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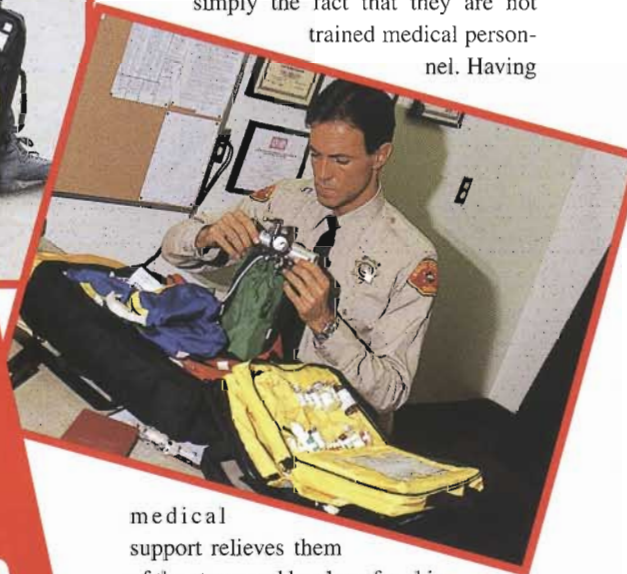




by Lawrence E. Heiskell, M.D., F.A.C.E.P.  
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# Tactical Emergency Medical Support...





were in their infancy. It was not until 1966 that CPR training was initially recommended to be taught to medical personnel. Trauma care in the United States was not standardized until 1980. It is understandable in this context that no guidelines for medical care for tactical teams were conceived.

**Officer Limitations**

Agency SWAT teams are justified in developing a medical support team due to tactical officer limitations in providing emergency medical care. Most law enforcement officers are trained to American Red Cross First-Aid and CPR at best, and may inappropriately place themselves in the line of fire to rescue non-critical or dead victims. They are not able to triage victims rapidly and lack the understanding of the effects of disease process on tactical operations. This is not a reflection of the tactical officers' ability, but simply the fact that they are not trained medical personnel. Having

**T**oday in our violent society, law enforcement agencies that deploy special operations teams are recognizing that emergency medical support of a tactical operation enhances the chance of a successful mission. Law enforcement SWAT teams are often faced with barricaded suspects, hostage situations and organized opposing forces. Also violent and suicidal suspects present a challenging management problem for law enforcement, especially during tactical operations.

**Background**

During the 1960s, which was a peri-

**for Law Enforcement SPECIAL OPERATIONS TEAMS**

*Previous page:* A tactical team commander is provided with medical advice by the team physician during a call-out.

*This page, clockwise from top:* SWAT team members participate in an aeromedical evacuation exercise.

**Tactical medical team member training during rappelling exercise with the trauma pack.**

**SWAT team physician prepares and checks his advanced trauma life support pack.**

**SWAT team physician prepares and checks advanced trauma life support pack before a call-out.**

od of growing civil unrest and rioting, law enforcement agencies nationwide began to assess their department ability to handle difficult situations. Most felt ill-equipped to handle such problems and many administrators favored the concept of specially trained tactical units. These teams did not include the provision of specially trained medical personnel. In fact, prehospital care and transport systems

medical support relieves them of the stress and burden of making medical decisions.

Prehospital emergency medical care has advanced considerably in the past 30 years, and sophisticated management of life and limb threatening problems can now be available at the scene. Agencies should consider this impact for the health and welfare of their team members and to minimize their departmental liability exposure to civil litigation.

Tactical units are in need of a military style emergency medical services system which utilizes civilian trained and certified prehospital care personnel whose services conform to local policy and procedure. They also require that the tactical medical support be as close to the site of injury as



**This page, top to bottom: Providing on scene advanced trauma life support is the crucial mission of the SWAT team physician.**

**A SWAT team physician treats an injured officer during a training exercise at point of relative safety.**

**Here, a SWAT team physician evaluates a team member during a training exercise.**



possible without disrupting tactical operations. The tactical medical team must be aware of scene factors that affect the traditional methods of providing prehospital care. As a result, some traditional civilian field medical priorities must be modified for the tactical environment.

