

On Choosing **the Right** Operational Police Physician

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Agencies seeking police physicians would be well served to consider certain strengths to seek and pitfalls to avoid.

In recent years, doctors associated with law enforcement have become increasingly common. Often, the physician is part of a tactical emergency medical support element, which usually puts the physician in an operational position with special weapons and tactics (SWAT) teams or other active parts of the department. Alternatively, the police physician may engage in other critical roles such as consultant, psychologist, advisor, educator, occupational medicine consultant, or simply as a means of moral support for the officers. Most of these physicians volunteer their time; some are formally certified and sworn as police officers, while others prefer to play a more informal role.

As violence against police continues to escalate, the need for medical support, as well as the need for oversight of such support, will continue to increase. As the role of police surgeon grows, whether as a boots-on-the-ground operational entity or as a more peripheral consultant, the need for a structured job description specifying expectations will grow only more acute. Not every department or every doctor will have the same needs and wants. Many departments already have such relationships in place and varying models for such relationships exist. This article details some of the critical issues involved in designing an operational police physician job description.

Candidate Selection

When it comes to enlisting the assistance of a physician to take part in operational functions of a tactical team, the first issue that must be addressed is selection. How should a department go about selecting the right individual to serve as an operational police physician?

Law enforcement is a profession steeped in restrictions, trust, and the belief that each and every member of the department and team must be trusted with someone's life. Earning this trust requires proof of integrity, competency, loyalty, judgment, and moral character. So the first issues that must be addressed with regard to selecting the right physician candidate are not necessarily direct experience in the field but rather motivation and judgment.

The preferred individual should be able to articulate persuasively a personal motivation to join law enforcement. Understanding the motivation behind a non-police officer's choice to work with law enforcement is absolutely critical. This individual's intentions must be good—that is, not simply in pursuance of a thrill or, even worse, for an excuse to carry a weapon and a badge. The physician should recognize the potential time commitment, the post-hire training required of the position, and the importance of being discreet. Ultimately the individual should be genuinely motivated to protect the protectors and give something back to the community.

The next issue in selection is often not recognized by many outside of the medical community: Is the physician trained in the tasks being requested? If the department is seeking an operational police

physician to deploy in a forward position, then this physician must have advanced lifesaving skills of the kind typically found in trauma surgeons and emergency physicians. This is not to say that other physicians cannot be trained to possess such skills, but this type of training is less commonplace and would require education outside that physician's specialty. Many physicians, even surgeons and emergency physicians, function beautifully in the hospital environment, but when placed in the field—without the amenities of a hospital emergency department—find that their capabilities diminish exponentially. Very often, such physicians become liabilities rather than assets. For this reason, it is critical that the physician have some prior field experience—for example, emergency medical services, military, or some other type of exposure. If that experience is lacking, the candidate should not be considered until such experience is obtained and verified.

The same or similar vetting and selection processes applied to all other potential team candidates should be applied to physician candidates. This vetting should include appropriate psychological and polygraph testing. A medical degree does not automatically make an individual an ideal candidate to participate in law enforcement operations.



General Duties

The role of the physician includes ensuring team readiness, providing mission support, and serving as the liaison with team and department commanders and the administration.

In many ways, the role of the physician parallels the role of a military flight surgeon. As with flight surgeons, operational police physicians' roles are categorically divided into clinical and nonclinical roles that are essentially a continuum of interwoven responsibilities. Sound advise-

ment and operational decision making hinges on a thorough understanding of the overall mission, as well as of the job requirements of each individual for whom the physician is responsible. Additionally, it is critical that the physician understand the physical, logistical, and psychological limitations of the team and the environment. This understanding is critical when it comes to providing medical care, making recommendations to command, and educating and training individuals.

To do this successfully, the physician must have a fundamental working knowledge of law enforcement standard operating procedures (SOPs) and also a knowledge of the associated legal boundaries and processes for necessary operations. The physician must also have the requisite knowledge base and clinical proficiency both in skill and aptitude to apply real-time medical assessments and interventions in potentially austere environments.

Administrative Duties

The administrative duties of the physician include 24-hour on-call availability and full operational readiness on short notice. For most physicians with full-time clinical practices from which they make a living, this may not be possible. In an ideal situation, the physician would have coverage in place to allow for continuous availability to the law enforcement agency. Unfortunately, however, this not always the case, and the physician likely will have to balance the needs of a full-time clinical practice and family with the role of physician. The department needs to understand such constraints and must balance assignments accordingly. (This issue often can be addressed by having more than one physician.)

Outside of availability, the physician must create a medical support system that is bigger than the individual physician. This task requires creating a redundant system of SOPs that will empower other physicians, paramedics, and emergency medical

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technicians to carry on as extenders of the operational medical program. These procedures must be broad yet restrictive and capable of addressing everything from the biggest traumatic emergency to the smallest of sniffles. All can impact the readiness of the individual and ultimately the team. Additionally, these SOPs must account for monitoring the psychological as well as the physical readiness of every team member. The physician must maintain health records on all personnel and have the ability to swiftly call for additional resources when necessary.

In addition, the physician must take a proactive role in safety briefings, operational preplanning, and postoperation debriefing. The individual must be constantly vigilant of potential safety and readiness problems, be intimately familiar with all aspects of standard team operations, meet all operational readiness requirements, as this is necessary to make informed recommendations and decisions, as well as to be forward deployable should the need arise.

The physician must be a resource for officer and agent medical emergencies both personally and duty-related. This should include responding to the scene or to an emergency department when necessary.

