

# Clearwater SWAT

## Tactical Operational Medical Support Manual

### 2001

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## **Our Purpose:**

The purpose of the Tactical Operational Medical Support (TOMS) Medic or SWAT Medic is to provide immediate and continued medical support for the Clearwater Police Department's (CPD) SWAT (Special Weapons and Tactics) and ERT (Emergency Response Team) teams. Swat medics will accompany the SWAT and ERT teams on all call-outs and training for the primary purpose of rendering emergency and preventative medical care to injured victims. These victims would include any police officers, fire personnel, and civilians alike.

Swat Medics possess the proper training and skills that enable them to operate effectively in an austere and hostile environment. A standby rescue would prove to be ineffective and a liability if utilized in these specific environments.

***Mission Statement:*** To effectively perform the spectrum of services necessary to establish and maintain the health, welfare and safety of Special Operations Law Enforcement Providers in every possible environment.

## **Applicant Requirements:**

- ◆ Minimum of 2 years as a paramedic, and 2 years of service at Clearwater Fire Department, with demonstrated clinical experience with the Pinellas County Medical Directors Board, and Clearwater Fire Department.
- ◆ Overall work performance, behavior, skill level, and professionalism demonstrated during normal duties at CFD must be maintained at acceptable standards per yearly evaluation for consideration.
- ◆ Written letter of recommendation from your shift LR and DC.
- ◆ Oral review board
- ◆ Successful completion of physical agility testing.
- ◆ Successful completion of written test
- ◆ Must pass criminal background check

## **Team Standards:**

1. Initial 6 month evaluation period
2. Successful completion of Basic SWAT School
3. Successful completion of DoD EMT-T Course (CONTOMS)
4. Rigid team confidentiality (OPSEC)
5. Maintain overall physical condition, testing, and appearance
6. Maintain security and maintenance of specialty equipment
7. Attend all mandatory training days per month, unless team leader previously approves absence.
8. Maintenance and attendance of all medical in house training and Pinellas County sponsored level III training.
9. Ability to competently complete regularly scheduled time based scenarios incorporating care under fire techniques, ACLS, BTLIS, and level III protocols.
10. Discrepancies and failure to maintain standards set forth may result in progressive discipline within the team, suspension from TEMS activities, and up to removal from the SWAT medic program.

## **Incidents In Which A TOMS Response Is Indicated But Not Limited To Include:**

- ◆ High risk warrant service (HRW)
- ◆ Hostage situations
- ◆ Drug interdiction and raids
- ◆ Barricaded suspects
- ◆ Armed felony suspect arrests
- ◆ Dignitary protection details
- ◆ Civil disturbances / demonstrations
- ◆ Active shooter incidents
- ◆ Terrorist acts
- ◆ Cooperative operations with other law enforcement agencies. Examples: FBI, DEA, ATF, FDLE, and other local police agencies.
- ◆ Training
- ◆ Other large scale incidents

## **The Role of the Tactical Medic:**

- ◆ #1- Support Law Enforcement's Mission
- ◆ "The Commander's Medical Conscience"
- ◆ Operational Medical Support

## **The Expanded Role of the Tactical Medic:**

- ◆ Officer Advocacy
- ◆ Forensic Evidence
- ◆ Primary & Preventive Medicine
- ◆ Medical Threat Assessment
- ◆ Medicine Across the Barricade
- ◆ Hasty Decontamination
- ◆ Operational Security (OPSEC)
- ◆ Officer Rescue

*See included PowerPoint slide presentation*

## **The History and Need for TOMS:**

### *The History*

TOMS originates directly from the military Special Forces. The military designed Special Forces units to operate outside of the normal realm of military operations. These units were highly specialized, and highly trained elements that fought and countered unconventional warfare in any given environment. Specialized medical needs grew from these units, ranging from providing their own preventative and primary medical demands to sustain their operational effectiveness in remote locations, to the immediate care of element members in hostile and austere environments. From these needs, specialized training was developed for medics to be deployed with these teams.

