



ColoradoSTAR

SPECIAL TACTICS AND RESCUE



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Mission Report

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Executive Summary

ColoradoSTAR provided the on-site medical care for the US National SWAT Competition™ contestants and attendees (400-500/day). The event took place May 19th through the 23rd, 2008. A 12' x 14' canvas wall tent was utilized for patient assessment, treatment and supplies cache.

Platinum Medical provided on-site ambulance service and staff for emergency ground transportation and supplementation of ColoradoSTAR's medical staff. Airlife™ medical helicopter services were on standby (LZ coordinates conveyed).

A total of seventeen patients were treated including five patients requiring IV fluid administration and one requiring IV drug administration.

No patients required transportation to area hospitals. All patients were discharged to normal activities.

Care provider coverage during the event excelled.

One major deficiency was recognized during the mission; emergency egress plans for severe weather or grass fire had not been accomplished.

Additionally, intra-medic communication was marginal.

Mission Overview

The event organizer requested medical coverage at all times during training, demonstrations and competition when firearms were being handled.

One event stage (Shoot House) had increased risk, so we elected to have at least one medic on location for that specific stage.

Thirty SWAT teams (including three international teams) participated in the competition. Approximately thirty vendors' booths were present with vendors participating in a "vendor versus vendor" shooting competition as well.

Days one and two were primarily training, combining classroom and field shooting through the days. Days three through five were the actual SWAT competition where teams rotated between different stages and scenarios.

Although we had medical staff coverage for the training days, our medical tent was not erected until day three. We utilized an ATV to be our emergency response vehicle, equipped with a defibrillator, emergency drug cache and an emergency trauma kit.

At the SWAT team briefing, we conveyed our location, provision of care and contact information to all participants. Additionally, we encouraged proactive care (such as increased fluid consumption) and shared our experiences with typical injuries we saw during the previous year's competition.

Overview Specifics

Event Name: US National SWAT Competition

Duration: Scheduled Event time was 40 hours (anticipated 50 hours)

Event Date: May 19-23, 2008

Medical Coverage: ColoradoSTAR, Medical Reserves Corps

Type of Event: Shooting Competition

**Funding Source: Medical Staff uniforms were provided by the event organizer
(No other financial support was provided)**

Focus: Injury prevention, medical assessment and medical care.

Location: Highlands Ranch Law Enforcement Training Facility, Colorado.

Participants: ColoradoSTAR, Platinum Medical and Airlife™ (standby).

Total number of participants: Days 3-5; 400-500 people. Days 1-2; 300 people.

Event Medical Coverage

We had two Emergency department physicians, four paramedics and two EMT-B's providing medical care. Total man-hours provided were 177, excluding 30 minutes per day per medical staff person for food and personal needs utilization.

Seventeen patients were seen, most with minor cuts and abrasions. One patient presented with dehydration, necessitating 500cc NaCl IV fluid administration. One SWAT team (4 men) presented with suspected food poisoning requiring IV fluids. One of those

demonstrated marginal vital signs necessitating IV drug intervention and prolonged (in tent) monitoring and recovery for almost six hours.

During day four, a county wide tornado watch was broadcast during the event. At this time team management realized that an emergency demobilization plan had not been established. The severe weather missed our location; however, a community about a hundred miles North East of our location had a large tornado touch down causing one fatality and millions of dollars of property damage (Windsor, Colorado).

The event organizer provided one radio to our medical team on four days and we accidentally received one additional radio on one day. Intra-team communication was accomplished via FRS radios. These FRS radios were marginally adequate because of terrain features causing loss of communication and other public radio traffic requiring in the field frequency change.

One other area that was sub-optimal was the medical tent attendance by our staff. With a lull in activity at the medical tent, we tended to migrate toward a nearby event area. Having our backs to the medical tent, we missed the arrival of one of our medical staff, and the ATV was deployed without our knowledge of its destination or pending mission.

Mission Outcome

Overall, the event and our medical provision of care were outstanding. The skill of our team medical staff and the team work co-operative cohesiveness excelled.

One international team that we provided some OTC drugs for on two occasions stopped by at the end of the competition and gave two of our staff ball caps from their home agency. (See picture below)

Lessons Learned

Next year we will have an emergency egress signal and plan.

Additionally, we will make arrangements for better intra-staff communications and post a “duty board” to indicated who and where our medical team members are at any given time.

(Pictures Below)