### Issues Facing Tactical Medical Teams

Unsafe to enter, the austere tactical environment is dangerous and complex for emergency medical personnel without proper training. Current basic trauma life support protocol states they should not enter an area until there is no doubt that the scene is safe. In addition, most police department policies will not allow anyone other than law enforcement personnel into an unsecured area. Even if the scene is tactically secure, the crime scene must first

be cleared for evidence by forensics and detectives. From a legal standpoint, tacti-

cal emergency medical personnel must be aware of the preservation and collection of evidence and be able to apply special law enforcement principles to the delivery of emergency medical care. In this manner, the confidentiality and integrity of vital evidence can be preserved.

The tactical operation may be prolonged or extended, requiring patient assessment and care in the field. On occasion a patient may need evaluation inside the perimeter where hostile gunfire may be a factor. This presents a hazard as well as a major distraction for normal medical assessment. It may be necessary to provide rapid extrication of the injured to a site of relative safety to begin emergency medical care, or if necessary interface with civilian EMS personnel. In addition, tactical officers use specialized gear and personal protective equipment for tactical operations. This gear forms layers which need careful removal before assessment of the injury can take place. Finally, toxic hazards are increasing as more tactical teams become involved in high-risk warrant service, drug interdiction and clandestine drug laboratory raids. Biohazard precautions and other decontamination protocols must be followed.

The tactical medical officer should have a working knowledge of aeromedical medicine and transport procedures. Aeromedical evacuation has proved to be beneficial in the civilian and military sector, and tactical law enforcement units are now incorporating air medical support into their tactical emergency medical support programs.

The value of having and training an emergency medical support medical team is immeasurable. The gathering of medical intelligence and the ability to provide the commander and operations team leaders with information about any pre-existing medical problems or conditions that the suspect or hostages may have is extremely useful to team leaders in deciding which tactical options may be necessary, and the methods in which they are deployed. In situations of multiple hostages, the team medical officer can plan for different types of treatment based on this information. Arrangement can then be made with local hospitals and trauma centers to prepare for different

types of patients.

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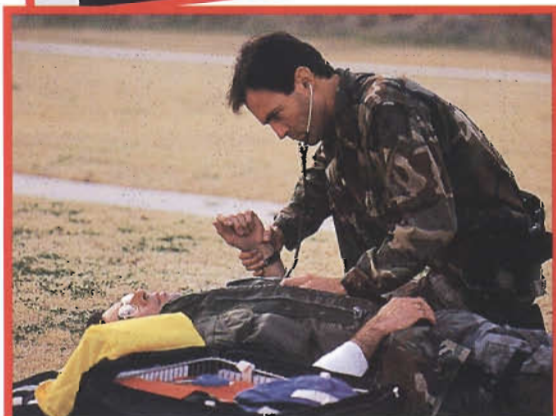
### Cost/Benefit Analysis

In the deployment of a tactical medical team, there are several vital areas. These include (but are not limited to) planning, training and providing care. Resources are the medical personnel that range from law enforcement officers with basic first aid training to qualified physicians, who provide care and medical control. No tactical team should operate without some form of medical support and an EMS pre-plan. Doing so can have disastrous legal and medical consequences.

Law enforcement agencies with tactical teams are currently faced with several options. They must decide whether to train members from their team to become EMTs or paramedics, to train civilian EMTs and paramedics to become members of their team, or to recruit volunteer physicians from the private sector.

The number of hours required for classroom and clinical rotations to become a paramedic ranges from 700 to 1,000 hours and varies according to state law. There are also minimum requirements for continuing education each year. However, these requirements are not sufficient to maintain adequate provider skills without ongoing practice. This translates into a labor intensive and expensive program for most law enforcement agencies. Consequently, each agency must perform a cost/benefit analysis of its tactical medical program.

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officer. They can then be trained through one of many basic SWAT schools offered throughout the country.

**Planning Considerations**

Planning the appropriate tactical strategy at a high-risk incident requires the gathering, synthesis and use of intelligence. The medical component of the plan is essential and must be an integral part of preplanning for potential hostile confrontations. Hospital contact procedures and selection of proper communication channels are important. The deployment site of on-scene medical personnel and the location for patient transfer to civilian EMS must be addressed in the planning stage. Tactical commanders must determine whether the ambulance and the tactical medical team will have access to the scene based on their assigned position. The location of hospitals and trauma centers must be determined, along with direct and alternate routes.

