**MEDICAL ALERT:**

**Training You to Save Lives**

Minimize injury and agency liability and maximize survivability. Get trained now in Tactical Medicine!

All of us at the International School of Tactical Medicine consider it an honor and a privilege to be a part of this premier issue of Tactical Medicine. In this exciting new magazine we will be offering up informative material in the exploding field of tactical medicine. Information you can use to help you do a better job whatever your level of medical training.

We will also be presenting new products and products reviews of equipment tested and evaluated only by our faculty, but by the hundreds of tactical medics we train each year at our tactical medicine school and training facility in Palm Springs, California.

We also want to hear from you, the reader. Let us know what topics you would like for us to address and equipment you want tested and evaluated before you buy them. We promise to give you a 100-percent unbiased opinion of products tested. Email us at comments@harris-pub.com with your requests. Without further ado, let’s get cracking into the first order of business.

**Need a Medic?**

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 operational plan. Unfortunately, there are some law enforcement agencies that still deploy S.W.A.T. teams for high-risk warrant service or other operations with no further medical plan other than to call 911 if someone is shot or injured. In today’s litigious world this practice is certain to come under close legal scrutiny by the courts.

Most law enforcement personnel are typically trained only to the level of basic CPR and lack the experience and training to assess and provide rapid triage for injured victims. Tactical officers could potentially then find themselves placed in the line of fire while attempting to rescue non-critical or dead victims.

**Civilian EMS Constraints**

During tactical operations involving a barricaded hostage or active-shooter situations, tactical commanders will often stage civilian EMS personnel remotely for their personal safety.

The traditional EMS crew is reluctant to enter the scene because they are not convinced that the area is absolutely safe to enter, at which time an officer or victims could bleed to death. In addition, critical information necessary for proper care and eventual trauma center management is fragmented and diluted due to confusion and stress on the EMS personnel upon their arrival. A good example was the Virginia Tech massacre in Blacksburg, Virginia in April of this year.

Not having direct communication channels with the command post removes them even further from being able to perform effectively.

**What are the Options?**

**Establish a Tactical medic support team:**

Consideration for medical support can be accomplished through a wide array of options, from civilian EMTs to sworn or accomplished through a wide array of options, from civilian EMTs to sworn or candidates to serve as a team physician.

Options include deciding whether to train members from their respective teams to become paramedics or EMTs or borrow these services from local Fire and EMS. If a higher level of medical care such as a team doctor is desired, a qualified physician should be sought. A qualified physician is one that has experience and training in the recognition and management of medical emergencies and advanced trauma life support.

The source for emergency physicians is abundant. Most police departments, emergency management, and other law enforcement agencies that conduct law enforcement duties. It wouldn’t take long for interested tactical police officers to identify those physicians with a law enforcement mindset and potential team player and who could be viewed as prospective candidates to serve as a team physician.

**Obtain training for the team:**

Once the emergency medical team is selected, training issues must be addressed before the team is deployed. Several options exist for force instructors to consider, each with its own advantages and disadvantages. Specialized medical equipment and transport assets needed for successful tactical operations.

Unlike most EMS agencies that operate independently, some tactical operations take place in remote or rural areas, hours from the nearest hospital or even longer to a trauma center. This being the case, on-scene medical support with advanced life-support capabilities can secure an airway, put in an I.V. line and stabilize the injured officer for transport. This might make an important difference in his condition once en route to the trauma center. A team physician on-scene can provide a wealth of medical knowledge about the nature of the critical conditions that exist during tactical operations. No tactical team commander should allow or feel comfortable with medical support operating within this environment without proper training.

**Assets for the Agency**

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

In the event the bleeding cannot be controlled by direct pressure with an emergency bandage or next with a tourniquet, the kit contains a Quick Clot advanced clotting sponge. There is a SAM splint for fractures or broken bones and a Water-Jel burn dressing. The kit also contains a pair of EMT scissors, cravats, gauze bandages, adhesive bandages, exam gloves and a “Rite in the Rain” note pad. Included is a two-page instruction document containing useful information on first-aid treatment, notification techniques and survival tips.

This well thought out kit and designed first aid kit provided the tools and materials necessary to treat worst-case injuries that can occur during training evolutions and at the range during firearms training. For more information visit TSSI at www.TacSurv.com or call (540) 434-8974. TSSI can be reached by mail at P.OB 1890, Dept. TW, Harrisonburg, VA 22801.
police S.W.A.T. team contributes superior team morale and spirit and will reduce lost work time for specially trained and difficult-to-replace police officers. The reduction in line-of-duty injuries then translates into reduced disability costs to the agency.

The Ultimate Goal

Emergency medical support of tactical operations can and does enhance the probability of a successful operation. When officers are critically injured during a tactical operation, the goal should be to reduce the time from injury to definitive care at the trauma center. These objectives must be balanced between the maintenance of medical and tactical skills and continuous evaluations of those pre-hospital procedures that make a difference in the outcome of the injured. Above all, the ultimate goal is to minimize injury, maximize survivability and go home to your family after each operation.

About The Author:

Lawrence Heiskell, M.D., FACEP, FAAFP is 17-year veteran reserve police officer and the founder and executive director of the International School of Tactical Medicine (ISTM) at the Palm Springs Police Training Center in Palm Springs, California. ISTM is the only federally approved tactical medicine school by the U.S. Department of Homeland Security.