

**The Bill Blackwood
Law Enforcement Management Institute of Texas**

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Special Weapons and Tactics Paramedic – A Necessity

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**An Administrative Research Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**

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March 7, 2005**

ABSTRACT

This paper will focus on the concept of including a tactical paramedic on a Special Weapons and Tactics (SWAT) team and how that inclusion will benefit the general public and the local municipality. The specific benefits consist of a reduction in any potential liability to the municipality, an increase in morale and confidence within the SWAT team, and a general sense of safety during a SWAT operation. In order to assess whether or not the municipality's liability can be reduced, personal interviews with a city manager were conducted, as well as the research of certain literature and data. These surveys revealed the prevalent trend that agencies desire to place tactical paramedics on SWAT teams. The surveys also showed that the majority of people feel that there will be a reduction of casualties and liability if a tactical paramedic is present on a SWAT team. An analysis of research materials will prove that having a paramedic on the SWAT team saves lives—which will help prove all the benefits mentioned above.

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INTRODUCTION

The primary mission of the Special Weapons and Tactics (SWAT) team is to save lives. The SWAT team provides a solution for situations beyond the capabilities of commonly trained and equipped law enforcement officers. The team strives for several goals; peaceful resolution being the most hoped for. Due to the unpredictable actions of terrorist criminals, SWAT situations can sometimes result in injury and casualties, which increase the need for emergency medical support. On a national scale, SWAT teams implement tactical paramedics to improve the level of the unit's service and to provide the most efficient outcome out of any situation. Tactical paramedics provide much-needed emergency medical care on the scene to injured officers and citizens. The team's specialized training and awareness minimizes the risk of injury and casualties. However, with the introduction of a SWAT team paramedic the loss of lives could be greatly reduced. Therefore, including medical support as a component of a SWAT team not only benefits the unit, but also integrates medical tactical support into a SWAT operation.

The intent of this study is to determine if a Special Weapons and Tactical paramedic can reduce the extent of injury and loss of life among officers, civilians and suspects. The study will also investigate how the paramedic can reduce the municipality's liability and a police department's financial losses. The research question addressed in this report is: is a team paramedic an integral part of a SWAT team by reducing casualties and liabilities?

The mode of research will be as follows: 1) Examination of literature and journals pertaining to paramedics on SWAT teams; 2) Questionnaires given to police officers; 3) Interviews with paramedics, and 4) Surveys given to civilians. The application of

these findings will reinforce the initial thesis that a tactical paramedic is a significant advantage for a SWAT team. The field of law enforcement should benefit from this research, as the inclusion of a paramedic in a SWAT team will necessarily confer all of the benefits mentioned above.

A SWAT team paramedic benefits all personnel involved in such an operation. First of all, normal emergency procedures delay the time between dispatch and the arrival of the paramedic. If a paramedic is available on the team, then an injured SWAT officer could receive rapid medical care, thereby increasing his confidence. Additionally, citizens exposed to these high-risk situations would benefit from the availability of immediate emergency care due to the paramedic's present deployment into the situation without his having to be dispatched. A department may also benefit because a reduction in the department's liability will increase its operating efficiency.

REVIEW OF LITERATURE

The idea of a Tactical Emergency Medical Support (TEMS) has been recognized as an essential inevitability. It represents a specialized area within the immediate treatment arena that is not often addressed in conventional EMS (Emergency Medical Services). TEMS deals specifically with the unique needs of state and federal tactical response units - more commonly known as SWAT (Mazzocco, 1999). A specialized medical care unit for SWAT teams is not a novel concept. Police departments have been using these tactical medics for over 25 years. Shortly after the beginnings of SWAT teams in the 1970s, the addition of front line medical support arrived (Burke, 2003). The term tactical medic refers to an EMT, a paramedic, a trained physician, a nurse, or even a physician's assistant. Operating a SWAT team that does not include tactical medics

exposes the team to unnecessary risks and may place the department in danger of potential civil litigation? Bringing properly equipped and trained medical professionals to a SWAT situation reduces injuries and the likelihood of death (Burke, 2003).

SWAT situations are dangerous and require proper planning and adequate deployment of resources. According to Burke (2003), Casualties of SWAT team members occur at a rate of 1.8 per 1,000 officer missions. The evolution of tactics, weaponry and technology has enabled American SWAT teams to grow increasingly capable of completing their objective: **to save lives**. These increased capabilities carry with them greater responsibility, which in turn increases the department's potential for civil liability. As a result, an emerging necessity for a tactical team is to provide a rapid emergency medical response during hazardous SWAT situations. Tactical teams nationwide have developed various tactical medic programs, which increase the level of service and protection not only for their team itself, but also to the public. The availability of personnel, equipment, and money determine the character and development of these programs. Once established, a successful program will enable SWAT teams to provide on-scene medical aid for any person injured during an incident regardless of the actions of police or suspects (Jones, 2002).

