

RTF - Now is the Time



Macy's Thanksgiving Day Parade ISIS NYC Threat, NYPD Bolsters Security

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Objectives

- Outline the active shooter persona
- Summarize current EMS response
- Contrast current response to new thinking
- Summarize the TacMed Essentials Course
- Compare and contrast TMS & RTF roles and responsibilities (Dr. Wipfler III & Dr. Dennis)
- List restricted CCW sites in IL
- Support the urgent need for RTF

PROFILE OF AN ACTIVE SHOOTER

"An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims."

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation."

United States Department of Homeland Security (2008). *Active Shooter How to Respond*. Retrieved from: https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

Typical EMS Response


"The current standard EMS response for an active shooter incident is to stage in a secure location until police mitigate the threat and secure the area. This can lead to a significant delay in providing medical care to the victims. Empirical evidence demonstrates that in an active shooter scenario, expeditious medical intervention, more than capability/capacity, was key to preventing loss of life."

"Emerging alternatives to the 'standby' policy suggest a level of first responder collaboration that allows EMS with appropriate protective equipment to quickly enter the incident scene with law enforcement officers in order to stabilize patients and reduce fatalities from readily treatable injuries."

United States Department of Homeland Security (June 2015). *First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents*. Retrieved from: <https://www.dhs.gov/sites/default/files/publications/First%20Responder%20Guidance%20June%202015%20FINAL%202.pdf>

"As active shooter incidents have become a common source of wounding in the United States, civilian adoption of some military clinical practices that are a significant departure from traditional prehospital care should be considered:

- Aggressive hemorrhage control—including use of tourniquets and, where appropriate, hemostatic agents
- Aggressive airway management, including "sit up and lean forward" airway positioning
- Training all first responders in self-care, buddy care, and bystander care"




United States Department of Homeland Security (June 2015). *First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents*. Retrieved from: <https://www.dhs.gov/sites/default/files/publications/First%20Responder%20Guidance%20June%202015%20FINAL%202.pdf>

Traumatic Etiology

Survival factors include mitigating:

- Exsanguinating extremity hemorrhage
- Tension pneumothorax
- Airway obstruction



The Interagency Board (August 2015). *Integrating Law Enforcement, Fire, and Emergency Medical Services during Active Shooter / Hybrid Targeted Violence Incidents*. Retrieved from: https://iab.gov/uploads/Integrating%20LE_Fire_EMS%20during%20HTV_FINAL.pdf

Tactical Medicine Curriculum

No current national standard curriculum

TCCC

Tactical Combat Casualty Care

Limited application in civilian setting

Addresses combat situations

TECC

Tactical Emergency Casualty Care

Civilian application of TCCC



Tactical Emergency Medical Support (TEMS)

vs.

Rescue Task Force (RTF)



TacMed Essentials Course



- » Dr. John Wipfler III
- » Professor of Surgery at the University of Illinois College of Medicine
- » 20 years as a residency-trained board certified attending emergency at a high-acuity Level 1 trauma center
- » Taught tactical medicine for over 17 years
- » Sworn Sheriff's Physician and auxiliary Deputy Sheriff who has been involved in tactical operations on over 125 SWAT callouts.
- » STATT (Special Tactical Assistance Trauma Team) Tactical EMS unit - 3 physicians, 1 nurse, 2 paramedics
- » Supports three law enforcement tactical teams:
 - Central Illinois Emergency Response Team (CIERT),
 - Illinois Law Enforcement Alarm Services team (ILEAS region 6/7)
 - Peoria City Police Department Special Response Team (SRT)



- **Advanced TacMed Essentials Course (2 days, 18 hours, called "Advanced TMEC")** - (a day 3 / 4 course)
The ATME course is a 2-day course that includes more advanced tactical skills, knowledge, and tactics that may be used by students who plan to pursue more extensive involvement in tactical medicine, including participation as a "SWAT Medic" for SWAT or other special operations teams. Students who complete the TMEC and Advanced TMEC will have completed a total of a 4-day standardized course in tactical medicine that meets national core curriculum standards.

