



The moment the door is breached is the highest risk for the point man. Until his back up members gain entry into the room, the threat is high, and the medical team notes which officers are where in the stack. This allows them to track who is injured and where they are located. It also can dictate where medics are posted and how far (if at all) they can go into a small structure.

## An Investment You Can Live With

# TACTICAL

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**Not only in life but especially in law enforcement, change comes whether we're ready for it or not.**

**W**e've all faced dynamic adjustments in our departments in the past and will continue to do so in the future. It's best to grab the bull by the horns and face changes head on. Consider tactical medicine, the subject of this article. Talk to the veterans around your police force and ask them how patients were cared for in the "early days" and see if anyone remembers the invention of the ambulance. It was not that long ago that EMS was a pipe dream.

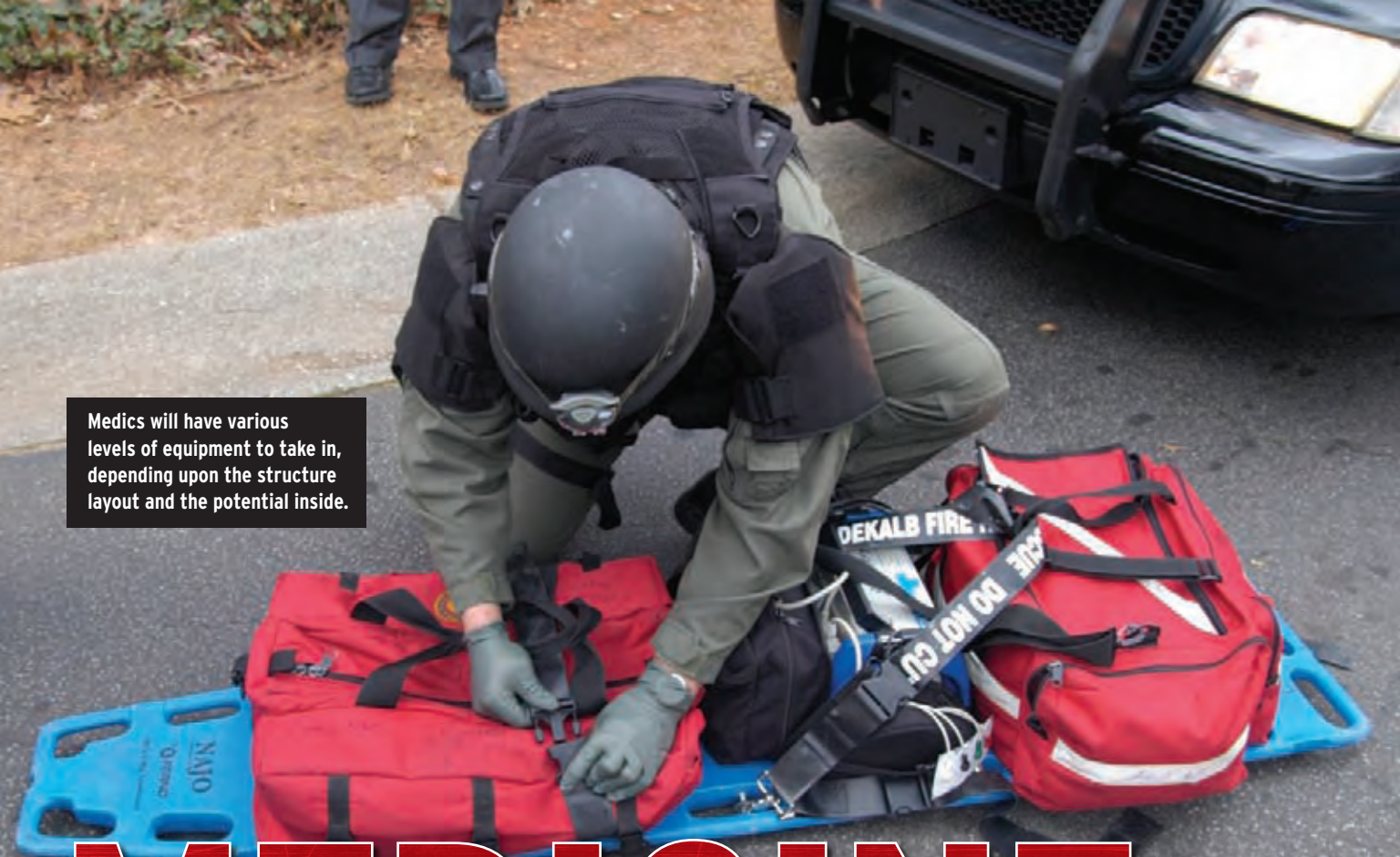
Think about your department's call volume now and how you interact with

