

# SWAT-MEDIC PROGRAM



*A Proposal for Tactical Medical Support  
for the  
New Castle County Police Department SWAT Team*

**Lawrence E. Tan**  
Emergency Services Assistant Manager  
Emergency Medical Services Operations

**Lt. Bruce D. Taylor**  
Commander  
New Castle County Police Department  
SWAT Team

April 1999

•  
•  
•  
•  
•  
•  
•

---

# SWAT Medic Project

## *A Proposal to Incorporate Tactical Emergency Medical Services (TEMS) into the New Castle County Police Department Special Operations Capabilities*

### **Summary**

*The mission of the Special Weapons and Tactics (SWAT) Team is to provide ready response to situations beyond the capabilities of normally equipped and trained law enforcement personnel. In essence, police SWAT teams take military tactics and hardware into high-risk situations that occur within the community. Just as a military special operations unit includes a medical contingent into its operational plans, this proposal would incorporate EMS personnel into the department's tactical operations.*

### **Rationale**

Due to the nature of the missions, very dangerous conditions and unconventional hazards are commonplace for tactical law enforcement teams. However, the sole purpose of the SWAT team is to minimize risk through training, teamwork and preparedness. Therefore, it is only natural to include medical support as a component of the SWAT team, and integrate medical care into any SWAT operation.

The New Castle County Police Department has the unique ability to incorporate its internal advanced life support (paramedic) assets into the tactical operations of the SWAT team. Although the Delaware State Police have paramedics from its Aviation Section assigned to assist the Special Operations Response Team (SORT); they have not trained or equipped the flight paramedics for their tactical role.

Federal law enforcement agencies, on the other hand, have actively incorporated medical support into their crisis management plans. In fact, many federal agencies have agreements with provider agencies for delivery of medical support to their regional tactical teams. The availability of on-site medical coverage has been made an essential element of all operational plans.

This proposal would involve the selection, training and inclusion of Emergency Medical Services Section paramedics into the SWAT Team of the department. The paramedics would provide medical support during training and operational missions, and would be equipped to provide immediate medical support within the inner perimeter of any tactical operation. Thus, an injured officer, civilian or suspect would be provided immediate access to medical care, despite hazardous conditions that might otherwise delay treatment.

## Clinical Justification

The value of immediate medical care has been clearly established in medical journals and studies. In fact, the time for effective first aid is very limited. A review of the Vietnam wound data reveals that greater than 80% of those fatally wounded by a bullet die within a few minutes of injury.<sup>1</sup>

Airway management still occupies a prominent place in the management of trauma patients. Studies carried out on the Championship Auto Racing Team (CART) auto racing circuit have demonstrated that patients with head injuries undergo a period of apnea (respiratory arrest) with the first 5 minutes after impact. Although this lasts only a short time and spontaneous respiration resumes, it has major influence on outcome. In one 3-year period after the CART introduced an immediate response team that included a paramedic, no major sequelae from head injuries occurred because the patient was ventilated during this period of apnea. Cerebral oxygenation and oxygenation of the other parts of the body provided by adequate airway management and ventilation remains the *single most important component of prehospital patient care*.<sup>2</sup>

The current operating procedures of virtually every law enforcement agency in New Castle County includes a request for a paramedic unit on any deployment of a tactical (SWAT) team. However, the paramedics may be located remotely from the team, and may not have immediate access to a potential patient. Additionally, the paramedics are not trained or equipped to enter an inner perimeter of operations during an ongoing tactical situation. In fact, paramedics are trained to *avoid* situations that are hazardous to their personal safety. Thus, the tactical team or team member could experience long “response times” to an injury, or, may be isolated from medical support as a result of the tactical situation.

## Program Goals

The primary goals of the proposed tactical emergency medical services program are as follows:

- Enhancing mission accomplishment.
- Reducing death, injury, illness and related effects among tactical officers, innocent civilians and suspects.
- Improving the New Castle County Police Department’s posture during liability-prone circumstances.
- Reducing line of duty injury and disability costs to the department.
- Reducing lost work time for specially trained law enforcement and EMS personnel.
- Maintenance of positive team morale by exhibiting true concern for the health and welfare of the SWAT team members.

---

<sup>1</sup> CONTOMS Course Manual, Casualty Care Research Center, Uniformed Services University of the Health Sciences, United States Department of Defense.

<sup>2</sup> PHTLS: Basic and Advanced Trauma Life Support Student Manual, Third Edition; Mosby-Year Book, Inc., St. Louis, Missouri, 1994, 74-75.