TacMed Essentials (2012-2013). Retrieved from: <http://www.tacmed.com/classes>





Rules of Thumb for SWAT & TEMS



Tactics come before
medicine

*Sometimes good
medicine represents
bad tactics*

Each entry team
should have 2 TMP's
TMP's must be within
30 sec. of team

TMP – Tactical Medical Provider

Analogous to a football team trainer
Travel with team and provide medical
care

Carry Band-Aids and ibuprofen as
well as tourniquets and chest seals

Some LEA's have contract with EMS
& send medics to Reserve Officer
School to be armed as LEO



TEMS - TMP

Primary Responsibilities

Provide close up (in or near the
inner perimeter) medical care
for SWAT, civilians and
perpetrators

Secondary Responsibility

Ongoing SWAT training with
officers

Optimize the health and safety
of the SWAT unit



Perimeters & Zones

Inner Perimeter (Hot Zone)

Suspect can attack &
use weapons
TEMS providers only
Sworn LEO's

Perimeters and Zones cont.

Tactical Warm Zone

Risk exists but is less
than inner perimeter
Provides some hard
cover
Relatively safe



Perimeters and Zones cont.



Outer Perimeter (Cold Zone)

Safe from weapons
& violence
Enforced by patrol
officers
Provides hard cover
Staging area for RTF
to be called up to
warm zone

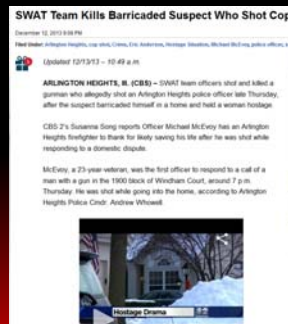
Dr. Andrew Dennis

Medical Director and team surgeon for NIPAS
Director of Medical Operations -Cook County
Sheriff's Office – Sworn LEO
Chair of Division of Pre-Hospital and Emergency
Trauma Services at the Cook County Trauma and
Burn Unit
Chairman of the Department of Surgery at
Midwestern University College of Osteopathic
Medicine
Associate Professor of Surgery at Rush Medical
College



Local Law Enforcement

Local law
enforcement
& EMS agencies first
on scene
NIPAS response
Can take up to 1
hour



Rescue Task Force (RTF)

Primary Responsibility
Enter with officers and
provide intervention
for readily treatable
injuries
Extract victims
expeditiously to cover



Rescue Task Force Personnel


Trained EMS providers that partner with law
enforcement
May or may not be protected by LEO's force
protection
Officers will continue to clear rooms and
neutralize combatants
Paramedics will treat / extract victims
Cannot carry a weapon unless a sworn LEO
*Illinois Compiled Statutes (720 ILCS 5/Art. 24
heading) Article 24. Deadly Weapons*




CCW Prohibited




- Preschools, elementary and secondary schools, and childcare facilities
- Colleges and Universities and any real property, sidewalks and common areas under the control of a public or private community college, college, or university
- Playgrounds and public parks
- Bars (where more than 50% of the revenue is from liquor)




CCW Prohibited



- State and local government buildings, including those under the control of the executive or legislative branch of the government, local government and courthouses
- Jails and detention centers
- Libraries
- Hospitals, nursing homes, and mental health facilities
- Stadiums, arenas, and sporting events
- Riverboats, racetracks, and OTBs



CCW Prohibited



- Airports
- Museums, zoos, and amusement parks
- Public transportation paid for in all or in part with state funds
- Public gatherings authorized by a local government (e.g. street fairs, festivals, etc.)
- Nuclear facilities and their parking areas
- Any private property that is posted with appropriate signage (homeowners do not have to post signs)
- Cook County Forest Preserve

Illinois Council Against Handgun Violence (2013). *The Illinois Citizens Concealed Carry Law Handbook*. Retrieved from <http://concealedcarryandme.com/>

We Must Reach Out & Help

Most active shooter incidents end in 5 or less minutes (FBI, 2013)

In cleared but not secured areas risk to RTF personnel is less than perceived (bad guy incapacitated)

Refusal to accept RTF risk is contradictory when Fire & EMS accepts operational risk every day

Education, training, interagency coordination and operational protocol will minimize risk

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Risk A Lot to Save A Lot

