

Basic Considerations for TECC in correctional setting

Adolfo Savia, MD

adolfo.savia@gmail.com

Considerations

- The inmate's only personal right suspended is its freedom. The correctional officers have the obligation to care all medical/tactical emergencies on the compound. This includes the emergencies of the officers and also the inmates.
- In our series (still unpublished data), the blunt trauma mechanism is far more frequent than penetrating mechanism.
- Blunt trauma on inmates can be a logistical challenge (needs to transport the patient to a hospital with custody...)

Operational considerations

- Our DT care zone is in front of cells, the atmosphere can be dangerous (fires, less lethal, etc). Operators use only basic gas mask so carbon monoxide, cyanide are real threats.
- On DT, the operators sometimes control the inmates hand by hand, so no medical interventions until all inmates are controlled and inside their cells.
- Quick drags are a Good choice for extrication on correctional institutions (our floor is even).
- Special care to avoid any (absolutely any) loss of equipment because the risk of being weaponized by the inmates.
- Before medical evac to the next phase (IT) complete weapon search is done if the injured is an inmate.
- Even our epidemiology is mainly blunt, spinal precautions are rarely performed and may be dangerous.
- Casualty collection points may be separated to receive wounded officers and wounded inmates and treat them simultaneously but without risks.
- We have some open pneumothorax so we train with “improvised” chest seals.
- Tactical operators are trained in first aid and first aid, we respond frequently to medical emergencies and we must do it in a tactical manner (enter the cells always has risks)
- We did some CPR training with the inmates, was a Good experience.

First Receivers

- We interact a lot with first receivers.
- Is important to share philosophy.
- Special situations require special training like Triage of the “tactical” MCI, detained management, equipment checks, forensics, co-exist with custody officers, remove PPE, “weapons found” ... even hospital under assault protocols.

TEMS in Argentina

- Constant rise in violence, drugs...
- Social Uprising is an important tactical challenge in our Country.
- No formal distribution channel of basic tactical medicine supplies (tourniquets, haemostatic dressings, etc.) No ANMAT (FDA-like agency clearance). Lots of falsified / smuggled products.
- No formal standardized Tactical Medicine Training. NAEMT programs are in increasing penetration but slowly growing and too much expensive.
- Occasional “international” training, sometimes lectured by experts, sometimes just expensive and exclusives basic officer down drills exercises.

TEMS In Argentina – Call to Action

International working groups in Tactical Medicine must set basic goals for developing countries and help to overcome barriers (training and equipment limitations, lack of standardization) without being “business partners, distributors, book or training Sellers or just give merit badges with no impact on the reality of the country.

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