Center for Officer Safety and Wellness
International Association of Chiefs of Police

Officer Safety Column:

Medical Care at the Street Level: Patrol Officers' Role in Lifesaving Measures

Historically, emergency medical services(EMS) have been viewed as the domain of the fire service or free-standing ambulance divisions. In fact, many fire departments rely on providing EMS as an integral part of their operations, and, for many fire departments, 90 percent of their calls for service are indeed for medical emergencies. These same EMS workers who provide care to the community also are responsible for the care of law enforcement when needed. This EMS support is crucial to the law enforcement community and provides a critical service that continues to save lives.

However, in addition to this traditional reliance on EMS workers for care, law enforcement can take steps to ensure their own emergency care in an effort to increase survival rates after critical incidents. Because of the nature of the profession, law enforcement has medical concerns that, by and large, are not being adequately addressed in most communities. The laws of physiology dictate that if the human brain, which has the greatest oxygen requirement of any tissue in the body, does not receive adequate perfusion of oxygenated blood for as little as four to six minutes, irreversible damage can occur. Severe bleeding caused by a gunshot wound or a laceration can result in fatal blood loss in as few as one to two minutes When an officer is feloniously assaulted or accidently injured, even the fastest fire truck or ambulance may not get help to this officer in time. If EMS does arrive in time to preserve life and the officer survives the incident, he or she may never be able to return to work or may face severe disabilities from brain damage caused by a delay in medical treatment. Severely brain-injured victims may be a tremendous financial and psychological burden for their families, their friends, and their agencies. Clearly, the effort should be made to ensure rapid care when and where an officer is injured.

The practice of medicine evolves with changing concepts and tools. The time frame to successfully treat an injured officer is established by the laws of physiology, and time is of the essence. Many police departments now have working arrangements with tactically trained paramedics and physicians to support special weapons and tactics (SWAT) operations. This is an important, positive first step for law enforcement during high-risk operations; however, this addresses only a very small population (SWAT teams) at risk for what are typically short periods of time (SWAT callouts). There are other incidents that occur more frequently and that represent a much broader threat. For example, if an officer is struck by a passing vehicle during a traffic stop or is stabbed during a late night street contact, where is the medical support then? For most agencies, the answer would be the nearest firehouse. When an officer's emergency starts, he or she may or may not be able to even call for help. Even if the injured officer can call, there is still a dispatch lag to transfer the request to EMS, time for the EMS workers to prepare themselves, start the vehicles, and leave the fire station. The common expectation is the ambulance will arrive in three to five minutes. Unfortunately, too often the critically injured officers will not do well with delayed treatment, and the laws of physiology have been broken. Help may be a lifetime away if officers cannot initiate appropriate care prior to the arrival of EMS. There may be a need to transport the injured officer in a police car and not wait for the arrival of an ambulance.

This problem can be addressed by instituting training and providing equipment to agencies and their partners that allows for self-aid and buddy aid. These programs are designed to provide care to officers until EMS arrives and can act as a critical bridge to lifesaving care. Thankfully, a few police agencies already have robust emergency medical support for field operations, and the evidence from their collective experience suggests that self-aid and buddy aid can improve officer survival. In addition to a direct benefit to officers on the street who can be saved, these programs also can provide aid to those outside of law enforcement. Officers will be able to aid members of the community by providing the same critical bridge to advanced medical care. Providing timely and appropriate medical care to the citizens at large as well as law enforcement can initiate a crucial step in saving lives and reducing the impact of life-threatening injuries. Prevention, early recognition, and initial treatment of conditions that may result in sudden death in custody are law enforcement topics. Saving lives is good community policing.

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In response to this opportunity to save lives, a working group within the IACP Police Physicians Section will be presenting a workshop called "New Training Key on Emergency Trauma Care: What Chiefs Need to Know" on Monday, October 1, at 8:00 a.m. at IACP 2012 in San Diego, California. This program represents a consensus of the physicians section and provides information on how to implement an aid program. The presentation includes the minimal resources required as well as suggested best practices that are needed to make the programs available to patrol officers. For more information on this and other conferencerelated details, please visit the IACP 2012 at http://www.theiacpconference.org.

Suggested Reading

Frank Butler, "Tactical Medicine Training for SEAL Mission Commanders," Military Medicine 166, no. 7 (July 2000): 625–631, http://www.au.af.mil/au/awc/awcgate/medical/tacmed-butler.htm (accessed June 27, 2012).

Frank Butler, John Hagmann, and David Richards, "Tactical Management of Urban Warfare Casualties in Special Operations," Military Medicine 165, supplement 1 (2000), http://www.hhdejl.dk/2aktiviteter/san/pdffiler/Tact_Mgmt_Urban_Warfare_Casualties_Special_Ops.pdf(accessed June 27, 2012).

David McArdle, David Rasumoff, and John Kolman, "Integration of Emergency Medical Services and Special Weapons and Tactics (SWAT) Teams: The Emergence of the TacticallyTrained Medic," Prehospital and Disaster Medicine 7, no. 3 (July–September 1992): 285–288.

Matthew Stajnkrycer, David Callaway, and Amado A Baez, "Police Officer Response to the Injured Officer: A Survey Based Analysis of Medical Care Decisions," Prehospital and Disaster Medicine 22, no. 4 (July–August 2007): 335–341, http://pdm.medicine.wisc.edu (accessed June 27, 2012).

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