Tactical Moves:
*How Philly Fire is Preparing for Fire Fights*

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The Problem

Nickel Mines

• October 2006, Nickel Mines, PA
• 5 Amish girls murdered in school
Change in Police Response

• Traditionally, police response was contain incident, wait for SWAT
  – While police waited, people died
• Post-Columbine, move toward rapid intervention by first LEOs on scene

[Link to DHS OHA page]
Traditional EMS Response

• Stage in secure area until police have mitigated threat - can take hours
• Some police departments and EMS agencies have TEMS providers
  – Committed to mission, not civilian care

The Pendulum Swings

- Hartford Consensus
- FEMA active shooter guidelines
- IAFF position statement
- Response to active shooter incidents is a joint police, fire, EMS responsibility

Journal of Trauma and Acute Care Surgery 2013; 74: 1399-1400.
And Now for Philadelphia...

“I once spent a year in Philadelphia, I think it was on a Sunday.”
The Philadelphia Story

• PPD and PFD realized new approach needed for active shooters incidents
  – Paramedics could deploy with police into areas cleared *but not secured*
  – Start treatment in Warm Zone, then extract the victims

2010
The Philadelphia Story

• Treatment based on TECC
  – Tactical Emergency Casualty Care
• Security for medics provided by police officers assigned to that role
• Would need appropriate policies, training, and equipment, including PPE
The Details

- Rapid Assessment Medical Support (RAMS)
- Police arrive on scene, form “Contact Team“
  - Moves toward shooter or sound of gunfire
  - Moves past victims, IEDs, other potential threats
  - Objective is eliminate threat
The Details

- Contact Team calls in “Rescue Team” once immediate area cleared
  - Several PPD officers and RAMS team of 2 ALS providers and EMS officer
  - Police role is solely security for medics
  - EMS officer coordinates RAMS movement, communication with police
The Details

• RAMS team initiates basic care until they run out of supplies or patients
  – They then evacuate victims
  – As more EMS assets arrive on scene, additional Rescue Teams may be formed to assist with evacuation
Medical Care

• Care in Warm Zone:
  – Hemorrhage control
  – Occlusive dressing to chest wounds
  – Chest decompression
  – BLS airway interventions
The Training

• All 250 PFD medics went through day-long training consisting of:
  – Lectures on medical care, equipment, protocols
  – Tactical movement exercises with PPD SWAT
RAMS Equipment

- On many ALS ambulances now, system-wide later this year
Some Issues To Consider

• Initial and ongoing funding
• Buy-in from law department, labor
• Skills maintenance, ongoing training
• Medics comfortable working with SWAT
  – What about with street cops?
• “I didn’t sign up for this”
• What about the FF-EMTs?
Summary

• Increasing number of active shooter incidents calls for new EMS mindset
• Goal of RAMS program is not to create tactical medics
• Gives medics greater situational awareness, more training, better equipment to respond to new reality of prehospital care
Thank You