



Correctional Institutions



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No conflict of interest to disclose – the content of this presentation does not represent an official agency statement.

*This morning
we will discuss
about...*

- Epidemiology of injuries among inmates and officers.
- Different missions for a Special Operations Correctional Team.
- TECC considerations for correctional environment.
- State of art of tactical medicine for Law Enforcement in Argentina.

Basic principles of Correctional institutions.

- Correctional institutions are small cities.
 - Like every city our population have violence, fires, illness...
 - The inmate's only personal right suspended it's freedom.
- We are responsible for the well being and security of the inmate.





Grupo de Operaciones Especiales Penitenciarias (GOEP) (Correctional Special Operations Team)

- Specifically trained tactical operators (40 days correctional spec-ops basic course)-
- All officers have at least 5 years experience in corrections to be accepted on the course.
- Riot control-CQB-Lethal and Less lethal-Tactical Medicine-CPR/AED-Drugs-HAZMAT-K9-VIP custody...

Epidemiology of traumatic Injuries (Inmates)

In order of frequency of occurrence

- 1) Blunt trauma:
 - All regions (ex. TBI) non complicated trauma.
 - Mild TBI.
 - Blunt severe trauma all regions.
- Penetrating low energy trauma (mostly stabs with improvised weapons):
 - Limbs with no life threatening haemorrhage.
 - **Chest with open pneumothorax.**
 - Penetrating abdominal injury.
 - **Limbs with life threatening haemorrhage.**
 - Chest (no pneumothorax).
- Penetrating high energy trauma:*
 - Penetrating abdominal injury.

*9mm Caliber during an attempt to assault a VIP
convoy transport.

Unpublished Data.

Epidemiology of traumatic Injuries (Officers)

- Blunt trauma:
 - Mild TBI.
 - All regions (ex. TBI) non complicated trauma.
- Penetrating low energy trauma (heavy rocks thrown):
 - Ocular.
- Penetrating high energy trauma*:
 - Life threatening limb haemorrhage.

*9mm Caliber during an attempt to assault a VIP
convoy transport.
Unpublished Data.



Let's go inside to the prison...

TECC

Direct Threat / Hot zone



- **Critical pre-plan / Medical Intelligence and remote assessment before any medical intervention with the inmates.**
- In front of the inmate cells.
- Quick scene domain by getting the interns inside their cells.
- Once the hallway is controlled, the cells will be cleared one by one
- If injuries occur to an officer in the hallway, self-care, self-extrication if feasible.
- If needed, quick drags (floor is our friend in penitentiary compounds).
- Remember hazardous atmosphere.
- Medical care of inmates is achieved after complete control of the hallway.
- Complete weapons search and movement restraining before evacuation.



Spinal Precautions

- Our epidemiology is basically blunt.
- We consider spinal precautions only if tactically feasible and have the resources.
- Here DT phase hasn't over. No spinal precautions applied.



TECC

Indirect Threat Care

- Outside Cell blocks.
- Not under the same atmosphere.
- Designated medical evacuation point for officers.
- 3 minute stop.
 - Complete Gear removal and equipment count (lose a weapon or any equipment inside the cell block can have very serious consequence).
 - M-A-R-C-H.
 - If indicated, c-spine precautions (rarely if ever performed in our setting)
- Triage and evac to the prisión medical facility or to support ambulance if the injury exceeds our capacity.