The previous convention for most SWAT teams without a tactical medic was to make a request for the assistance of the city's Emergency Medical Service (EMS) (Jones, 2002). The nearest available EMS unit would then respond and arrive on the outer perimeter to await a call for action once the scene was considered safe. Only at that time would the EMS unit provide medical care to officers, civilians and suspects. The disadvantages of this system were that the responding EMS unit is usually different for

each operation. These common paramedics were not familiar with the SWAT situation environment, nor were they equipped for such an undertaking. Keeping medical personnel out of harm's way was standard procedure for SWAT team personnel. Unfortunately, the delay of communication, combined with the travel time of the medics and the evacuations of injured parties to the medics, delayed the treatment of patients by several, critical minutes (Jones, 2002). Moving the patient at all might actually make a medical condition worse. Overall, this system is mediocre at best. According to Jones (2002), it satisfies the basic need and responsibility to make rapid on-scene medical support available, but the SWAT team recognized the need to develop a more aggressive and immediate response. Personnel who were familiar with the SWAT environment, and who were also well equipped and trained for advanced life support were needed to treat patients immediately.

Surgeons refer to the golden hour as the time between the traumatic injury and the time that the victim arrives to the surgeon's table. EMS personnel use an even shorter and more compressed time frame called the golden minute to describe the period between injury and the advent of field care. The SWAT paramedic can focus on these crucial time stretches without delay. Some examples of beneficial medical support include opening and maintaining an open airway and stopping critical bleeding. An extra minute or two can have disastrous results in a person trying to breathe, or stopping any kind of breathing. When the community activates a heavily armed and trained critical response team as a result of a real or perceived threat, it indicates that serious physical injury to someone is eminent. Burke (2003) wrote that, "it makes sense to take a lesson from our military and have a trained and equipped medical professional in the civilian

battlefield” (p.28).

Many more injuries occur in training than callouts. Injuries such as dehydration, hypothermia, hyperthermia, sunburn and diabetic emergencies are preventable if there is a tactical medic monitoring the training (Burke, 2003). The benefit of having a tactical paramedic will not only help in a response situation but with training as well. Training is one of the most important factors of a well-operated and prepared SWAT team. A team will spend several hours training and practicing SWAT situations. Intensive preparation and training result in long, tiresome days. One can succumb to heat exhaustion or even heat stroke by being weighed down by body armour and long rifles. Having the SWAT paramedic there to push an IV (in a case of exhaustion) will certainly help the outcome of this particular incident. A tactical paramedic will be able to quickly assess the problem without the possibility of further complication by not treating the condition quickly. Consequently, reason dictates that a tactical paramedic is a valuable asset to a SWAT team and to the public, because these personnel save lives.

METHODOLOGY

Is the implementation of a Special Weapons and Tactical Paramedic a necessity? To answer this question a broad geographic survey was conducted by questionnaire. This survey examined departments within the state of Texas that ranged in size from 25 to 5,000 officers. The results of this survey showed that the overall majority of departments with a SWAT team do have a Tactical Paramedic on their SWAT team.

Twenty-eight agencies across the state of Texas, not just local departments, were probed to see their method of operation. Every agency responded to the survey. The officers who participated in this survey were selected at random and were from various

ranks within their department. Not all of the officers selected were members of their departments SWAT team.

The last question looked at the possibility of reducing the municipality's liability and disability costs. Phone interviews were conducted with the Humble city attorneys and city manager to determine whether the addition of a paramedic to the SWAT team could reduce the liability and disability costs of the department. The Humble city manager was selected for questioning based on his tenure, position, and knowledge of the esoteric functions of budgeting for a city. The city attorneys were selected for their knowledge of civil and criminal liabilities.

FINDINGS

Of the twenty-eight departments surveyed, the following results were obtained. Twenty-two departments of the twenty-eight departments had a SWAT team for tactical situations. The remaining six departments did not have a tactical team and used other departments for tactical situations.

Seventeen of the departments that have a SWAT team do not have a tactical paramedic on their team. Several reasons were given as to why these teams did not have a tactical paramedic. The most common response was that there was not enough money in the police budget. The next most common response was their team was not large enough. Of the twenty-eight officers surveyed, seventeen of them felt that every SWAT teams needed a tactical paramedic.

It was reported that ten of the twenty-two tactical teams did have some type injury during a call out or during training. While examining the question of whether or not the tactical paramedic can reduce the amount of injury or death on their team or community,

eight of the ten departments answered that they were able to reduce the degree of injury. A question was also asked if any tactical member on their SWAT team has ever lost their life while on a call. No deaths were reported by anyone in this survey.

Of the twenty-eight officers surveyed, twenty-five reported that with a tactical paramedic on the team, there would be some kind of reduction in the municipality's liability and disability. It was also observed that of the twenty-eight departments surveyed, twenty-seven reported that they felt there would be some type of benefit of having a paramedic on the team and that not only would the department benefit, but the public would as well. The team paramedic is not only responsible for the welfare of the team members, but also the incident by-standers, witnesses and suspects. According to the survey, every party involved (directly or indirectly) would benefit if they were injured during a call-out situation.

The entire group of officers that reported felt that by having a paramedic on the SWAT team, each of their team members would have a stronger sense of confidence.

