8:00 AM – 9:30 AM  CARDIOVASCULAR DISEASE AND RISK FACTORS IN LAW ENFORCEMENT PERSONNEL: OVERCOMING THE OBSTACLES

Franklin Zimmerman – Phelps Memorial Hospital Center

Police and related public safety personnel have an increased risk of cardiovascular disease. Each year a significant number of law enforcement officers will suffer job-related cardiac illness and death. Traditional cardiac risk factors are common in law enforcement personnel including hypertension, hyperlipidemia, metabolic syndrome, sedentary lifestyle, and obesity. Occupation-specific hazards increase cardiac risk including job stress, shift work, and sleep disorders. Health promotion measures includes therapeutic lifestyle changes and appropriate pharmacological therapy. This presentation will address ways to overcome these obstacles and increase officer wellness.

8:00 AM – 9:30 AM  PREVENTING DELIBERATE INDIFFERENCE

Dr. John Slish – Shands Hospital at University of Florida

Daniel Stout – Gainesville Police Department

Law enforcement has historically been in the public's eye and faced a wide variety of challenges throughout the evolution of our profession. Many highly-publicized incidents from the last 18-24 months have focused critical attention on police, which has made the job even more challenging. Much of the current criticism of law enforcement surrounds law enforcement officers’ inability to provide adequate medical aid (‘deliberate indifference’). Law enforcement officers’ inability to provide this medical aid can lead to the only medical option being to ‘call for EMS’ which can result in delays in care, the loss of life, and the appearance to the public that officers are ‘doing nothing’ or being ‘deliberately indifferent’. This presentation will introduce the participants to the tenants of Tactical Combat Casualty Care (TCCC) and the evolution of adopting that platform within the law enforcement community in order to be able to provide life-saving care on-scene and eliminate these public perceptions. Additionally, specific guidance will be provided with regard to initiating a TCCC program, with emphasis on successful strategies to implement and pitfalls to avoid. The presentation will summarize the efforts of the Stop the Bleeding Coalition, which includes the long-term goal of training civilians to access publicly mounted ‘trauma equipment’ in the aftermath of a critical incident to start treatment in concert with professional first responders. Lastly, a hands-on familiarization session with tools, equipment, and the latest training methods of TCCC will be provided for participants.
10:00 AM – 11:30 AM  **THE CEDAR PARK POLICE DEPARTMENT MODEL: A COMPREHENSIVE WELLNESS PROGRAM INCORPORATING FITNESS, WEIGHT LOSS, SCREENING FOR HEART DISEASE, AND EMOTIONAL WELL-BEING**  
Sean Mannix – Cedar Park Police Department  
Lt. Jon Sheinburg – Cedar Park PD – US Marshals Service  
Officer wellness is one of the top priorities of all law enforcement agencies. Fit officers are more effective at their job, use fewer sick days and cost the tax payers less. Case law also unequivocally shows that unfit officers are more likely to resort to deadly force sooner than their fit counterparts, resulting in increased liability for the employing agency. Wellness is the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications. Despite this definition, officer wellness tends to be vague and is interpreted and implemented in many different ways throughout different agencies. The Cedar Park Wellness Program was developed as a comprehensive program to address this. Several areas of focus were identified that are designed to reduce officer morbidity and mortality: weight loss, screening for coronary artery disease, physical fitness and emotional well-being. This presentation will summarize the measures taken to address these wellness aspects within the officers of the Cedar Park Police Department.

