HFD AND HPD TACTICAL MEDICAL TEAM

OVERVIEW
Introduction to Tactical EMS

- Special Operations Units in the military have utilized TEMS for years
  - Recognize the value in immediate treatment
EMS agencies generally do not provide the training necessary to operate in a tactical environment
- Concern over “Scene Safety”

Requires consistent training with the local tactical unit to develop trust, proficiency, and understanding of their tactics
Due to this recognized need, Tactical Emergency Medical Support was developed

- Specialized Medical Training
- Preventive Medicine
- Knowledge of SWAT and PD operations
N.T.O.A. Position Statement

“The National Tactical Officers Association believes that TEMS should be provided within the inner perimeter by tactically competent certified pre-hospital care providers under the medical control of physicians with tactical training.”
Current State of TEMS

- US Army
  - Deploys physicians with their tactical medics
- US Air Force
  - Pararescuemen (PJ’s) with their special tactics squadron
- FBI utilizes local or intra-department tactical medics to cover their tactical team
  - Hostage rescue team has its own emergency medical contingency
- ICE unit (Customs)
  - Tactical Medics trained via Johns Hopkins
- State Police
- Over 600 Departments
Clinical Justification

- Wound Data and Munitions Effectiveness Team Study (Vietnam)
  - 90% of combat deaths occurred in the battlefield
    - 42% succumbed immediately
    - **26% died within 5 minutes**
    - **16% survived between 5-30 minutes**
    - 8-10% died between 30 minutes-2 hours
  - **42% within 30 minutes!!!**
Clinical Justification

- Causes of Preventable Death
  - Hemorrhage from extremity wounds (60%)
  - Tension pneumothorax (33%)
  - Airway obstruction (6%)

- 90% of all combat deaths occur before the casualty reaches a medical treatment facility

- Data from Vietnam
From evaluation of 982 casualties, and casualties could have more than one cause of death. (Kelly J., J Trauma 64:S21, 2008)
Clinical Justification

- Per 1000 SWAT officer missions:
  - 3.2 injured innocent bystanders
  - 1.8 officer casualties
  - 33 officer injuries
  - 18.9 injured perpetrators

- Need for close medical support on call-outs
- Significant number of sports medicine related injuries during training, and call-outs.
  - Sprains/Strains, Lacerations
Purpose and Role of a TEMS Provider
Primary Goals of a TEMS Unit:
- Enhance the probability of mission accomplishment
- Reduce mortality and morbidity among innocent civilians, officers, and suspects
- Reduce line of duty injury and disability costs
- Reduce lost work time for specially trained officers
- Maintain good team morale by exhibiting concern for the health and welfare of the SWAT team members
Expectations of a Tactical Medical Provider:

- Provide immediate emergency care in the event of an injury to a civilian, team member, or suspect
- Coordinate on-scene care with available resources
- Monitor the medical effects of environmental conditions on individual team members as well as determine the potential impact of medical or health factors on a mission outcome
- Conduct in-service training of SWAT officers such as buddy first-aid through scenario development
Tactical Medic Training

- Physical Conditioning
- SWAT School
- Weapons Training
  - Safety
- Close quarters battle/combat
  - Understanding tactics
- Field Medicine
  - Preventive
  - Pre-hospital
  - TCCC
  - Critical Care/Trauma Care
Attributes and Skills

- Hazardous Materials
  - Toxicology, hazardous materials, infectious agents
  - Advise command post regarding environment
  - Familiarity with SCBA, Level A/B suits
    - Methamphetamine Labs
Attributes and Skills

- Special Equipment
  - Maintain lightweight efficient equipment for rapid deployment
    - Barricade/Warrant vs. Manhunt vs. Waterborne ops
Attributes and Skills

- Sensory-deprived or overloaded patient evaluations
  - Perform an evaluation under gunfire, in the dark, or austere environments
Houston Tactical Medic Team

- On Duty Team
  - 3 Physicians
  - 9 Tactical Medics
  - 1 Paramedic SWAT Officer
- Recruitment
  - Physical, Background Check, Medical Review, Interview
  - Continue to meet PT standard
- SWAT School
- 2 training days per month
  - Must attend 75%
Tactical Medic Team Funding

- UASI Grant
  - 2010
    - Budget $252,174
    - Manpower for 2 first years
      - Only covers training, not deployments
    - Start up Equipment
  - 2011
    - Budget $278,378
    - Team Maintenance
      - Addresses turnover and equipment usage
      - Addressed need to expand team
      - Shortcomings in previous budget recognized
      - Covers 2 years
Houston Tactical Medic Team

- Unarmed, No TCLEOSE certification
- Inner/Outer Perimeter (Scenario Dependent)
- Expanded set of protocols
  - Corneal Abrasion evaluation
  - Antibiotics
  - Expanded medications
    - i.e., Ketamine, Toradol, OTC meds
  - Cricothyrotomy
Active Shooter Scenario

- Workplace
  - Johns Hopkins
- Mall
- School
North Hollywood

- 11 injured police officers
- 7 injured civilians
- 2 fatally injured perpetrators
- 2,000 rounds of ammunition

(Above Left) Bank Robber’s Larry Philips Jr. and Emil Mătăsăreanu (Right). (Bottom) Scenes from the North Hollywood Shootout.
April 20, 1999
Two Seniors killed 12 students and 1 teacher
Changed active shooter approach for PD
Virginia Tech Shootings

- April 16, 2007
- Seung-Hui Cho killed 32 people
Mumbai Attacks

- November 26, 2008
- 10 coordinated shooting and bombing attacks
- Killed 164 people, wounding 308
- Taj Hotel
Houston?