CONCLUSIONS

This research and study was conducted in order to determine if a Special Weapons and Tactical Paramedic is a critical part of a well-developed SWAT Team and if that addition can reduce the extent of injury and loss of life among tactical officers. It was hypothesized that having a tactical paramedic on the team will reduce the amount of injuries or even deaths. It is also thought that not only lives can be saved but a reduction of the department's liability will also result from the addition of a SWAT team paramedic.

The examination of the inclusive literature reveals that a Tactical Paramedic will

reduce injury and casualty. The paramedic, included within the SWAT team, will be in the most efficient position to accomplish his medical tasks, because common paramedics have a temporal disadvantage in attempting to treat the wounded. Additionally, the conclusion was made based on the responses from the twenty-eight officers that responded to the survey and also from additional personal interviews. Of the twenty-eight officers that responded, twenty-seven indicated that having a paramedic would aid in the reduction of injury. Four agencies reported that having a tactical paramedic on their team it did in fact save officers' lives.

By talking with various qualified persons (the city manager and city attorneys), everyone declared that having a tactical paramedic would greatly benefit any legal action taken against a local, state and federal, law enforcement agency. Knowing that the agency was fully prepared for any and all outcomes would benefit the city in any case.

All of the data presented within this essay (literature and interviews/questionnaires) has supported the initial hypothesis. Supplementary statistics (included as an appendix in the essay) manifest quantitative evidence that injuries and loss of life may be diminished by the inclusion of a paramedic to the SWAT team.

There are a few limitations that were partially out of scope for this essay. First, there were no reported casualties in SWAT operations regardless of the presence of a paramedic. However, this fact could be viewed in two lights: 1) There was not enough data to extrapolate on the effect of a SWAT paramedic, and 2) The inclusion of a SWAT paramedic helped the operation by *preventing* casualties. The second limitation that one can argue is that there is not enough data to make a SWAT paramedic monetarily efficient. This assertion can be rebutted, however, by considering how useful the

paramedic would be in preventing injuries, and more importantly, loss of life, which is priceless.

This study will benefit many entities in many different ways. Law enforcement agencies can study how a SWAT paramedic will improve the efficiency of the team in terms of outcome, preparation, and mobilization. Legal personnel may view the inclusion of the paramedic as an added precaution that bolsters a municipality's preparation in any conflict. City managers can plan their city's budget accordingly according to a cost/benefit analysis. Finally, the public at-large will benefit because this study shows that there are no disadvantages to having a paramedic trained in Special Weapons and Tactics operations. This specialized individual will provide health care to anyone in need during the hazardous situation.

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Additional Information

The following slides are data collected from the CONTOMS Incident Summary Report of combined agencies covering the period of 7/8/1990 – 6/7/1997.

Number of Agencies: 186

Number of Incidents: 4,435

Incidents with Casualties: 612

Total Casualties: 1,539

Primary Care Provider

	Tactical Team	Law Enforcement	Perpetrators	By-Standers	Overall
Tactical EMT/Paramedic	277	54	221	41	593 (86%)
Tactical Team Member/ Non-EMT	3	0	0	0	3
Law Enforcement Officer/Non-EMT	1	0	0	10	11
Non-Law Enforcement EMT/Paramedic	2	0	13	4	19
Nurse	3	1	0	0	4
Physician	23	12	8	6	49
None	9	2	2	0	13

Casualty Rates per 1,000 Man-Missions

	Tactical Team	Law Enforcement	Perpetrators	By-Standers
High Risk Warrant	4.6	1.9	18.2	3.6
Barricade	7.0	2.6	246.2	6.6
Hostage Rescue	5.5	1.5	207.3	22.1
Dignitary Protection	0.0	0.9	0.0	0.0
Crowd Control/ Civil Disorder	0.0	1.5	0.1	0.2
Training	8.8	2.4	0.0	13.8
Other	7.7	2.3	27.9	0.0

Appendix

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Survey

Special Weapon and Tactical Paramedic Questionnaire

Please circle the appropriate answer.

- 1) Does your department have a Special Weapons and Tactical Team? Yes or No
- 2) Does your department have a tactical paramedic? Yes or No
- 3) Do to think every SWAT team needs a tactical paramedic? Yes or No
- 4) Has any SWAT team member with your department ever been injured on a call out? Yes or No
If yes – Could have a tactical paramedic help? Yes or No
- 5) Has any SWAT team member with your department ever lost their life as a result of injury on a call out? Yes or No
If yes – Could have a tactical paramedic help? Yes or No
- 6) If your department has a SWAT team paramedic did they help the outcome of the injury? Yes or No
- 7) Do you think a SWAT team paramedic would help reduce the liability of the department? Yes or No
- 8) Do you think there would be a benefit in having a SWAT team paramedic on your departments team? Yes or NO
- 9) Do you think a SWAT team paramedic could be beneficial to persons other then team members? (witnesses,bystanders,suspects, etc) Yes or No
- 10) If you were a SWAT team member would you feel more confident with a paramedic on your team? Yes or No

Please list your Agency_____

Thank you for your time
Please return to: Jay Wrobliske
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