a large number of other agencies in your routine duties. The realm of public safety has become so mixed that the lines are now blurred, and many types of calls find fire, police and EMS on the same scene. The true meaning of public safety has evolved, and it is everyone's job to deliver their component of service to the call at hand. When one branch of this triangle is called up for action, it is likely that the other players will show up as well.

It is a daily happening to have accidents with injuries in your territory and

find the firefighters assisting in patient care and handling fuel spills while the EMS service prepares the victim for transportation. As you begin to gather your report information, you learn how the other parts act, and in fact interact, with your agency. The more serious the injury from the accident is, the more likely your job escalates and broadens. When EMS rushes by and tells you the victim is "low sick," you know the minor accident report just went out the window.

Serious victims, alcohol-induced drivers and other variables mean that when you key the microphone, everyone wants to get a good update of what is happening. This evolves into the need for crime scene and perhaps the traffic specialist. Your supervisor is coming and maybe even the coroner or the medical examiner. Traffic may as well divert, as accident re-creation just got bigger and



Medics will have various levels of equipment to take in, depending upon the structure layout and the potential inside.

# MEDICINE

so is the method of handling this near-fatal wreck. Things just got more complicated, and the cheeseburger you have in the front seat will remain uneaten for hours to come.

We no longer just handle the mundane dispatches, and sometimes you actually look forward to that dog-barking call. Once in awhile it would be nice just to know that this call will be resolved quickly and to the point, and you can go home safe and sound (to your own dog barking).

While you can appreciate the chance to handle low-priority calls with high-level customer satisfaction, the reality is there are more than a handful of calls that are just going to be bad. The police departments of today, both large and small, are faced with a rising number of violent crimes and often the beat officers have to call for additional resources in

order to get the call closed without injury to anyone.

This is the time the SWAT pager goes off and out you go to the activation of your team for a botched robbery where a barricaded drug addict is holding a store clerk hostage. The story gets worse by the minute as your radio chirps with news of several customers held at gunpoint by a crazed lunatic high on meth. You think about the potential while you rush to the scene, simultaneously piecing your equipment together in your head and reminding yourself of the last time you cleaned your long gun.

What could be unfolding is a tragedy in the making. Unlike the high-speed accident with multiple critical injuries, this upcoming scene at the gas/food store is missing some components that could be so very important to the actual outcome of the SWAT activation. Today in law

enforcement, few departments have gotten on board with the National Tactical Officers Association's endorsement of the tactical emergency medical services (TEMS) program.

Officers—especially those on SWAT and crisis response teams—seldom think about the medical component. Pull up on the wreck with blood gushing out a victim's head, now that is when you should be thinking about EMS, right? "Hurry those EMS units up—this patient is in bad shape." Ever hear that before?

As violent crime increases, so does our police response. Beat officers across the nation are now faced with hostages or barricaded situations and must be trained to upgrade the call for SWAT teams. Times have changed so much we need that specialty team response to include many other components that are just as important to the outcome as the

negotiator or the long guns you carry. That activation also needs to include paramedics trained in the tactical environment. This EMS interaction is crucial in many respects, to include your safety and that of the affected public.

The hostages who get shot by the perpetrator need medical help and it may need to be while the event is still "active." The victim who lies bleeding on the floor needs medical attention right now, and paramedics may actually have to provide treatment over the phone during the negotiation phase. Do some light reading about the Columbine High School outcome and find out the concern over the length of time between the SWAT entries and when the victims received medical intervention. Can your department handle that criticism? Can the victim, perhaps an officer down, live without a trained paramedic? It is an investment you may need to *live* with!

In most SWAT environments the EMS and fire crews (both are often required and work hand in hand) are routinely staged a mile or two away. You can also expect that the EMS crew does not have your communications link and you cannot speak to them directly. It can be guaranteed they do not understand how you operate.