SWAT began to emerge from the civil unrest of the 1960's, and the Texas Tower Incident of August 1, 1966. The need for a specialized police unit, highly trained and equipped to support patrol personnel as well as other department elements, began to surface. These units became well versed in urban tactics, the science and art of deploying and maneuvering forces in

combat. The exigency for a rapid medical response became evident, and SWAT medics were slowly being incorporated. National interest in tactical medicine only began in the late 1980's – early 1990's. In 1990 the Department of Defense, based out of the Uniformed Services University, introduced “Counter Narcotics & Terrorism Operational Medical Support” (CONTOMS) course. In 1993 the National Tactical Officers Association published their Position Statement in support of TEMS programs, which catapulted the awareness of many tactical teams.

*The Need (outline from CONTOMS 2001 manual)*

A. Statistics

- ◆ In 1998, 61 law enforcement officers were killed feloniously and 18,198 were injured by assaults in the line of duty.
- ◆ Members of SWAT teams were at an increased risk at 33 injuries per 1000 officer missions. (This statistic is agreed to be low due to reporting bias)

B. SWAT activities take place in volatile and dangerous environments.

- ◆ Organized opposing forces
- ◆ Military type weapons
- ◆ Hostage Taking
- ◆ Barricaded subjects
- ◆ Toxic hazards / clandestine drug labs

C. Provision of medical support may take place under austere and isolated conditions.

- ◆ The medical care providers must have an understanding of, and consider the law enforcement's mission when planning the medical support.

D. Conventional EMS is inadequate

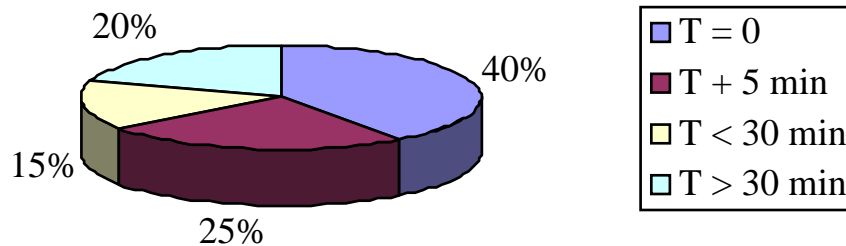
- ◆ Teams that have TEMS (60%)
- ◆ Most common medical support is a civilian ambulance on standby (69%)
- ◆ No medical direction for TEMS (78%)
- ◆ No EMS preplan (23%)

E. There is a demonstrated need for immediate, life – saving interventions in penetrating trauma.

1. 20% (30%) of those fatally wounded by penetrating trauma, die of readily treatable causes.
  1. 10% Tension Pneumothorax
  2. 9% Exsanguinating peripheral hemorrhage
  3. 1% Airway obstruction
  4. \*(10%) Torso exsanguination (recognize quick transport to OR)

◆ Penetrating wound Death Curve

- 40% (T) instantly
- 25% = T + 5 minutes
- 15% = T < 30 minutes
- 20% = T > 30 minutes



## **Call – Out Procedures:**

- ◆ Police Dispatch will notify SWAT medics via pager.
- ◆ The Team Leader or designee will assess the medical needs for the call-out and advise the Team Coordinator and shift DC. The Tactical Medics, upon being paged, will call the Team Leader or designee at 224-7369. If the Team Leader is unreachable, then call the Team Coordinator at 224-7350. At this time the medics will be advised whether or not to respond. If a medic is needed they will meet at the specified location (usually this will be at Station 45). In order to keep as many fire department units as possible in service, some units may have to be joined. For example: A non – SWAT medic from R50 may be joined with R45 to keep R45 in service. R50 may then be placed on the call – out, to show that this unit is not out of service, but is actually on the SWAT incident.
- ◆ SWAT medics will then assemble their equipment. When all medics are ready they will proceed to the Police Headquarters and meet with the rest of the team.
- ◆ LR48 will assist the SWAT medic Team Leader/and Team Coordinator with all rescue functions outside the perimeter, such as fire department rescue standby and patient transport.
- ◆ Central Dispatch will create an incident using Station 45 as the location and SWAT as the nature code. Units CL520, LR48, CLEMS, and CLOPP will be placed onto the call via a special runcard (note: CLOPP will notify D45 without requiring that unit to confirm a response on the radio, same as CLEMS works for CL500).
- ◆ Prior to the call being closed out, Central Dispatch will be notified of the corrected incident address. This will be the actual address of the SWAT incident for reporting purposes.

