

By Lawrence Heiskell

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 Weapons*. 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 not only 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 crackin' 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 and 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



A tactical medical team evaluates and treats a victim during a simulated operation.

"SHOOTING RANGE" FIRST AID KIT

Tactical & Survival Specialties, Inc. (TSSI) is a 25-year-old company that produces many quality products for the U.S. military and civilian law enforcement special operation teams. Once such product has an application for anyone that conducts firearms training—the Range First Aid Kit.

Packed in a 10-5/8- x 9-11/16- x 4-7/8- inch bright orange waterproof Pelican 1200 case, it contains everything you need to be able to provide life-saving care to minor lacerations and burns to fractures and penetrating chest wounds.

The kit contains a pocket Laerdal CPR mask in the event of a full arrest and an Asherman chest seal to treat a sucking chest wound. Also included are two tourniquets, which are the most important items that everyone should have and know how to use. Some 2,500 soldiers died in the Vietnam War from simple extremity wounds because a tourniquet was not applied in a timely



manner. This kit contains two, Combat Application Tourniquets (C.A.T.). Also included are two emergency bandages, which were developed and tested in Israel and have proven to control or stop bleeding from arterial injuries.

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 dressings, 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, navigation 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 POB 1890, Dept. TW, Harrisonburg, VA 22801.

designated reserve police officers who are physicians or paramedics. Each agency must decide on what best suits the needs of the team, and perform a cost-benefit analysis of its own program.

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 officers will personally know several of the local "ER Docs" having frequently visited local hospital emergency departments while conducting 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 players 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 training the medical team. A two-week dedicated tactical medicine school

will provide the essential tactical knowledge and skill required to operate safely in the tactical environment and is the most cost-effective method for training tactical medical personnel.

Tactical training for medical team members is important for a number of reasons. First, no team member, regardless of his position or assignment can be an effective component without proper training.

Second, tactically training the medical support personnel allows the medical component to understand all aspects of tactical operations and the risk-benefit ratio associated with each tactical decision.

Finally, there is the liability issue, brought about by 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 careful advance coordination and planning for the necessary

specialized medical equipment, and transport assets needed for successful tactical operations.

Unlike most EMS agencies that operate in urban areas that are hospital-heavy, some tactical operations take place in remote or rural areas, often 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, medical control and guidance for paramedics assigned to the team.

Should complications of injuries exceed paramedic protocols, the need to contact a base station can be avoided and mission security maintained.

The team physician also serves as a health information resource for team members and provides medical education and training to tactical operators in such areas as wound ballistics, field wound management, stress reduction and other health care issues.

A tactical medical unit that supports a

TW HEADS UP
In the next issue of TW, Dan Olesnick, M.D. of the International School of Tactical Medicine will address the issues of effectively equipping the tactical medic.

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.

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