straightforward: find the suspects, victims and witnesses.

Those who have worked in SWAT for a long time will tell you that a slow search may be the most physically demanding and most emotionally draining of all entry methods. Hindsight is always 20/20 — especially for uninvolved principals — to raise questions about delays and other tactics inherent in SWAT procedure.

But perhaps the most agonizing aspect is the knowledge that the slow search procedures required, may have robbed the wounded of potentially life-saving medical care.

TEMS Defined

TEMS is an acronym for Tactical Emergency Medical Support. This represents a very specialized segment within the pre-hospital treatment arena that is not often addressed in conventional EMS circles, let alone the lay press. TEMS is that segment of emergency medicine that deals specifically with the unique needs of police, state and federal tactical response

units or as they are more commonly known, SWAT or SERT units.

Many would assume that this would represent an exceptionally small and largely redundant component of the civilian EMS system. This assumption would be correct if it were not for two significant facts.

First and foremost is the fact that the world we live in is, in many instances and locales, becoming more violent despite national crime statistics that suggest otherwise. But it is not just domestic criminal incidents that are becoming more violent. The demise of the former Soviet Union and the end of the Cold War has removed the last vestiges of control exerted by KGB masters on numerous religious and nationalistic fringe groups.

Our world is awash with conventional weapons and the new terrors — biological and chemical weapons — haunt our dreams. The threat of a domestic or imported terrorism incident occurring is now recognized by most agencies as not so much a matter of IF but WHEN!

While it is certainly beyond the scope of this article to address these troubled times, I think that I can state that most law enforcement agencies are seeing the degree of violence rising even if the individual number of events is declining. Despite glowing crime reduction statistics, these individual horrors continue to confound the statisticians.

Even as I was writing this article, the nation was rocked again by another high school shooting, this time at Conyers High School, a suburb of Atlanta. Fortu-

nately, no one died, but the event sent yet another shockwave through a traumatized nation.

This increase in the scale of violence for individual criminal acts has led to the proliferation and increasing use of specialty response units. Call-outs of tactical support can often result if shots have been fired and a barricaded or hostage situation develops.

While there has been criticism (some justified) about the overutilization and variable levels of training observed with these teams, it is also clear that the line officer has neither the training, resources or firepower to deal with many of these complex tactical situations. Succinctly, the cop on the beat is frequently outnumbered and outgunned. The infamous bank shoot-out in Los Angeles, that was videotaped and shown across the country, made this manifestly evident.

The second issue revolves around the very nature of the nation's EMS system. Most of the EMS personnel now providing services are, in fact, volunteers. Even if the medics are professionals employed by a municipal fire department or other service, most have not been trained to function within a tactical environment.

The United States EMS system is the envy of the world in its scope and depth of training but even if a paramedic unit arrives within 10 minutes of the first shot being fired (as they did at Columbine), that does not mean it can access the patient. Frequently, the yellow "police tape" will act as an impenetrable barrier. Even if medical personnel are willing to proceed beyond

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Los Angeles County Sheriff's Department tactical medics are full-time deputies with the Special Enforcement Bureau (SWAT). They attend LA city's six-month-long paramedic course to qualify. They are also part of the mountain and underwater rescue teams.

the tape, without adequate tactical knowledge they could potentially place themselves or others at risk through ignorance of tactical procedures. The litigation possibilities are endless.

The Columbine H.S. Shooting

Columbine was typical of these events. We saw hundreds of police units arriving along with the EMS vehicles and then the EMS teams setting up different triage areas at different locations almost immediately. There have been occasions when

this type of deployment has taken hours, although this was not the case at in Littleton, Colo., according to senior sheriff's department officials there.

The numerous tactical teams that responded to the high school shooting had many problems they had to overcome, including communication among deployed officers from several different agencies on the scene.

No one could argue that the scene must have been near pandemonium and yet medic units managed to transport 25 in-

jured people in the first three hours. But it was still almost six hours from the time the first EMS vehicle arrived until the high school was "cleared" by the police.