## Primary Mission

The primary mission of the SWAT medic is to provide emergency medical care in the field to officers or citizens injured or ill during high-risk incidents. The SWAT medic will insure that the team members are afforded the best possible treatment, and are transferred in a timely manner to an appropriate level of care. Further, the SWAT medic will provide humanitarian medical assistance to non-law enforcement personnel who become injured or ill during an operation until appropriate transfer to other EMS system assets can be completed.

Paramedics assigned and selected to the SWAT medic program should:

1. Act as a patient advocate for officers who are treated by other medical providers, and establish good working relationships within the EMS system and receiving medical facilities.
2. Monitor the medical effects of environmental conditions on individual and team performance; including considerations such as sleep deprivation, nutritional status, and heat or cold stress. The SWAT medic will advise the Incident Commander or SWAT Team Leader of any detected problems.
3. Conduct medical threat assessments to determine the potential impact of medical or health factors on a mission outcome.
4. Maintain important medical history, immunization, and current health records of each SWAT Team Member. The confidentiality of this information is ensured by the SWAT Medic and is intended to provide critical medical information and history to the appropriate medical personnel to save valuable time during the treatment of any injury or illness.
5. Participate in a continuous Quality Improvement Program, to include post incident and/or post training analysis and debriefings.
6. Conduct inservice training of SWAT officers in buddy first aid, to include participation in "officer down" scenarios with the team.

## Command and Control

All SWAT medics will operate under the direction of the SWAT Team Leader, or his/her designee, during training and tactical operations. A medical team leader and assistant team leader would be selected to coordinate the medical group, and facilitate EMS operations during SWAT incidents.

During special events, such as large demonstrations, SWAT medics may be detailed to the law enforcement operations officer to assist with medical contingency preplanning, fire and EMS liaison, staffing of aid station(s), or event emergency medical care.

## Qualifications

All NCCPD SWAT medics must meet the following minimum qualifications:

- Current certification as a State of Delaware Paramedic, with two (2) years uninterrupted service with New Castle County EMS as a non-probationary paramedic.
- Overall work performance, behavior, attitude, clinical skills and professionalism during regularly assigned duties must be consistently maintained at a satisfactory level in all areas.

- Ability to successfully complete and maintain all departmental physical agility standards for selection to the SWAT Team.
- Ability to successfully complete the physical examination for selection to the SWAT Team, and maintain the physical standards necessary for continued participation.
- Ability to successfully complete a background check with periodic polygraph and drug testing, as required by the department.
- Successful completion of the Emergency Medical Technician – Tactical (EMTT) program offered by the Uniformed Services University of the Health Sciences, Department of Defense.
- Attend all mandatory training sessions to maintain required qualifications, to include completion of the SWAT Basic Tactics Course conducted by the department.

## Concept of Operations

If approved, paramedics from the Emergency Medical Services Section would be incorporated into the Special Weapons and Tactics Team of the New Castle County Police Department. The paramedics would serve as the “medical officers” of the team, to include ongoing preventative health activities.

The paramedics would provide medical coverage during both training and actual tactical operations. In fact, a national database of law enforcement tactical activity has suggested that training missions are the second leading cause of casualties (any injury).<sup>3</sup> The role of SWAT medics during training missions would include:

- Providing immediate emergency care in the event of an injury to a team member.
- Providing safety advice and observation to avoid injuries.
- Monitoring team health to ensure proper and safe performance. Continuous monitoring includes maintaining adequate hydration, hyperthermia and hypothermia prevention, and observation for performance decrements due to health conditions.
- Providing medical problem scenarios to challenge the team. These scenarios should include “officer down” situations.
- Assistance with set-up and equipment used during the training exercises.
- Delivery of first-responder or “buddy-aid” presentations to the SWAT team members.

Two (2) SWAT paramedics would be deployed on all SWAT missions. The paramedics would not function in a dual role (outer perimeter scene coverage in addition to SWAT team coverage), and would report to the SWAT supervisor on the scene for briefing. The paramedics would monitor, maintain and brief the team members on environmental health factors that could degrade mission performance (i.e., weather conditions, identifiable safety hazards, or biological threats).

---

<sup>3</sup> Casualty Care Research Center, Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences, United States Department of Defense.

The paramedics would also maintain a regular liaison with the fire service and other EMS resources assigned to the incident. Confidentiality of the ongoing police incident would be protected during the event, and only the necessary information to perform their function would be conveyed to fire and EMS personnel outside the perimeter. The paramedics would maintain direct radio contact with these assets to expedite their assistance, as required.

The SWAT medics would accompany the entry teams when assaults or quiet entries are conducted. In the event of a casualty, the SWAT medics would provide only critical treatment (e.g., airway support, hemorrhage control) in a “hot” zone. The SWAT medics would also provide the team leader with the benefits and risks of stabilizing versus evacuating the patient. In most cases, the patient care “tactics” will be directed toward rapid packaging and movement to a safe area where more definitive care can be provided.