## **Call – Out Equipment From SWAT Room:**

- ◆ All personal equipment, including tactical vest
- ◆ In – Out (M-5 combo) bag x 2
- ◆ Sick Call bag
- ◆ Surgical (extended operations) bag & Talon II
- ◆ CL520 Drug Box (Paralytics from refrigerator)
- ◆ Life – Pack 10 & fresh batteries (Pelican Case)
- ◆ County (FD) radio & spare Battery
- ◆ PD radios x 2 (2<sup>nd</sup> floor of PD headquarters)
- ◆ Cooler x 2 ( 1<sup>st</sup> - 1/2 –1/3 Gatorade/ H2O, 2<sup>nd</sup> – H2O)
- ◆ SWAT Van key
- ◆ PD ID's

## **Call – Out Operations:**

During SWAT call – out operations, TOMS medics will participate in whatever part of the assault the Commander feels necessary. The zone of care the medic is assigned to will be dependant on the level of training (i.e. SWAT school, CONTOMS).

While involved in SWAT operations, the SWAT medics are under the command of the SWAT team leader. The SWAT medics on scene will determine any medical decisions. The SWAT team's safety will drive all medical decisions.

If the SWAT team leader feels that the SWAT team's safety would be compromised in trying to reach a victim, then the victim will remain in place until access can be made with greater safety.

Once a victim has been accessed, the SWAT medic will immediately begin assessment of the victim's injuries and initiate the appropriate treatment for the threat level. Other SWAT medics and team members will provide assistance and cover if necessary.

If hospital transport of a victim is necessary, one of the SWAT medics will ask Command to contact Central Dispatch and request a fire department rescue unit to respond to a designated area. Once the transport unit arrives

at their “pick-up” point, the SWAT medics will transfer the victim to the transport unit. The SWAT medics will then make their decision to relinquish care or ride in with the victim. If the incident is still considered “active” or “hot” then care will be transferred immediately to the transport. If there is little threat of any additional victims, it is advantageous for the SWAT medic to continue care to the hospital. This will desist from breaching OPSEC, with any specifics of the call or pathophysiology of the injury to the third party transport medical providers.

In many cases, all Swat medics will remain on scene of the incident until it’s completion, to provide care to any additional casualties. Exceptions to this are certain to occur, however sufficient emergency medical coverage must be maintained on all operations.

In the event of a SWAT team member being injured, a SWAT medic will accompany that patient during transport to the appropriate emergency department. The SWAT medic will act as the team member’s medical advocate and liaison, keeping his/her family, friends, and coworkers informed of his/her medical status.

Operational Security (OPSEC) is the responsibility of each individual team member. The events of a call – out or training will remain within the team. The purpose of this exists for the continued safety of all team members and the SWAT team as a whole. Nonspecific answers can be given to any inquiries pertaining to the SWAT team.

# Issued Equipment & Maintenance

(Revised 4/2/01)

**The following gear is issued to each team member. Each member is responsible for his or her gear and should maintain and care for each piece. Gear must be returned upon termination from the team.**

- 1. Ballistic Helmet (Black)**
- 2. Nomex Hood (Black)**
- 3. Protective Eyewear (Bolle)**
- 4. BDU Blouse X2**
- 5. BDU Pants X2**
- 6. T-shirt X2 (Long sleeve)**
- 7. T-shirt X2 (Short sleeve)**
- 8. Sweatshirt (Long sleeve)**
- 9. Tactical Boots**
- 10. Leather repelling gloves (Black)**
- 11. Nomex gloves (Black)**
- 12. BDU belt (Black velcro)**
- 13. Utility belt (Black)**
- 14. Leatherman tool with holder**
- 15. Leatherman holder for utility belt**
- 16. Expandable baton with holder**
- 17. Stinger flashlight with holder**
- 18. Handcuffs with holder**
- 19. Pepper spray (one can) with holder**
- 20. Portable radio holder**
- 21. Gas mask with bag**
- 22. Camelbak hydration system**
- 23. Gear bag (green) with luggage lock**



The Thermobak Maximum Gear features a zippered reservoir compartment, d-ring tube holder and removable tube for easy cleaning. It weighs 9oz and has a capacity of 70oz.