Even as the call gets worse and victims are encountered, you must continue to seek out the active shooter. Perpetrator contact cannot wait just because you located the carnage he left behind. What happens to those victims? Who will care for them and how will they be extracted from the scene? What do you do with the beat officer who was shot long before the activation even came in, and lies beneath your feet asking for help?

SWAT officers are seldom trained to provide extensive medical care to victims of a gunshot wound, let alone have the ability to be distracted from their mission and remove victims from harm's way. The "officer down" drill is not usually a part of the scenario you train with and in reality, you may encounter it on any call out you respond to. In the EMS field, time equals blood loss for the trauma victim. The math formula will reach "0" if treatment is not started immediately. Lives are truly in the balance.

A true tactical paramedic is trained

in SWAT operations and is integrated into your team. The medics are not just along for the ride or just to see the action unfold; they need to be part of your team. Where you go, they go. Where you move, they move. You have an entry vest and they have an entry vest. When you train, they train. The only exception may be that you carry a long gun and the medical team carries a trauma bag.

Tactical EMS essentially moves the medical team from the staging area a mile away and puts them in the entry stack just ahead of the rear guard. When you cover the medic, they too will have your back. They are your eyes and ears and are primarily assigned to the team for officer safety. Instead of hours passing to receive medical care as a wounded entry officer goes down on the floor, they lay "hands upon him" in just seconds. Trauma studies from the Vietnam War era clearly illustrate that the number of soldiers killed-in-action (KIA) from extremity wounds was not only way too high, but was correctable in the field. We face those same KIA numbers if we aren't prepared.

Having medics who have trained with you just inches away from you removes the logistical problems encountered when you need one brought up to the scene. You don't have to call them on the radio; all you have to do is look over your shoulder. Also remain aware that if you use gas to force out a perpetrator, the local EMS service will not be able to enter that environment, nor transport victims in their ambulance. You are stuck being responsible for patient care until that bleeding victim gets cleaned off and decontaminated. Can your team handle that responsibility?

Trauma care for victims of violent crime need trained medical providers, and the Tactical Paramedic needs to know that you will protect them as the team moves about the structure seeking out the perpetrator. The TEMS team is also there for your routine health and to remind you about hydration and other



**Author's department has a special operations unit that is a non-patient carrying vehicle. Inside the unit is a variety of equipment that augments the response, including entry tools, rope rescue and rappelling harnesses as well as medical equipment and ballistic shields.**

health needs. Ever get to a call-out scene and have a headache, GI trouble or are fighting the flu? Ever feel so dehydrated after staging in your entry vest for hours that you just can't afford to sweat out one more drop? Look back and the best feeling you can have is a well-trained paramedic ready to help. A good medic has a bag full of tricks to get you through safely.

Most SWAT teams also need to consider the legal liability that often follows a tactical encounter. We mentioned Columbine High School, but what about the Atlanta day trader incident, the Fulton County Courthouse Shooting and even more recently the Virginia Tech School situation? Who took care of all those victims and how would your response team stack up when procedures and protocols are dissected after the fact? In addition to saving lives, having

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trained medical providers on your team can reduce the liability your department encounters.

While you may be faced with the need to neutralize the perpetrator to save innocent lives, you can shield your personnel and the department by providing trained medical care almost before the gunman hits the floor. You do what you have to do, but before the smoke clears, your tactical paramedics have initiated patient contact and can coordinate their extraction with other teammates.

The time has come to put paramedics on the forefront of what police officers deal with every day. The tactical paramedic can learn your movements and your procedures and handle the end of

the spectrum you know little about. By having medics on the team, you may find it is safer than having officers try to learn street medicine in a classroom setting. Some teams try to turn officers into medical providers, but this often causes “role confusion” about what you may have to do during the activation. The paramedic can care for you before, during and after the call out.

Statistics also show that more officers get injured in training exercises than on actual SWAT activations. Bringing paramedics onto the team increases your chance of a healthy call out (and the comfort of your officers knowing care is just seconds away), and the goal of everyone going home safely can be met. You

wouldn't pull up on the next botched robbery without your gun or your vest, so consider not leaving your paramedic team staging some miles away. It may be necessary to have “everything you need” with you when you make entry. Having tactical emergency medical services on your team is definitely an investment you can *live* with. ☉

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