One trauma surgeon, interviewed on one of the late-night talk shows that evening, expressed his frustration. He described how the first three injured students had been triaged, stabilized and transported from the scene. But following those initial transports, at times trauma teams at seven different hospitals had little to do but wait. Meanwhile, the entire country watched as SWAT personnel and dozens of other officers attempted to gain control of the scene.

It is not for us to criticize the police or EMS units that responded to the Columbine H.S. nightmare. No amount of training can totally prepare a community for the actions of two killers bent on mass murder and suicide. But many lessons can be learned from that day which may help other communities prepare for other events. We do know that at least one victim slowly bled to death while the teams were doing their slow search.

No one can know if his life might have been saved if the teams had been able to access him sooner. It certainly would have increased the risk of the entry teams since it was not known initially — and for some time — how many suspects there were or that (as it turned out) the two gunmen had committed suicide.

The one thing we do know is that if the teams had a TEMS medic with them they could have at least treated their own wounded and possibly have intervened earlier on other victims.

I am not aware if the units at Columbine did or did not have TEMS personnel attached to their entry teams or even if the presence of these personnel could have saved a single student. Regardless, Columbine should be a wake-up call for the civilian EMS system and for the SWAT and SERT teams around the coun-



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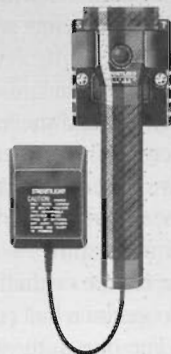
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try in particular. Succinctly, a tactical emergency medicine trained medic must be part of every tactical team and there must be funds made available to provide training and equipment for this essential service. It is no longer a "luxury" item.

Jefferson County Sheriff's Department officials defend the pace of their agency's SWAT team search that April day, saying that to cover a school of Columbine's size properly would have required 50-100 SWAT officers to "go in quickly.

"But we're not sending our people in to get injured or killed," a sheriff's captain told POLICE, reiterating that another critical factor for officers was the lack of

knowledge about the number of suspects and their weapons.

But such an approach may be less acceptable for other municipalities in the face of another Columbine in their communities. Each situation is different, of course.

However, there is already increasing pressure being brought to bear for teams to proceed with a more rapid intervention. Although this may save the lives of some, it will invariably place the lives of the entry team, the hostages, and the suspects at increased risk. The bottom line is: If you are going to have a SWAT team, you had better be ready to treat the wounded on site.

Realistic Training for TEMS Providers

Training for any tactical team involves time and money, but it does decrease agency liability and increases the skills and knowledge levels of team members. Cost-effective TEMS train-

ing is available and should be afforded to all medical personnel including pre-hospital care providers and physicians assigned to the tactical team.

For the past four years, The International Training Division of Heckler & Koch, Inc. in Sterling, Va., has been providing high quality training for TEMS providers. The Specialized



PHOTO COURTESY DR. LAWRENCE E. HEISKELL

Training exercises through the International Training Division of Heckler & Koch, Inc. offer high-quality scenarios for Tactical Emergency Medical Support providers. Here, two officers begin to engage medical attention while a third covers them. A training supervisor stands to the rear for observation and instruction.

ing is available and should be afforded to all medical personnel including pre-hospital care providers and physicians assigned to the tactical team.

TEMS training allows the medical support component to fully understand all aspects of law enforcement tactical operations and the roles and responsibilities of each team member. One of the fundamentals of a tactical team is the ability to anticipate and plan for adverse outcomes and deal with the problem accordingly. Medical personnel operating in the tactical environment must also develop this skill. To develop this skill, comprehensive TEMS training is imperative.

Tactical Medical Training Program is dedicated to one fundamental goal, and that is officer survival.

The objective of this program is to teach EMT's, paramedics and physicians the fundamentals of tactical operations in conjunction with the integration and application of emergency medical services. With this body of knowledge and skills, graduates are able to effectively integrate with a tactical team as a tactically safe medical provider. What you learn during this training program could save your life or the lives of others.

— Dr. Lawrence E. Heiskell, MD,
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