Clinical Duties

The operational police physician must be capable of providing real-time medical and trauma care relative to the nature and location of the operational activity. As the mission readiness, the health, and the welfare of agency personnel are critical elements of mission success, the physician must be capable of assessing the effects of location, length of operations, activity levels, and nutritional and hydration needs, as well as sleep and rest requirements. Additionally, the physician must have applied knowledge and experience in treating and managing heat and cold emergencies, cardiac emergencies, toxicology, blast and crush injury, blunt and penetrating

trauma, advanced airway management, orthopedics, wound management, advanced intravenous access, management of the acutely ill or injured patient, management of psychiatric emergencies and critical incident stress debriefing, and mitigation and management of weapons of mass destruction exposures and threats.

Training Duties

It is critical that the physician take an active role in training, as a significant number of injuries occur during training. It is the responsibility of the physician to ensure that command considers preventive and occupational aspects of all plans, operations, and training exercises, regardless of length or nature. It is also of critical importance that the physician organize and actively pursue the implementation of training experiences and exercises directed at the medical technicians and nonmedical operators alike.

The physician should hold regularly scheduled training intended to focus on self-aid and buddy aid, triage, remote assessment, and the application of medical countermeasures encompassing all aspects of potential medical emergencies that could be encountered in all areas of operation. Additionally, the physician should become proficient in current standards of care consistent with civilian, tactical, disaster, and law enforcement medicine. This should include, but should not be limited to, the American College of Surgeons Prehospital Trauma Life Support, International Trauma Life Support, and the recommendations for tactical medicine based on the military's Committee on Tactical Combat Casualty Care.

The physician also should consider and make recommendations for necessary equipment for team medics and for each individual team member. This should include individual medical trauma kits and other equipment such as automated external defibrillators, carry and extraction devices, and other medical equipment relative to mission success and team requirements.

Necessary Relationships

The role of the operational police physician is not glamorous, although many would expect that it would be, based on SWAT-themed movies and television shows. The first priority of the role is communication, not action heroics.

The physician must establish and support critical relationships with the command staff, with the individuals on the medical team, and with regional medical providers and administrators. All of these individuals could be called upon for support at any time. An effective physician needs to ensure that all individuals feel at ease with their capabilities from the command staff to the support staff. The physician must be accessible and approachable and be perceived as a trusted resource. However, at the same time, every individual must understand that the physician must put the team and mission support first, even if this might compromise the operational status of the individual. This balance is absolutely necessary—but may come at a price.

Liability Coverage

Another common dilemma surrounding the involvement of physicians in the law enforcement setting revolves not around personal compensation, as most physicians see the greater need for what they do and are happy to contribute their time, but around liability coverage for medical actions taken while on the job as law enforcement support. This issue has plagued the medical community for years and has precluded the altruistic involvement of many physicians.

Fortunately, there are a few good answers to this question. Some states may have statutes that protect the physicians as Good Samaritans, but one must be absolutely clear that the statute will apply to the physician's circumstances. This is critical because every state statute is different and the spirit of the law is often left open to interpretation. This is especially important when a physician is summoned to the scene as opposed to becoming involved by happenstance. Another option is that physicians' own



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malpractice coverage covers them while on law enforcement operations. This often can result in large surcharges to the physician that could be prohibitive. If the physician is employed by a large group or a hospital, the possibility exists to strike an agreement among the institution or employer and the physician and the law enforcement agency; this agreement would provide the necessary coverage to the physician at minimal or no additional cost to anyone involved. This, however, usually requires a moderate degree of politicking and salesmanship on the part of the physician. One final option is that the law enforcement agency indemnifies the physician for all potential litigation threats while providing services as the operational police physician. This often requires buy-in from the agency head and the municipality or government body. This is rarely a problem when open, like-minded individuals recognize the need and work together to solve the problem.

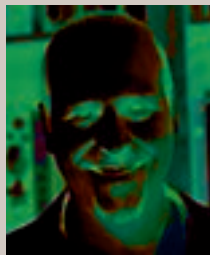
What about workers' compensation and coverage for use of force and other police actions? This is rarely a problem, as most departments or agencies will absorb this cost as long as a formal agreement is struck and a job description is in place. Typically, the physician must be documented as some sort of volunteer or employee of the agency. This is easiest if the physician is trained and sworn into the agency as a law enforcement officer, but this arrangement is not universal and there are many variations when it comes to employment status.

Summary

The "cop" and "doc" roles, although seemingly very different, do present a significant degree of symbiosis and can be balanced successfully. A well-educated, highly motivated, and well-trained physician can offer a great deal to a progressive, forward-thinking law enforcement agency. The trick is to identify the needs and wants of the agency, to find the right individual with the right intentions, and to be up front and clear with regard to both the expectations and the limitations on both sides. ♦

Editor's note: For more information on tactical casualty care, see Alexander L. Eastman and Jeffrey C. Metzger, "Saving Our Own: The Ultimate Officer Safety Program," The Police Chief 77 (June 2010): 18-20, <http://www.nxtbook.com/nxtbooks/naylor/CPIM0610/#/18> (accessed November 1, 2011); and Matthew D. Sztajnkrzyer, Roger L. Peterson, and Sarah L. Clayton, "Medical Tactics for Law Enforcement: Development of the Rochester, Minnesota, Police Department Basic Tactical Casualty Care (BTCC) Course," The Police Chief 77 (December 2010): 92-101, <http://www.nxtbook.com/nxtbooks/naylor/CPIM1210/#/92> (accessed November 1, 2011).

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