2:00 PM – 3:00 PM  **WATERTOWN SHOOTING/OFFICER DOWN: LESSONS LEARNED FROM THE CRITICAL INJURY AND THE LENGTHY RECOVERY FROM A WOUNDED OFFICER’S PERSPECTIVE**  
Christopher Dumont – Massachusetts State Police  
Richard Donohue – MBTA Transit Police Department  
On April 19th, 2013, shortly before 1:00 am, Sergeant Richard 'Dic' Donohue, then a patrol officer with the Massachusetts Bay Transportation Authority (MBTA) Transit Police Department, was 'essentially dead', according to his doctors. He had responded to Watertown, Massachusetts, to back up his fellow officers who were under fire from the Boston Marathon bombers, and had sustained a gunshot wound to his right femoral artery. Following this incident, Sergeant Donohue spent two months in hospitals and nearly two years of total rehabilitation in order to return to the force, before ultimately retiring earlier this year. Sergeant Donohue's presentation focuses on three elements that have profoundly impacted his life following his injury, rehabilitation, and ultimate retirement. They are: department support, impacts on the family, and how executives can prepare their organization for the unique challenges of a critical injury. This presentation will focus on the successes and shortcomings of his own experience and those of the people around him. The desired outcome of the presentation is to give police executives an understanding of the challenges that they may face in supporting a wounded officer, and give them tools to best prepare for this situation.
SUNDAY, OCTOBER 16, 2016

8:00 AM – 8:45 AM  THE CLINICAL FORENSIC EVALUATION OF GUNSHOT WOUNDS: APPLICATIONS FOR OFFICER-INVOLVED SHOOTINGS
Dr. William Smock – Louisville Metro Police Department
The accurate interpretation of gunshot wounds and the associated evidence is important to all criminal investigations. However, misinterpretation and the misdiagnosis of gunshot wounds takes on additional significance if the shooting involves the surviving victim or suspect in an officer-involved shooting. The accurate determination of which wounds are entrance and which are exit, the range-of-fire, and the bullet's path through tissue are just as important in the living victim as the deceased. Are your officers trained to document and interpret the forensic aspects of gunshot wounds in a living victim? Is your agency confident in the ability of non-forensic emergency physicians to accurately determine range-of-fire, differentiate entrance from exit wounds, and preserve evidence in non-fatal officer-involved shootings? This workshop will assist police officers and prosecutors in their evaluation, diagnosis, investigation, or prosecution of gun-related incidents.

8:45 AM – 9:30 AM  THE USE OF CLINICAL FORENSIC MEDICINE IN THE INVESTIGATION OF FELONY STRANGULATION
Dr. William Smock – Louisville Metro Police Department
The application of external pressure on the neck will deprive the brain of oxygenated blood. Without blood from the carotid arteries, a human will be rendered unconscious in an average of 6.8 seconds and brain cells begin to die. As the blood returning to the heart is also blocked, the increased pressure within the vessels causes the capillaries to rupture and create petechial hemorrhages. These hemorrhages occur on the surface of the skin and also within the brain of the strangulation victim. The use of specially trained forensic nurses and physicians to evaluate the living victims of strangulation will assist the detective in the prosecution of felony strangulation. The Louisville Metro Police Department has created the first Clinical Forensic Medicine Unit in the United States, staffed by forensic nurse examiners and a forensic physician. This unit assists the domestic violence detectives in the investigation and prosecution of all felony strangulation cases. This presentation will outline this program and discuss how its implementation has assisted in the prosecution of felony strangulation cases.
POLICE PHYSICIANS SECTION
CONFERENCE AGENDA

10:00 AM – 11:30 AM

WILL FIRE/EMS ACCESS TO WARM ZONES IMPROVE VICTIM SURVIVABILITY IN ACTIVE SHOOTER AND OTHER LARGE-SCALE INCIDENTS?
Dr. Reed Smith – Arlington Fire Department
Katherine Schweit – FBI
Dr. Alexander Eastman – Dallas Police Department
Dr. William Fabbri – FBI
Samuel Somers – Sacramento Police Department

Join the Federal Bureau of Investigation (FBI) and a panel of first responder experts as they discuss the critical and controversial issues around how and whether warm zone clearing is a valuable method to gain faster access to victims and save lives. The FBI will moderate a panel of national experts who will be asked the tough questions on best practices with first responders to mitigate injuries and increase victim survivability at an active shooter or large-scale incident. The complexity and types of threats from these incidents continues to increase. One of the most debated issues currently is the varied fire/Emergency Medical Service (EMS) response models utilized by law enforcement as first responders find ways to swiftly gain access to the wounded. Panel members will discuss progress made and progress still to come in training, policies, and procedures that can narrow the time gap between injury and medical assistance. The panel will also discuss the idea of, and options for, providing medical education to civilians, and self-aid/buddy-aid programs for civilians and law enforcement. Are these efforts creating role confusion in active shooter incidents or are they life-saving? Valuable time for questions will be included.

