

Bomb Squad Medical Support Operations

by Jeff Foust

As SWAT teams across the United States continue to integrate Tactical Medics into their operations, Bomb Squads have been left to deal with the threat of being injured alone.

Technicians that I have spoken with in the past have stated that their everyday field operations are normally worked to completion without the aid of any form of medical personnel. Those that do have such personnel present either do not train with them regularly or an ambulance is only in attendance for liability purposes.

It was during a joint training that I began to ask why our Squads have not been attempting to work more closely with the people that are responsible for caring for us during a transport to the local trauma center. An injury to us does not have to be a direct result of a blast; we can be affected by the environment also. Being an Emergency Medical Technician myself, I incorporated the assistance of a few medical professionals and we began our research into a new program, designed specifically with the bomb technician in mind.

This research led us to find that the majority of the medical personnel were not aware of many life saving topics such as; the spine board built into the trousers and that the helmet and trousers can actually act as a spinal immobilization device when secured correctly.

When the topic of venous access was brought up, the general answer was, “we’ll just break out the scissors and cut the suit to gain access”. Once the laughter was completed, we explained their waste of time and obvious damage to the suit, even if just a little bit. When they realized that the most rapid access would be through the zippers located underneath each arm, they were amazed that such a bulky piece of protective clothing was so user friendly.

And so, the conversations continued, we wrote down their questions about our operations and equipment. It was with those conversations in mind that initiated a thought process providing many positive things. Once they realized that working “around” the suit was much easier and less time consuming than “removing” the suit. We all began to see this piece of equipment in a different light. With that information, we began to piece together a program to teach this information to other medical personnel in our primary response district.

The issue of, “How do we get the Technician back to the Command Post” came up. After testing different theories, it was found that the fastest and simplest means was to place the EMT in a bomb suit, hand them a plastic stretcher and wish them the best of luck. Most of them rapidly came to the conclusion that working in the suit was; difficult, uncomfortable and moist (even in January). But, it worked and we were achieving retrieval times of as little as three (3) minutes from the time of detonation to acceptance at the awaiting ambulance. This placed us way under the Golden Hour of Trauma (the time expended between injury and surgical intervention...60 minutes).



The “Medic” Taking the Long Walk

That was it then, we had found our “Basic” retrieval system. The EMT would walk the retrieval sled to the victim, package them and drag them back to the awaiting ambulance. This was very taxing on the EMT so, the brainstorming began and the idea of an “Extraction Team” method and “Rope Assist” method were developed.



Team Training on the “Extraction Team” Method

The Extraction Team would be dressed in SWAT gear (with or without weapons) and accompany the suited EMT up to half the distance and stage, awaiting the return of the victim. Once the

EMT returned, two members would take the sled and rapidly return to the awaiting ambulance. The third member would stay with the suited EMT, ensuring their safety and gathering intel on the victim.

The Rope Assist was accomplished by simply attaching a rope to the sled and the members at the Command Post would provide the strength to pull the victim after the suited EMT had packaged and signaled the readiness of the return.

These different forms of retrieval lessened time on target for the EMT, faster retrievals and provided other options depending on the operating environment. All of these methods, including the classroom portion took well over a year to design, test, test again and then finalize. We came to the conclusion that even though our, “Basic” method was difficult to complete on dry ground it was still necessary to the course as a minimum standard of completion, this covered all of the “what if’s.”

With these tasks in mind and the classroom completed, we offered our first course to the fire department that has been working with us since the inception of this idea. We had twelve students in attendance and their certification levels ranged from basic EMT’s with the Southwest Fire District to Paramedics from the Three Rivers Ambulance Authority.

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During the classroom each student was exposed to: Medical Team Operations, Explosive Recognition, Explosive Theory and how it relates to Blast Trauma, Blast Trauma and Tactical Combat Casualty Care, Tools and Equipment and finally, Retrieval Techniques. This was all wrapped up into a thirty-two hour course.

Now, before some of you jump out of your chairs, screaming that we are “giving away trade secrets”, I want you all to know that all information that pertained to the Explosives and Explosive Theory section was provided at a minimal level. We even left those sections out of print for the student manual. Basically, you would receive the same level of information if you read the Anarchist Cookbook. We figured that it was easier to explain how to recognize a secondary before they set it off in the field during retrieval efforts.

The Tools and Equipment section was taught in the frame of mind for safety reasons, e.g....”do not walk in front of the PAN”, safe separation distances and x-ray distances. To sum it up, September 11th left us in a different light and since the inception of the internet; we have lost some of our “dark art.”

Seeing as how this information should not be passed out to just everyone, we copyrighted the course, its information and the retrieval methods. We were not intending to be selfish, just well aware of the student that attends a course and then returns back to their department, teaching the information incorrectly. Stupid stunts like that normally end up in injury or worse and I want no part of that.



The “Medic” Performing an Assessment and Preparing for the Retrieval

What we have found is that all of the students that have attended the courses; gained a new found respect for Bomb Technicians and have now integrated themselves into being an assistant at most of our scenes. They have become familiar with the equipment, terminology and actually act as our second set of eyes when arriving at the incident.

Taking into consideration the bombings overseas, our responding ambulance personnel have performed secondary searches around the Command Post, which is a step above how we normally operate. Even during their daily duties, they are more alert of their surroundings. The car bombing in London last year, where ambulance personnel actually discovered the device, proves that by all emergency personnel being aware of their surroundings, terrorism attempts can be thwarted.

However, there were two issues found after the courses. First, the medical personnel were concerned that their responsible Bomb Squads would not support such an operation and that they would never be utilized, thereby resulting in a wasted class.



The Team Discussing Equipment Load Out for the Scenario

Secondly, the differences in equipment would leave them useless to assist the Squad on the scene. However, it is with great hope that with this course and the aggressive cooperation between the training officers of the Bomb Squads and the responding medical agency, these issues can be resolved. Training together is a great way to work out issues beforehand and if your squad has certain limitations that are different than ours that is the time to explain them.

We offer this course both in my area and across the United States. One thing that we require is the utilization of the equipment of their current Bomb Squad. This ensures that the Bomb Squad Commander is involved, the medical personnel are actually using the equipment in training that they will be using on the scene and issues are resolved prior to course completion. We even suggest different equipment to be more “retrieval friendly.”

A cooperative grant can normally achieve the desired results of “retrieval friendly gear” and remember EMS and Fire Departments have the availability of more grants than Law Enforcement Bomb Technicians will ever see in their careers. I am not saying that we mislead them into acquiring gear for us, but working together to achieve a common goal. Remember, what they buy in the form of protective gear also helps us in the end.

I have heard the statement, “When was the last time a Bomb Technician was killed on a bombing in the United States.” My answer to this is simple, “Not including September 11th, 2001?”

Well, there was November 4th, 2000 and then there was October 2nd, 1997 and then..." I finalize my point to them by stating, does it really matter? One Technician killed in the line of duty is too many, but one that dies on the scene as a result of his injuries is unacceptable. Even at that rate, Technicians can be killed by a number of other issues (environmental, prior medical problems, heat exhaustion, etc.) So it is not just about the IED.

In closing, we will be attending the Region 3 training conference in Chicago and teaching this course in its entirety. For those of you interested in receiving information about a course, or know of a department that may be interested please feel free to contact us at badkarma4@verizon.net. Thank you for reading this article, keeping an open mind and I hope you all continue to train hard and stay safe.

Jeff Foust is an Emergency Medical Technician and an operating Bomb Technician with a Region 3 Police Department and has been in public safety for 15 years. He is also the CEO of his own training and consulting business in relation to the Bomb Squad Medical Support and Tactical Medicine.



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