The exterior holder should be cleaned using warm water, mild soap and a brush. Let air dry and reassemble the unit. The interior bladder should be drained of all fluids, filled with air and allowed dry. Mild soap should be used to clean the interior but make sure to flush completely. These are individually assigned and it is the members' responsibility to keep the camelbak clean and ready for use.

Cleaning brush kits, hangers and replacement tubes are available through local dealers if team members want to purchase them for personal use.



1. Butt Retention Pad
2. Adjustable Butt Stock Retention Block (Optional)
3. Ballistic Sleeve Protector (Optional)
4. Front Opening Slide Fastener with Hook and Loop (Plate pocket located behind slide fastener)
5. Modular Grid or Fixed Pockets
6. Removable Identity Insignia
7. Sling Retention Strap
8. Adjustable Ballistic Protection over Shoulder
9. Downed Officer Rescue Strap
10. Rear Plate Pocket
11. Attachment Bar Accessory System

The “Cover 6 Plus” tactical vest is made of 200 Cordura with a nylon covering. Specs state that this vest is waterproof, adjustable, and is equipped with the modular load carrying system and removable insignias. It is equipped with both a front and back plate pockets to fit a 10” X 12” ballistic plate.

Care and maintenance consists of disassembling the vest and washing with a brush and warm mild soapy water. Let air dry and reassemble the vest. Please check separate SOG on vest inventory.



Primary function: Provides respiratory, eye, and face protection against field concentrations of chemical and biological agents.

Protects against: Chemical and biological agent vapors, aerosols, toxins, and radiological fallout particles.

Protection probabilities:

95% against 5,000 mg-min/m<sup>3</sup>

75% against 20,000 mg-min/m<sup>3</sup>

50% minimum probability of achieving no more than .002 percent penetration of *Bacillus globigii*.

Breathing resistance: not greater than 55mm of water at 85 liter/min

Unit Replacement Cost: \$157

Features: The M40/42 series field protective masks will replace the M17 (general purpose), M25 (vehicle crewman), and M9 (heavy duty) masks. The M40/42 masks consist of a silicone rubber face piece with an in-turned peripheral face seal and binocular rigid lens system. A face-mounted canister (gas and aerosol filter) can be worn on either the left or the right cheek, and withstand a maximum of 15 nerve, choking, and blister agent attacks. It will also withstand a maximum of 2 blood agent attacks. Biological agents do not degrade the filter. The mask is furnished in small, medium, and large sizes. It provides the user with unobstructed and undistorted forward vision, and corrective lenses can be obtained. The mask also permits intelligible speech, does not interfere with hearing and provides for a drinking capability while being worn. Because of these features, the mask can be worn continuously for 8 to 12 hours.



#### X-1 R.A.P.T.O.R (Ranger Assault Pack, Tactical Operations Ruck)

The Raptor will be utilized as our team's extended ops bag. The RAPTOR is made to the US Special Operations Specifications. All materials are made of Heavy Duty 1000D Nylaneon, with all seams Quad stitched and Trim Taped Edges. It includes the patented Hydrastorm Hydration System (100 oz), free fall & static line jumpable with built in Harness Attachment System. Drain holes are provided for each compartment for an increase in efficiency during maritime operations.

Cleaning and maintenance will consist of washing with a mild detergent and complete drying prior to storage.

Talon II is an innovative, compact and lightweight litter system that is preferred by special operations units. Ideal for a wide range of rescue operations, such as tactical rescue, Close Quarter Combat (CQB), HazMat and rapid deployment teams.

The Talon II is compact and lightweight. It folds into four (4) equal sections and weighs only 15 lbs. This allows for easier storage in tight and limited areas, such as backpacks, utility boxes, rescue sleds and vehicle storage. The Talon II is composed of the same quality material found in the Raven 90C litter. The Talon II meets all the needs of a evacuation and decontamination litter.

Care and Maintenance : Will consist of washing with a mild detergent and water. The Talon II must be completely dry prior to storage.