Tactical planners should determine whether security can be maintained at the receiving facility, and if the proposed trauma center has heli-pad capabilities. Considerations should be given to multiple scenarios, including multiple victims where some may be transferred to civilian EMS, allowing the tactical medical team to remain on scene. The provisions for medical transport may be determined by the nature of the operation. If the operation is conducted in a remote area with the nearest trauma center one hour away by ground, a pre-plan for aeromedical transport should be implemented.

**Training a Tactical Emergency Medical Support Team**

Training the tactical medical team involves time and money. However, this investment increases the capability of the team and decreases liability for the agency. If feasible and cost effective, all tactical medical personnel, paramedics and physicians should be trained to the highest level possible. Training of sworn, commissioned members of the team should include a basic SWAT school, fitness requirements and weapons training and qualifications. This comprehensive training allows the medical support team to fully understand all aspects of law enforcement tactical operations along with the roles and responsibilities of each team member.

A realistic understanding of the factors

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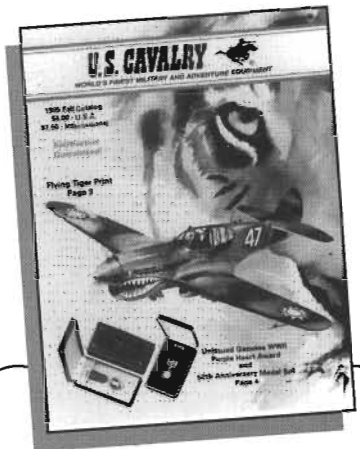
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predisposing to injury or illness permits the medical support team to apply their medical knowledge base to more practical field problems. Medical personnel operating in the tactical environment must be able to anticipate and plan for a worst-case scenario. Training exercises should include the simulation of worst-case scenarios, along with unusual types of missions, conditions and adverse outcomes.

### Tactical Emergency Medicine Courses

Heckler & Koch's International Training Division has developed an intensive five-day Tactical Emergency Medicine Course which will be offered in the 1996 training curriculum. This innovative course was developed to teach physicians, paramedics and EMTs appropriate tactics along with the specific medical problems often encountered during special operations by the medical support personnel of SWAT teams.

This course may prove to be an efficient, cost-effective method for police departments to effectively and adequately train their medical support personnel, knowing they will receive quality tactical training along with state-of-the-art medical information.

### Team Medical Officer Concept

There are many circumstances in which the wide scope of practice offered by a physician is of vital importance to the integrity of a mission. Physicians are instrumental in foreseeing potential risks and hazards, and in preparing the team for peak performance through preventive measures. Also, by providing continuous education to the team members, this can help to increase the awareness of the team as a whole.

An emergency physician on-scene provides a wealth of information and is a great resource for the tactical commander and paramedics assigned to the team. Should complications of injuries exceed paramedic protocols, there is no need for them to attempt hospital base station contact and risk mission security or delayed medical care. Of even more importance, the tactical trained team physician has an understanding of the risk-benefit ratio of the operation.

Tactical operations can be prolonged, or occur during inclement weather conditions which can place team members and the operation at risk. The on-scene emergency physician can foresee risks such as

hypothermia, heat illness, and dehydration and advise the commander or team leaders accordingly.

Before and during special operations, a SWAT team physician can apply the preventive medicine concept. Team medical education is very important if the team is to function with full efficiency. Exercise and diet programs can be managed in-house. Tactical team health management through wellness screenings and physical exams ensure that all team members are physically and mentally fit for tactical operations. Another important component

of team health management is the incorporation of critical incident stress debriefing programs. Additionally, the SWAT team physician can provide medical education to team members in relevant areas such as field wound management and wound ballistics.

### Conclusion

The concept of emergency medical support should be considered by every SWAT team as an investment in the well-being of its members. Lives are at stake, and in our liability-prone litigious world, this is truly a win-win situation. ●

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