

CONTOMS

Counter-Narcotics and Terrorism Operational Medical Support

Standardizing Tactical Medicine to Address Real World Necessity

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The role of tactical emergency medical support (TEMS) is well recognized across law enforcement and fire/rescue services. As prevalent as it may be in civilian special response units today, many who practice TEMS do not realize that it was first standardized merely a generation ago by a group of individuals with fire, rescue, and law enforcement backgrounds in coordination with the U.S. military. Then, the concept was widely introduced into the civilian emergency medical community via an initiative known as the Counter Narcotics and Terrorism Operational Medical

Support (CONTOMS) program. Other similar programs have sprung up over the years. Regardless of the program from which tactical medics receive their training, each of them owes a debt of gratitude to the vision of those who created a uniform approach to TEMS through CONTOMS.

DEVELOPMENT

In the late 1960s, police departments throughout the U.S. developed special weapons and tactics (SWAT)

teams. Within a matter of a few years, it became clear that sworn officers with medical training could enhance these specialized units. Some teams had the foresight to add a medical element to their squads, but standards and implementation varied widely primarily due to lack of awareness on the part of decision makers and lack of comprehensive tactical medic training for front-line providers.

The CONTOMS program was originally established in 1990 as a cooperative effort between the U.S. Department of Defense and the U.S. Park Police. The program was created to meet the need for specialized medical training to support law enforcement special operations. From its inception, the goals of CONTOMS have always been:

- To offer a nationally standardized curriculum, certification process and quality improvement procedure to meet the needs of those EMTs, paramedics, and physicians who operate as part of a special response team
- To track data to assure that the educational efforts are evidence based, in order that the training meets the dynamic needs of the law enforcement and EMS communities
- To maintain program faculty that are available for consultation to Federal, state and local agencies to help meet immediate requirements, solve urgent problems or conduct needs assessments.¹

Throughout the 1990s, both non-military law enforcement and the U.S. military enjoyed a mutually positive exchange via the CONTOMS Program. At the time, both the military and law enforcement were actively engaged in combating the rising international drug problem. During a time of relatively few sustained conflicts in the wake of the Vietnam era, the U.S. military benefited from the cooperative effort because, by supporting CONTOMS training, the military had an avenue for training medical personnel in the austere conditions likely to be faced in current and future military engagements. In turn, through participation in CONTOMS, law enforcement was able to harness the best medical practices from the military's experience in combat into training their TEMS providers to "protect the protectors" and civilians alike with those proven military methods as they faced increasingly violent criminal encounters.

INCIDENT AT IBM

It was the beginning of Memorial Day weekend on Friday, May 28, 1982 when a disgruntled, former IBM employee crashed a Lincoln Continental through the front entrance of the IBM corporate headquarters and began a seven-hour siege. The perpetrator was armed with a 12 gauge sawed off shotgun, a SM-11-AL automatic machinegun, a Sterling .25 caliber automatic pistol, a Ruger .357 revolver, and a large quantity of ammunition. When the car came to a stop in the north lobby of the office building, he immediately shot the security guard and

then proceeded to go deeper into the building, shooting anyone in his path.

None of the EMTs or paramedics who entered the building initially had personal protective equipment that is considered standard today. They wore only polyester, uniform pants and shirts, and carried only general medical supplies. Tactical equipment such as bullet proof vests or Kevlar helmets were not issued to personnel in the fire and rescue service.

Police officers did escort the first rescue personnel that arrived on the scene into the north lobby. One police officer and one medical rescuer crawled as a team over the glass that had shattered when the Lincoln Continental burst through the front doors of the IBM building. Once they were inside, however, those EMTs and paramedics were left unguarded to treat the critically injured throughout the building, in which there was still a potential hostile threat.