# Tactical Vest and Bag Inventories

(Revised 4/2/2001)

# M-5 Bag Inventory

## Outside Pockets:

- Front: Water-Jel x 2
- Left: Lg. trauma dressing x 2
- Right: Lg. Trauma dressing x 2



- Left : Laryngoscope handle w/ Mac 4 & Miller 4 blades
- OPA x 2, NPA x 2, trauma scissors
- Velcro pack (special procedures), 14ga x2, ACS x 1

## Right: Airway equipment

- ETT x 2 (7.0 / 8.0) pre-packaged w/ 10cc attached, cut down 6.0 ETT,
- tube holder x 1, Hurricane spray x 1, K-Y



Second Pouch: eye care, dental care, blister care, sick call (OTC)



Bottom: V-Vac, NaCl setup w/ angiocaths(18 / 16) x 2, SAM splint x 2, BVM x 1, BP cuff, stethoscope, peroxide x 1, petrolatum gauze x 3, Isreali bandages x 2, Cool – It x 1, triangular bandage x 2, 3 inch tape x 1.

# SWAT Van Inventory

# Van Inventory

## Minimum Inventory:

- ◆ MCI Supplies
  - ◆ Triage tags
  - ◆ Yellow blankets
  - ◆ Ice / heat packs
  - ◆ Bulk first aid
  - ◆ Airway supplies (O<sup>2</sup>) & manifold
  - ◆ Burn packs / blankets
  - ◆ BSI supplies (glasses, masks, gloves)
  - ◆ etc
  
- ◆ Specialized Equipment
  - ◆ Decontamination supplies including Talon II litter
  - ◆ WMD / Booby Trap antidotes
    - Atropine
    - 2-Pam
    - Amyl Nitrate
    - Sodium Nitrate
    - Sodium Thiosulfate
  
- 1. Fire Extinguisher
- 2. Rehab Supplies
- 3. Admin Supplies
  - ◆ County & SWAT PCR
  - ◆ Accountability
  - ◆ MTA Information
  - ◆ MAB Sheet
  - ◆ Team Medical Information
  - ◆ Emergency Response to Terrorism Guides
- ◆ Radio Headsets x 4
- ◆ Jungle & Pole litter
- ◆ IRT Supplies and bag
- ◆ Pediatric Additions to M-5 bag
- ◆ **All Supplies from SWAT Room**

**Fueling-** The van should be fueled whenever it falls below  $\frac{3}{4}$  tank.

**Fluid Levels-** Fluid levels should be checked every Monday, and the day after each call-out or training session.

Fluid levels to include oil, transmission, water, brake, and power steering. Tires should also be checked.

**Deep Clean-** The van should be deep cleaned on the 1<sup>st</sup> and 3<sup>rd</sup> Thursday of the month and the day after a call-out or a training session.

Deep clean is to include washing the van, cleaning the windows and wipe down and clean the interior.

**Waxing-** Special cleaning protocol to be done during the months of:

- January- A Shift
- May- B Shift
- September- C Shift

**1<sup>st</sup> Aid Supplies-** Orders are to be done on the first of the month and piggybacked onto R45's order. Expiring drugs to be checked for and added to the drug order.

**Rehab Supplies-** Check quantities after every call-out or training session. Restock needed supplies as soon as possible. Contact Lt. Patterson to acquire rehab supplies.

# Training

In – House  
&  
Level III

**Training:** Annual training will consist of , but not limited to:

- ◆ Monthly tactical training (usually two 8 hour days)
- ◆ Annual Pinellas County sponsored level III trainings
- ◆ Quarterly level III in-house trainings
- ◆ Monthly in-house medical training

**Absence From Training:**

To remain on the tactical team, and in good standing with the SWAT team, no more than four (4) absences per year are allowed for the monthly tactical training. If there are conflicting personal obligations, sickness, or other personal needs that require an absence from training, contact needs to be made to either the team leader, or your shift assistant team leader.

Annual Pinellas County sponsored level III training dates are mandatory. Every effort should be made to attend these trainings, unlike our county CME's, there is no scheduled make-ups. Without the signature of the instructor, and attendance of the course, the SWAT medic will not be allowed, by the county to perform that specific level III procedure. This will effect your call-out eligibility due to discrepancies in care.