If time permits, the SWAT medics would check the premises for obvious safety or health hazards that may have an effect on team members or other officers entering the area. The SWAT medics would note and document any unhealthy conditions which may have resulted in an exposure to the team members, and coordinate any follow-up activities.

The SWAT medics would be fully outfitted for medical support in the tactical environment. The paramedics would be required to wear full tactical protection (helmet, tactical vest, and eye protection), would be easily identified as “medics”, and would have direct communications capability with all components of the SWAT team. Additionally, the tactical medics would carry modified medical kits that could be easily carried, and would provide essential equipment for immediate care of a casualty. The paramedics would not be armed, but would receive weapons familiarization and safety training as a part of their initial orientation to the special operations group.

## Implementation

The following selection process is recommended for implementation of the Tactical Emergency Medical Support Program:

1. Post “SWAT Team Medic” as a Career Development Opportunity. It is recommended that four (4) paramedics be selected for participation in the program to ensure continuous coverage for training and operational missions. Interested personnel would be required to submit a memorandum of interest, and provide a written letter of recommendation from their immediate supervisor.
2. Interested paramedics would be required to complete a background investigation (criminal history check, complaint check, driving history).
3. SWAT medic candidates would be required to successfully complete a physical examination, to include mandatory drug testing, with the County’s occupational health provider. The physical examination should be under the same criteria as law enforcement personnel applying for positions on the team.
4. SWAT medic candidates would complete the physical agility testing. Physical agility testing would include:
  - 1.5 mile run
  - Obstacle course

5. SWAT medic candidates would attend a joint interview with law enforcement and EMS Section management. The interview would include an assessment of the supervisory letter of recommendation, performance record and interview.
6. Successful completion of a psychological evaluation.
7. Standard Operating Procedures for deployment and utilization of paramedics for SWAT operations would be developed and submitted for approval. Materials and supplies would be obtained to enhance the ability of the tactical medics to perform their tasks.
8. Selected candidates would be scheduled for the required training and operational briefings. Selected personnel would attend all training and NCCPD SWAT operations as the medical support component of the team. The trained medical support personnel would be available to assist outside agencies as approved by the Chief of Police.

## Conclusion

*The availability of a tactical medical support program benefits all involved personnel. SWAT officers are afforded rapid, appropriate clinical care, which increases their confidence and performance during emergency missions. Citizens exposed to these high-risk situations also benefit from the availability of emergency medical care, despite barriers that would normally prevent the delivery of EMS.*

*Finally, the department and New Castle County Government as a whole would have a reduced liability posture, since the presence of a tactical medical support program would demonstrate that our agency is prepared to immediately and effectively deal with injuries which might result from these high-risk situations.*

*Nationally, law enforcement agencies at all levels have recognized the need for availability of emergency medical care within the tactical environment. The goal of this project is to make that level of care available to the officers and citizens of New Castle County.*

## References

- Rasumoff D., Carmona R: "Inside the Perimeter." *The Tactical Edge*. Winter 1990: 54.
- Krebs D., Henry K., Gabriele M.: *When Violence Erupts: A Survival Guide for Emergency Responders*. St. Louis, Missouri: C.V. Mosby Company, 1990.
- Carmona R., Rasumoff D.: "Tactical Emergency Medical Support (TEMS): An Emerging Specialized Area of Prehospital Care." *Prehospital and Disaster Medicine*. 6(3):394.
- Maunder M: "Paramedics and Tactical Operations: The Integration of Medical Personnel in Law Enforcement." *The Tactical Edge*. Fall 1991: 33-34.
- "Medical Support for Tactical Law Enforcement Teams": *Position Statement of the Counter-Narcotics Tactical Operations Medical Support (CONTOMS) Program*, 1991.
- "Position Statement of Support for Counter Narcotics Tactical Operations Medical Support Program": *National Tactical Officers Association (NTOA) Position Statement*, 1993.

McAardle D., Rasumoff D., Kolman J.: Integration of Emergency Medical Services and Special Weapons and Tactics (SWAT) Teams: The Emergence of the Tactically Trained Medic." *Prehospital and Disaster Medicine*. 7(3)285-288.

Murphy M.: "FBI SWAT Paramedics." *The Tactical Edge*. 1980;8:22-24.

Campbell J., Gratton M, Solomons III W.: Ambulance Arrival to Patient Contact: The Hidden Component of Prehospital Response Time Intervals." *Annals of Emergency Medicine*. August 1993; 22:1254-1257.

Tan L.: Emergency Medical Support during Police Tactical Operations. *The Delaware Police Journal*. Summer 1992: 30-31.