12:30 PM – 1:30 PM

THE ESSENTIAL PILLARS OF LAW ENFORCEMENT OFFICER WELLNESS
Art Acevedo – Austin Police Department
Lt. Jon Scheinberg – Cedar Park PD – US Marshals Service

Too often, law enforcement agency chief administrators confuse fitness for wellness and this can have devastating consequences. Comprehensive wellness programs entail so much more than an on-duty workout program. The essential determinants of law enforcement wellness: physical fitness, health and mental health/resiliency, each have model programs across the country. During this session, chiefs in attendance will learn about each of these components and the key role each plays in comprehensive wellness. Don’t let another of your officers lose time or die because of the lack of a wellness program in your agency.
2:00 PM – 3:00 PM Neurocognitive Changes Associated with Law Enforcement Use of Force: Implications for Miranda?

Dr. Jeffrey Ho - Meeker County Sheriff's Office/Hennepin County Medical Center
Dr. Donald Dawes - Santa Barbara Police Department

In Miranda v. Arizona (1966), the U.S. Supreme Court placed a requirement on law enforcement to advise suspects of their 5th and 6th amendment rights prior to a custodial interrogation. Only with a 'valid waiver', could suspects relinquish these rights. Such a waiver required that it be done 'voluntarily', 'knowingly', and 'intelligently'. In other words, the suspect must waive the right freely as a deliberate choice, must be aware of the nature of the right being waived, and understand the consequences of this waiver. Two recent studies, by separate groups, Dawes, et al., and Kane and White, have demonstrated measurable changes in cognitive functioning after simulated police use of force encounters. In this presentation, we will discuss the results of both studies (as well as any late breaking studies) in more depth and address two issues of importance: 1) Is there a difference between uses of force in effect on cognitive functioning or are the decrements a result of a general stress response? 2) Are these measurable changes different from other stressors in an arrest, and of sufficient magnitude to effect the validity of a Miranda waiver? We will also discuss the future of scientific investigation into this important area.
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MONDAY, OCTOBER 17, 2016

8:00 AM – 8:45 AM  COMMUNITY RESPONSE TEAM FOR MENTAL ILLNESS
Scott Whittington – Colorado Springs Police Department
In December 2014, the Colorado Springs Police Department (CSPD) partnered with the Colorado Springs Fire Department (CSFD), and Aspen Pointe (behavioral health) to launch a pilot program called the Community Response Team (CRT). This program was designed to divert the disproportionate number of behavioral health calls away from the overwhelmed 9-1-1 system and provide the most appropriate care to these patients. Before the deployment of the CRT units, 98 percent of behavioral health calls were transported directly to area emergency departments (EDs). When the CRT units respond, less than 15 percent of the patients are transported to EDs. To date, these units have been able to respond instead of, or have been able to, release our police and fire units back to service over 1600 times. This means that our patrol and fire units can respond to the situations that they were designed to mitigate and our patients, who suffer behavioral health issues, receive the best care in the appropriate setting. The success of this program and the strategies for its implementation will be discussed in this presentation.

8:45 AM – 9:30 AM  LAW ENFORCEMENT RESPONSE TO SUICIDAL SUBJECTS AND WELFARE CHECKS
Thor Eells – Colorado Springs Police Department
This seminar will address the challenges law enforcement face when responding to 'check the welfare' and 'suicidal person' calls. Attention will be placed on the historical basis for law enforcement intervention, legal versus ethical duty, and current case law developments. Specific cases will be presented to help facilitate discussion and will emphasize the dilemmas that face public safety personnel.