To complicate the situation further, initial EMS personnel worked without the specialized protocols and equipment that TEMS offers today. For example, a resourceful paramedic applied a defibrillator electrode to a sucking chest wound. The gel was sterile and moist, while the adhesive ring prevented unwanted air from filling the chest cavity. Today, medics may use commercial occlusive dressings like the ACS™ (Asherman Chest Seal) manufactured by RUSCH or Bolin Chest Seal from H&H Medical to prevent a sucking chest wound from advancing into a tension pneumothorax. Additionally, EMS personnel did not have dressings lined with hemostatic agents like HemCon® Bandages or Z-Medica Corporation's QuikClot®. Instead, they applied trauma dressings to mitigate or stop blood loss, but those dressings were nothing more than bulk material to absorb blood. Standard for the time, they were the only first aid dressings available, but they were sub-optimal medical countermeasures for use in an incident where XABC (eXsanguinating hemorrhage, Airway, Breathing, and Circulation) protocols rule

LESSONS LEARNED

The IBM incident "severely tested the capabilities of the fire, rescue and police personnel of Montgomery County [Maryland]." For the most part, the first responders who were dispatched to the IBM incident for the most part had only general, emergency medical training. They quickly failed their training to the situation, saving lives albeit at enormous risk and often in ad hoc mode. Clearly, the entire first responder community required standard operating procedures that could prepare and protect personnel by incorporating best practices and lessons learned.

Like most inspired concepts, TEMS and CONTOMS were created for civilian tactical rescue efforts out of necessity in an unlikely location. Contrary to the popular lore that CONTOMS plans were sketched out on a cocktail napkin in a bar, the idea actually was designed on an industrial paper towel in a kitchen by two men who had responded to the IBM incident. It was from their vision and such humble beginnings that a specialized

form of emergency medicine training emerged to supply first responders with a standardized approach to medical care in a threat environment. In essence, it was the basis for the first TEMS program.

Drawing on their recent and collective experience, both men designed a program that integrated the medical care lessons learned in the military environment with law enforcement principles, thereby developing a template for standardized training of medical providers seeking to support law enforcement special response teams. At the time, the U.S. military had massive amounts of data from lessons learned in Vietnam. For example, the data supported the assertion that severe blood loss was the number one killer on battlefields. "Hemorrhage from extremity wounds was the cause of death in more than 2500 casualties in Vietnam who had no other injuries" and "[g]reater than 80% of those fatally wounded by a bullet die within 30 minutes of injury." Indeed, the scientific studies indicated that select early interventions saved lives in the tactical environment, but that delivery of care under such conditions involved an approach different from traditional pre-hospital practice.

MOVING FORWARD

Over the last 10 years, the CONTOMS Program has continued to evolve in order to provide current medical training for TEMS providers. Today, CONTOMS has transitioned to a

cooperative effort between U.S. Department of Health and Human Services, U.S. Department of Homeland Security, TRUE Research Foundation and the United States Park Police. Before hitting the streets, emergency medical personnel seeking to support special response teams have to learn TEMS protocols and how to use specialized medical devices. CONTOMS fills that educational gap by offering a group of standardized courses, the cornerstone of which is Emergency Medical Technician – Tactical (EMT-T). EMT-T continues to provide an overview of the specialized medical expertise that may be required in hostile situations and environments associated with counterterrorism, drug interdiction, and other law enforcement activities. Anyone already trained at the EMT level or higher and sponsored by a bona fide law enforcement agency, military unit, or other specialized team may apply for the 56-hour course. The week of training is filled with didactic and practical exercises.

As effective as the CONTOMS educational courses may be, real-world experience is essential for maintaining superior skills and professional development of tactical medics. Missions for CONTOMS instructors and graduates have included warrant service, demonstrations and high-profile incidents like Ruby Ridge and the terrorist attacks of 9/11. Regardless of the mission type, each mission has been and will continue to be conducted in a safer and more standardized manner for law enforcement personnel and the public because of CONTOMS training.

Today, tactical medics in the field and physicians who support them understand the value of TEMS and continue to educate decision makers and the public about its importance. Some define TEMS as "a term referring to non-military emergency medical services (EMS) that have been modified for the realities of the tactical environment...emerging as a new sub-specialty with nationwide application in prehospital care." The American College of Emergency Physicians (ACEP) website states, "Tactical Emergency Medical Support (TEMS) is an essential component of military and tactical law enforcement teams. As an integral part of a tactical unit, TEMS helps maintain a healthy and safer environment for both law enforcement and the public. This unique subspecialty provides emergency care under extreme and potentially dangerous situations. Excellent management of injuries sustained during training or deployment requires proficiency in wound care, hazardous materials exposure, and evidence preservation. TEMS providers can provide medical insight during training, mission planning, and deployment of tactical teams." Looking back at the growth of TEMS, CONTOMS is one of the factors in the development of TEMS as a recognized field in both medicine and law enforcement. But, it took a watershed event in Maryland to make the need for such standardized training apparent.

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