



**INTERNATIONAL SCHOOL OF
TACTICAL MEDICINE®**

Tactical Medicine

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Current Perspective

- Bringing guys home at the end of the day is priority for law enforcement
- Like it or not, in the current political environment

Body bags = Failure





Why Tactical Medicine ?

- Team may be isolated from medical response
- Immediate life threatening condition
- Improved officer survivability





Benefits of Tactical Medicine

Tactics FIRST!

- Fastest care available
- Allows operators to continue the mission
- Empowers operator and reduces PTSD
- Does not deplete team resources





Law Enforcement Tactical Situations

- EMS may not be accessible
- Delays to definitive care
- Sustained or evolving operations
- Low Light & Darkness





AS/MCIs

- Events can occur in any community
- Average 20 shootings a year
- 60% end before police arrive
- 40% commit suicide





Why people die

- Preventable causes of death from combat trauma

Uncontrolled Hemorrhage 60%

Tension Pneumothorax 33%

Airway Obstruction 6%





Gunshot Wounds





Tactical Medicine Model





Medical Oversight

- Medical Director
- Advice for the tactical commander
- Medical control for the tactical paramedics





Medical Contingency Planning

- Pre-Event planning
- Trauma Centers
- Local Hospitals
- Ground Ambulance
- Air Transport





Operational Support

- Operational component
- EMTs, Paramedics
Physicians
- Tactically trained & equipped





Quality Improvement

- **Post-Incident Analysis**
- **Review of all medical involvement during tactical operations**





Team Health Management

- Supervision of general health
- Preventative medicine
- Health Assessment & Fitness





Training & Education

- 80 hrs min
- POST & EMSA approved educational program
- Re-certification process and or continuous education and training





Equipment Acquisition & Maintenance

- Mission specific
- Equipment for level of licensure
- Approved by Medical Director
- Regular inventory and maintenance





Civilian vs. Military Model

- Immediate On Scene Emergency Medical Care





Tactical Team Threats

- Barricaded Suspects



- Hostage Situations





Tactical Team Threats

- Active Shooter





Blacksburg, Virginia April 16, 2007

- Stalking 2 female students
- Restraining order
- Admission to St. Albans Psychiatric hospital Dec 2005
- Found by the court to be a danger to others
- English Dept head Dr. Roy notifies police
- Dr. Giovanni threatens to resign if he is not removed from classroom



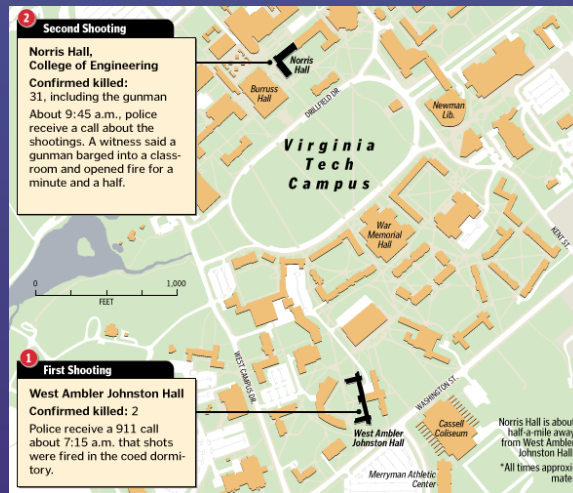
	9mm Glock		Walther P22
9x19 mm Parabellum	CARTRIDGE	.22 LR (long rifle)	
Short recoil	OPERATIONS	Blowback, recoil operated	
Detachable box magazine	FEED	Detachable box magazine	
15 to 17 rounds	STANDARD MAGAZINE CAPACITY	10 rounds	



Virginia Tech Massacre

- 33 Dead

- 29 Wounded





Tactical Team Threats

**Century 16 Theater
July 20, 2012**



**Glock, Remington 870 and
Smith & Wesson M&P Rifle**

**12 Killed
58 Wounded**





C-TECC

- **Tactical Emergency Casualty Care- best practice treatment guidelines for trauma care in the tactical environment**
- **Guidelines freely available for all interested parties**
- **Adapted from TCCC to apply to civilian environments to include pediatric, geriatric and special needs patients**
- **www.c-tecc.org**





Injuries in the Tactical Environment

- Penetrating Trauma



- Blunt Trauma





Injuries in the Tactical Environment

- Lacerations



- Edge Weapons





Other Conditions in the Tactical Environment

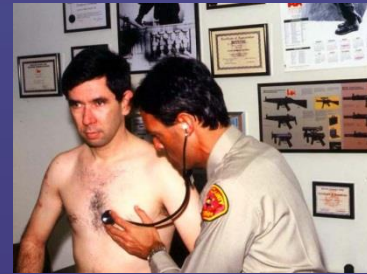
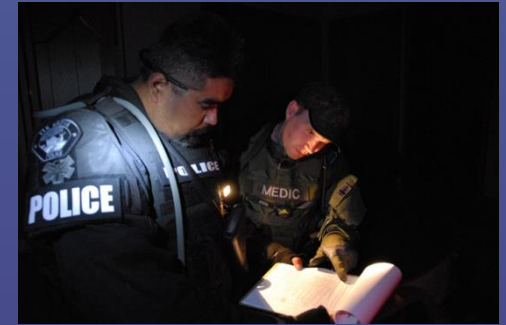
- Acute MI (Heart Attack)
- Acute Intracerebral bleed (Stroke)
- Respiratory Arrest (Severe Asthma)
- Accidental Self Inflicted GSW
- Acute Heat Stroke
- Cardiac Arrhythmias
- Heat Exhaustion





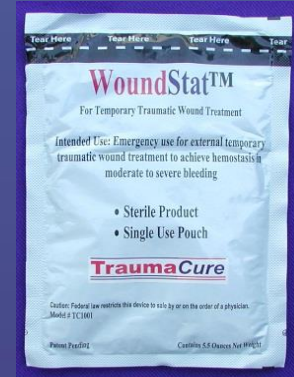
Tactical Medical Officer

- On-Scene Medical Control
- Medical Advisor to the Commander
- Medical Intelligence
- Team Health Management
- Team Medical Education
- Training for Medical Providers
- In-House Medical Care





So What is the best bleeding control product on the market ?





The Trauma Surgeon





Questions ?

