Law Enforcement & Tactical Medicine

“Taking Care of the Good Guys”

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It’s not about glory, excitement or drama, it’s about preparedness and taking care of the good guys! The “cop” and “doc” roles, although seemingly very different, present a significant degree of symbiosis and can be balanced successfully. A well-educated, highly motivated and well-trained physician can offer a great deal to a progressive, forward thinking law enforcement agency. The trick is to identify the needs and wants of the agency, to find the right individual with the right intentions, and to be up front and clear with regard to both the expectations and the limitations of both sides.
A Balancing Act

- Trauma surgeon at Cook County Hospital, Chicago
- Police Officer /Director Cook County Sheriff’s Office
- Ill State Police/ DEA
- CEO / Developer
  - Medical Tactics LLC
  - Trauma Rapid Intervention Kit (TRIK)
No Relevant Disclosures

- County of Cook
  - CCHHS Department of Trauma & Burn
  - Cook County Sheriff’s Office

- CitizenMD LLC

- Author: Officer Down A practical Tactical Guide to Surviving Injury in the Street
Objectives

• Discuss the realities of law enforcement medicine and how a physician can add value to a police department

• Describe what it takes to get a physician on board and what are the accurate expectations.
“As violence in society and against the police continues to escalate, the need for medical support as well as the need for oversight of such support will increase.”
First Rule of EMS:
- Scene Safety
- “Wait until the police secure the scene”

What if you are the Police?

What if you are the police and you are injured?
Should EMS Go In?

• Controversial Issue
  – Special training required at minimum
  – Huge Exposure
  – Armor
  – Protection
Choosing…

- Physicians associated with LE becoming more common
- Roles may vary and degrees of involvement may vary
- Depends on
  - The individual physician
  - The Department philosophy
  - Progressiveness of the Chief
- Degrees of Involvement:
  - Operational
    - Medical element… Forward Medical Support (TEMS)
    - SWAT
  - Less Operational
    - Consultant
    - Psychologist
    - Advisor
    - Educator
    - Occupational medicine
    - Moral Support
LE Medicine... Much Bigger than Tactical

**Operational Roles**
- Ensure Department Readiness
- Overall Health of the department and team
- Tactical (Mission Support)
- WMD readiness
- Active clinical resource
  - 24hr availability
  - On the job and personal
  - OIS response
- Occupational Medicine
- Investigations /Forensics
- Clinical Liaison
  - Hospital and LE
  - Medical Examiner
- Training Initiatives
  - Simulation labs
  - Proficiency testing
  - Self Aid training
- Prisoner clearance

**Administrative Roles**
- Creating a Robust operational System
- Policy / SOPs/ Medical Direction
- QA /QI Oversight
  - Departmental medical resources and operations
- Product Evaluation
  - Scientific interpretation and recommendations
- Integration with EMS system
- Communication with command
- Domestic Preparedness
  - DHSEM coordination
  - Active Shooter Preparedness
Who is the Right fit?

- **LE:**
  - Restrictive closed society
    - Lives Depend on Each Other
  - Trust must be earned
    - Integrity
    - Competency
    - Loyalty
    - Judgment
    - Moral character

- **Doc**
  - What is his/her motivation
  - NOT pursuing a thrill or to carry a weapon and badge
  - Commitment is real
    - Time consuming
    - Training heavy
    - Discretion is a must
  - *Motivated to protect the protectors and give back to the community*
Not all docs are equal

• Is the physician trained in the tasks being asked of him/her
  – *Trauma is less than 2% of the job!*
  – Operational tasks
    – Emergency
    – Occupational
    – Psychological
  – Further training may be required

– Can he/she function outside the hospital walls
  • Pre Hospital Training
    – PHTLS/ ITLS/ TEMS
Vetting is Critical

• Selection Process
  – Interview
  – Psych testing
  – Polygraph testing
  – Physical Testing

• Doc should never be a liability to the agency or team

“A medical degree does not automatically qualify an individual to participate in LE operations”
Tactical Emergency Medical Support (TEMS)

- Embedded medical support
  - Various levels of care
    - Doc
    - Medics
    - PA / nurses
  - Various mechanisms by state
    - Non transport ALS/ BLS
Who is the best fit for embedded medical support?

- Do you train a PO to be a medic?
- Do you train a medic to be a PO?
- Do you train a medic to work in LE?
- Do you train a doc to be a PO?
- Do you train a doc to work in LE?
- Do you just marry EMS and LE to work symbiotically?
  - OP Security
  - Time from primary assignment?
Glamour is for the Movies!