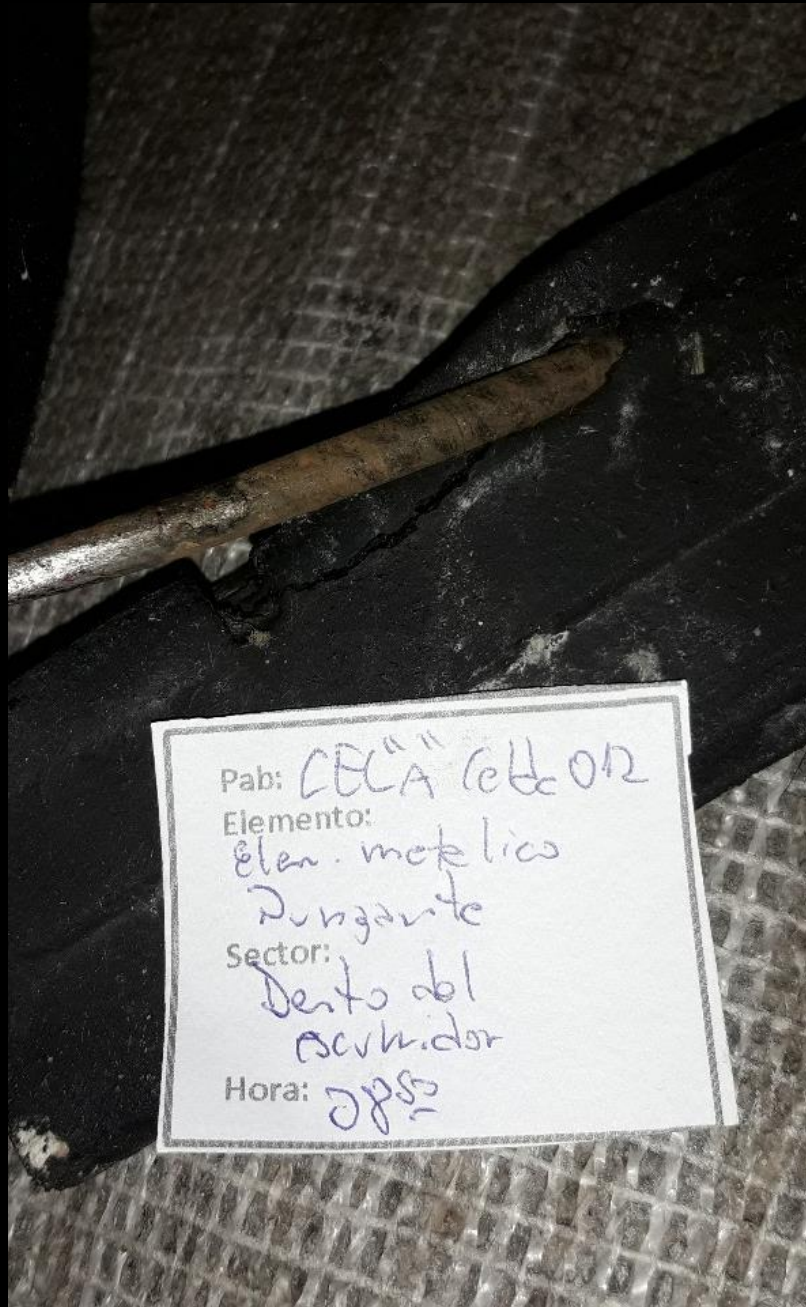
Lesson Learned

- Drills on “Correctional Tactical Medicine” are not frequently executed. It’s important to add into our *training arsenal*.
- We plan our interventions, but we have to do it even more, maintaining a tight relationship with local EMS and Hospital Providers (next slide).
- Open Pneumothorax is frequent our series. So we do extra training in open pneumo.
- Low energy mild blunt traumatic injuries are far more frequent than penetrating (in our series), still, it’s a medical and tactical/logistical challenge so we need a good protocol to deal with (who needs CT, hospital observation...)
- We have almost 0 prevalence of high velocity penetrating trauma on inmates, we love that way.
- **We need to do more to take out all materials capable of being “weaponized”.**
- We are responsible for medical emergencies of the inmates (safe and quick evacuation and first aid)
- We are responsible also for the visitors of the interns.