Monthly and quarterly medical trainings are all documented, and forwarded to the Medical Directors Office. These trainings will consist of level III procedures & refreshers, various procedures and medical considerations pertinent to TCCC, and multiple scenarios. Like all tactical trainings, every effort should be made to attend these sessions. Make up will be mandatory, these trainings are documented and used in the re-certification process for EMT-T.

### Current County Level III Procedures:

- ◆ RSI

### Future Level III Trainings:

- ◆ Subclavian
- ◆ Surgical Cricothyrotomy
- ◆ Chest Tube Insertion
- ◆ Pericardiocentesis
- ◆ 8.5 Rapid Infusion
- ◆ Hespan
- ◆ Mannitol

### Level III Considerations:

- ◆ All Haz-Mat Level III Procedures (H.1 – H.4)
  4. Decontamination Procedures
  5. Nasogastric Tubes, Aspiration, and Lavage
  6. Organophosphate Poisoning
  7. Cyanide

### In-House Procedures:

- ◆ Training in “Future Level III Trainings”
- ◆ Suturing
- ◆ Various “sick call” Pharmacology
- ◆ Refresher training with CONTOMS skills (dental, eyes, etc.)
- ◆ Continual Scenario Training (Sensory deprived/overload)

# **Clearwater Tactical Operational Medical Support**

## **Quality Assurance Program**

*Purpose:* To increase the accountability and effectiveness of our tactical medics, through mandatory training, peer / medical control review, and documentation of all level III skills and procedures outside the practice of Pinellas County's non-tactical paramedics.

*Training:* All Tactical medics will be required to attend and complete the initial training prior to approval being given and equipment issued. No tactical medic will have the authorization or support to perform any level III procedure without the required qualification, training, and documentation on file in-house, and with OMD.

*Documentation:* All Clearwater medics will have a personnel file, specific for their role on the tactical team. These files will contain: certifications outside of the county required, documentation of level III procedures / procedures outside of practice for Pinellas County's paramedics, and any level III mandatory QAR. The documentation of training, will comply with that set forth by the county and will contain the signatures of the Team Leader, Team Medical Director, and Team Medical Officer with the dates of training.

*Medical Control Contact:* Medical Control must be contacted for all level III procedures. As stated with the initial level III training, and per MOM's manual, every effort should be made to contact medical control prior to attempting the procedure. If this is not feasible due to the delay of procedure being detrimental to the patient, or due to the environment, medical control must be contacted as soon as possible with the patient's and the tactical medics safety remaining paramount. A QAR will automatically be initiated on all level III procedure by the MCO. All level III QAR's will be reviewed by both the County Medical Director, and the Tactical team's Medical Director.

# Clearwater Tactical Operational Medical Support

## Level III Procedure Review

Date: \_\_\_\_\_ Nature Of Call-Out: \_\_\_\_\_  
Procedure: \_\_\_\_\_ Incident #: \_\_\_\_\_  
Call – Out Time: \_\_\_\_\_  
Tactical Medics Name: \_\_\_\_\_  
EMS ID#: 08 \_\_\_\_\_ Review Date: \_\_\_\_\_

Briefly describe the call: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe indications for procedure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Recommendations by team leader: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tactical Medic Signature \_\_\_\_\_

Team Leader Name (printed) \_\_\_\_\_

Team Leader Signature \_\_\_\_\_

Team Medical Director Signature \_\_\_\_\_

# Clearwater Tactical Operational Medical Support

## Quarterly Level III Training

Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Time: \_\_\_\_\_

Description of Training:

Tactical Medic: \_\_\_\_\_

Tactical Medic Signature: \_\_\_\_\_

Team Leader Signature: \_\_\_\_\_

Team Medical Officer: \_\_\_\_\_

Instructor: \_\_\_\_\_

Initials: \_\_\_\_\_

Proof of compliance for continued level III training. Rev. 2/2002

# Monthly Tactical Medical Training

Tactical Medic:

Date:

Training Subject:

Description of Training:

Evaluators Remarks:

Comments:

Tactical Medic Signature\_\_\_\_\_

Tactical Medical Officer Signature\_\_\_\_\_

Team Coordinator Signature\_\_\_\_\_