• LE medicine is neither glamorous nor is it convenient
• Most operations
  – Occur at odd hours… Zero dark hundred
  – Require prolonged operations
  – Extreme environments
• Extensive Training … Time
General Duties = Flight Surgeon

• Ensuring Department and Team Readiness
• Mission Support
• Liaison with:
  – team
  – department
  – command
  – administrators

• “Making sure the mission moves forward above all else”

• Military Flight Surgeon
  – Clinical and nonclinical roles
  – Understanding the overall mission
  – Understanding the job of each individual
  – Understand the:
    • Physical
    • Logistical
    • Psychological limitations of the team and the environment
  – Critical if the physician is to provide care, make recommendations to command and in educating and training
More than Just Medicine

- Doc must have a working knowledge of:
  - LE SOPs
  - Associated **legal boundaries** and processes for necessary operations
Administrative

- **Duties include:**
  - 24hr on call availability
  - Full operational readiness on short notice
    - Clinical Schedule
  - **Balance:**
    - clinical practice
    - Family
    - police physician
    - **Need more than one Doc**
  - Create a system BIGGER than the individual
    - SOPs: Sniffles to trauma
      - Monitoring readiness
      - psychological
      - physical
      - Maintain records on each individual
  - **Proactive Role in:**
    - Safety Briefings
    - Operational preplanning
    - Post operation debriefing
  - **The physician him/herself must:**
    - Meet physical readiness
    - Be be forward deployable
      - Tactically trained
Clinical Duties

- Provide real time medical and trauma care
  - Nature of incident
    - Meth lab exposure
  - Location specific
    - Climate
    - Insect Bites
    - Protracted operations
  - Other Considerations:
    - Effects of location
    - Length of operation
    - Activity levels
    - Environment
    - Nutritional and hydration needs
    - Sleep and rest requirements
  - Clinically Specific:
    - Heat and cold emergencies
    - Cardiac
    - Toxicology
    - Blast / Crush
    - Blunt and penetrating trauma
    - Advanced Airway management
    - Orthopaedics
    - Wound management
    - IV access
    - Acute illness and injury
    - Psychiatric emergencies
    - Critical incident stress debriefing
    - Mitigation and management of WMD exposures and threats
Training Duties

**Active role in training:**
- Injuries occur during training
- Work with command to ensure:
  - Preventive and occupational aspects of operations and training
- “The physician is the advocate for the individual, the team and the mission”

**Team Specific Medical Training:**
- Medics and non-medic operators
  - Self Aid/Buddy Aid
  - Triage
  - Remote assessment
  - Commonly encountered medical issues… “pre scripting”
- Equipment recommendations based on mission requirements
  - Individual trauma kits
  - TEMS team load outs etc…
  - State requirements being met

**Physician specific Training:**
- Standard of care practices
- ACLS/ BCLS/ PHTLS/ ITLS/ ATLS/ TCCC
Common things Being Common

BLS !!!!!!!
Necessary Relationships

• Critical relationships:
  – Command staff
  – Medical team members
  – Regional medical providers and administrators

• Trusted resource
  – Accessible and approachable

• Priority lies with:
  – Mission and team support first!
  – Balance is critical
Liability and Workers Comp Coverage

Risky work…

• Common dilemma for physicians
  – Coverage for medical actions while acting in the capacity of PP

• Options:
  – Good Samaritan statutes
  – Extension of personal work related coverage
    • Private physicians
    • University or hospital base physicians
  – Law Enforcement agency or municipality
  – State or federal statute

• Workers Comp, use of force and police actions:
  – Should be absorbed by the department
Guts and Glamour…. NOT!

- Not a glamorous role
- Reality is NOT like the movies and TV
- Priority of the medical support element are:
  - Mission
  - Team
  - Individual
    - Civilian
    - Officer
    - Offender
The Do’s and Don’t’s

• Working with LE is an privilege and an honor!

• Don’t come with questionable intentions or motivations
• Don’t look for glamour or intend to be a hero
• Don’t ask for a gun and a badge
• Don’t come seeking unreasonable payment or compensation

• Do bring to the table realistic expectations
• Do bring honorable intentions, flexibility, ethics, integrity and value
• Do bring the want and desire to help those who risk all for us
• Do be a trusted resource for both on and off duty
• Do offer yourself to the limits of what you can give
• Do communicate common expectations for both sides
• Do identify the needs and wants of the agency and try to match them to your expectations and limitations
One Step Farther

• Academic Flare
  – Incorporation into training programs
  – Fellowships
    • Experience and Exposures
      – Three fellows to date
  – Research
    • Publish
    • Challenge the norms
Questions

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