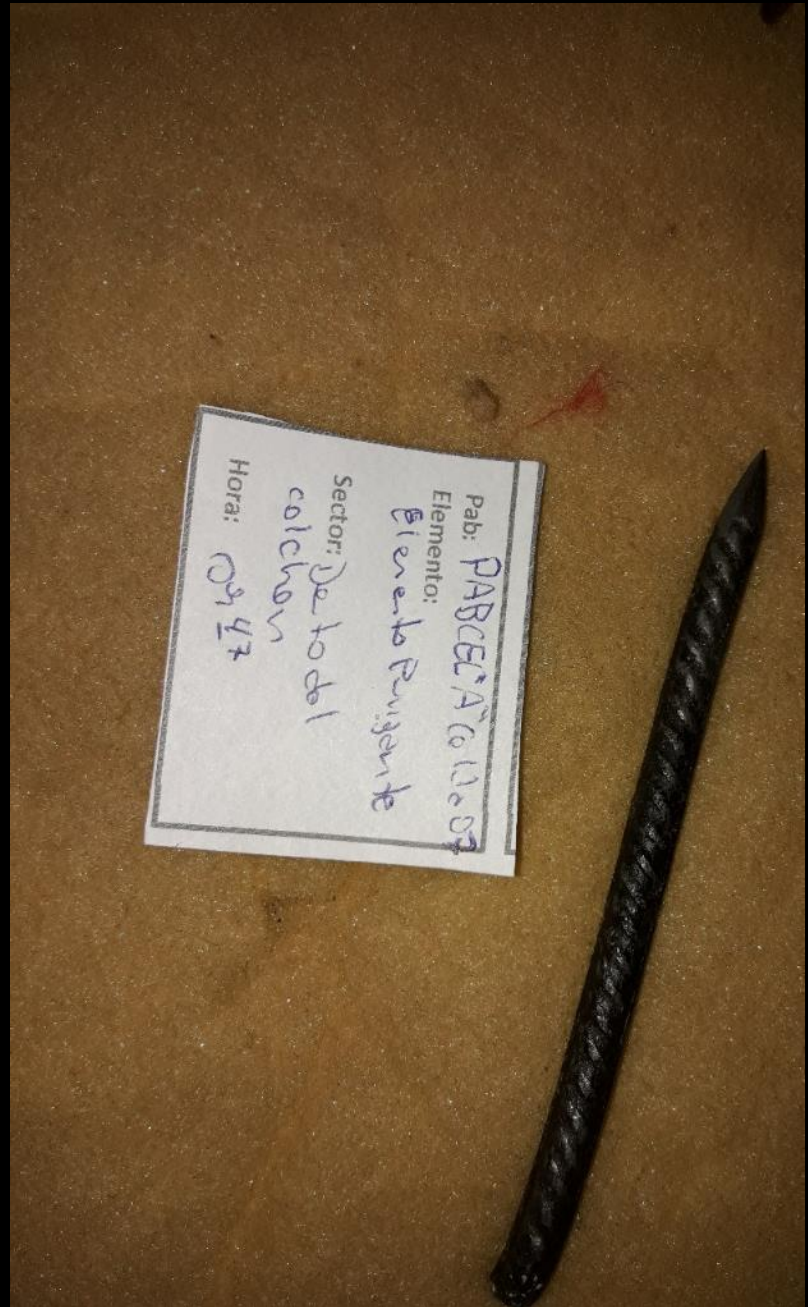
Lesson Learned – First Receivers



- We need to share philosophy.
- They know what to do, we just need to adapt it to a special situation.
- Triage of the “tactical” MCI, detained management, equipment checks, forensics, co-exist with custody officers, remove PPE, “weapons found” ... even hospital under assault protocols (armed or not)



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Elemento:
Elem. metalico
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Sector:
Dento del
ocultador
Hora: 08:50



Pab: PARCELA" cello 012
Elemento:
Elem. metalico
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colchon
Hora: 09:47



State of Art of TEMS in Argentina



- Constant rising on violence, homicides, drug related crimes.
- Civilian unrest and protests are common in our country, requires a special planning Medical/tactical (rarely do)
- Conflicting Law interpretations put many times Police Officers on the defendant's bench.
- Argentina has Physicians with irregular training criteria riding on EMS.
- Few EMT's/Paramedics with some legal limitations.
- NAEMT programs (TCCC/TECC) are active but expensive and with low but increasing penetration (still too expensive).
- No formal regulations on medical support of Police/Correctional officers.
- No ANMAT clearance of tourniquets, haemostatic dressings and other supplies (no official distributors also).
- Many supplies can be bought via internet sites, but are smuggled, or expired, or falsifications.
- **International working groups in Tactical Medicine must set basic goals for developing countries and help to overcome barriers without being "business partners, distributors, book or training Sellers or just give merit badges with no impact on the reality of the country.**

So... we are making our way...





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