1:00 PM – 2:30 PM  EXCITED DELIRIUM SYNDROME AND LAW ENFORCEMENT TOXICOLOGY
David Neubert – Montgomery County Department of Public Safety
Once a controversial theory, excited delirium is now becoming understood as an acutely life threatening medical emergency. Initially described by Dr. Luther Bell in 1849, it is the end result of a loss of homeostasis from decompensated psychiatric disease, or intoxication from drugs of abuse. Identification of excited delirium is important for EMS, fire, and law enforcement responders to help prevent in-custody deaths, and to ensure responder safety by learning the proper techniques to interact with these patients. Topics discussed in this presentation will include identification and understanding of excited delirium, physiology and treatment, and the novel role for intramuscular Ketamine. Also covered during the lecture will be the physiologic effects of tasers when deployed on excited delirium and other patients, and the expanding role of naloxone while dealing with overdose patients.

3:00 PM – 4:00 PM  TACTICAL MEDICAL LESSONS LEARNED FROM TERRORIST ATTACKS & HIGH PROFILE POLICE ACTIONS: THE NEAR VIEW AND LONG RANGE HORIZON FOR A COMMUNITY RESPONSE TO MAN-MADE DISASTER
David McArdle – University of Colorado Health, Department of Emergency Medicine
Detailed analysis of individuals treated in recent manmade mass casualty events is not yet published in depth. Recent tactical after-action reports will be summarized on some of the most recent terrorist attacks here and abroad. Police are under intense scrutiny for injuries and deaths associated with the use of force. Strategies to manage these incidents on a short term and long term will be discussed.
POLICE PHYSICIANS SECTION
CONFERENCE AGENDA

TUESDAY, OCTOBER 18, 2016

8:00 AM – 9:30 AM
CRISIS RESPONSE: FEDERAL INNOVATIONS IN PREPAREDNESS AND RESPONSE - ASSISTING STATE AND LOCAL PARTNERS
Edward Gabriel - DHHS
Mr. Gabriel, Principal Deputy Assistant Secretary for Preparedness and Response (PDAS) at the U.S. Department of Health and Human Services (HHS), will present on an array of topics related to consequence management, emergency management, and crisis management. The focus is on the successful management of the effects of a manmade/terrorist or natural occurring disaster. The discussion will inform law enforcement of the advancements in technology, web-based platforms, utilizing trained response staff, and intelligence information decision points. Discussions on how the federal, non-law enforcement agencies would respond to assist in the management of the medical consequences including the use medical counter measures (MCM), personnel, and special technologies.

1:30 PM – 2:30 PM
CHOOSING THE RIGHT POLICE PHYSICIAN
Andrew Dennis – Cook County Sheriff’s Police Department
Dr. Daniel Samo – Northwestern Medicine
Fabrice Dzarnecki – Transportation Security Administration
This session will provide information on selecting and hiring the best operational and occupational police physicians. Presenters will review the duties of occupational police physicians (such as evaluation of candidates, worker’s compensation, wellness, Occupational Safety and Health Act (OSHA) compliance, return to work, fitness for duty and disability) and the duties of operational police physicians (such as medical and trauma care in support of a tactical team, operational planning, development of standard operating procedures (SOPs), training, and supervision of tactical medics).

3:30 PM – 4:30 PM
DETERMINING DRUG IMPAIRMENT AND INVOLVEMENT IN FATAL AND SERIOUS CRASHES
Cally Bright – San Diego District Attorney’s Office
Michael Brown - NHTSA
The use of drugs, both legal and illicit, present challenges for law enforcement in accurately determining impairment in serious crashes. This program will emphasize the need for testing to support investigations and prosecutions. The workshop will overview the nature of drug impairment, and how alcohol testing can often mask equally serious impairment from drugs, and address the importance of collecting toxicology in all cases, including single vehicle/driver fatalities.