

Station 7: Tactical Extrication Station



Metro Detroit has seen 60-year low numbers of violent crimes and gun violence in recent years, with the first three quarters of 2025 seeing the number continue to plummet below even the record low numbers achieved in 2024.¹

This has been attributed to ongoing partnerships between local and state law enforcement, community groups, and a recent surge in federal enforcement and prosecutions. Through September 30, 2025, Detroit has seen double-digit drops in homicides, nonfatal shootings and carjackings compared to the same point last year.

In 2024, Detroit finished the year with the fewest homicides on record since 1965. The city also is seeing even steep reductions in nonfatal shootings and carjackings.



However, despite these local gains, mass shootings nationwide have been steadily escalating at an alarming rate. They have been consistently on the rise, with an alarming all-time high of 36 shootings in the period from 2015-2019.

The U.S. accounts for around a third of the world's mass shooters despite representing just 5% of the global population. 73% of all mass shootings in developed countries occur in the U.S.²

For this station, you will interact with members of the Macomb County SWAT Team to gain insight into some elements of Tactical Medicine and the challenges of pre-hospital emergency care in an austere environment.

Sources:

1. City of Detroit, <https://detroitmi.gov/news/3rd-quarter-numbers-show-2025-violent-crime-detroit-dropping-far-beyond-historic-2024-results>
2. The Violence Project <https://www.theviolenceproject.org/key-findings/>

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References to consider en route to this station:

1. Boivin, Z and Stenberg, R. *Cardiac Tamponade*, ACEP Emergency Ultrasound Section. Accessed online 2026.
<https://www.acep.org/emultrasound/newsroom/may-2024/cardiac-tamponade>
2. Assaf, M et al. *Pericardial Tamponade in Trauma: A Systematic Review of Diagnosis, Emergency Management, and Surgical Outcomes*. Cureus, Sept 2025.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC12510441/>
3. Alerhand, S et al. *Pericardial tamponade: A comprehensive emergency medicine and echocardiography review*. Am J Emerg Med, 2022.
<https://pubmed.ncbi.nlm.nih.gov/35696801/>
4. Goldstein, S et al. *EMS Zones of Care*. StatPearls, 2025.
<https://www.ncbi.nlm.nih.gov/books/NBK436017/>

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You must pick one teammate to don tactical gear. Then, in this scenario, we will pretend that teammate gets hit with a gunshot wound to the chest. While doing so...

1 Point Please spend a couple minutes engaging with the Macomb County SWAT team to gain their insight into *tactical medicine* and what a day in their life is like providing emergency services under fire. To get 1 point, will need to describe to faculty at least three (3) things you learned from the Macomb County SWAT team and their experiences.

1 Point First and foremost, if you are ever involved in a real active shooter event, what is the first rule about scene safety?

1 Point What does SWAT stand for?

1 Point In this scenario, there is an active shooter in the Historic Casino Building and several civilians are injured inside. What do the terms “hot zone, warm zone, and cold zone” refer to, and give an example of what those might be right here.

1 Point

[Redacted text]

1 Point You have safely made it behind the SWAT vehicle and are reinforced by sniper cover. You have access to a POCUS device while awaiting evacuation. You notice your teammate has a GSW to the epigastric area and turns pale, and you are barely able to appreciate a thready pulse.

Describe how you could use POCUS to quickly differentiate between two very different and immediately life threatening conditions: hemorrhagic shock and pericardial tamponade.

(Bonus point: What *one structure* easily visible by POCUS appears very different in these two conditions?)

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- 1 Point You identify a pericardial effusion. It has come to my attention that some residents are still graduating without knowing how to tell the difference between an effusion and an effusion with tamponade. Demonstrate 3 ways to diagnose *cardiac tamponade physiology* using POCUS (other than just “unstable vital signs”).
- 1 Point You identified tamponade. Your teammate loses pulses. What should you do first?
- 1 Point Demonstrate on your teammate where you would perform an emergent ultrasound-guided pericardiocentesis. *But wait – isn't pericardiocentesis controversial in trauma? Aren't there just clots? Or if not, aren't you just bloodletting?* Describe how much fluid you should remove and why.
- 1 Point **Bonus Point: SonoW.A.R. Faculty and Macomb SWAT members will select the three teams that asked the *best* questions at the beginning to get this extra point.**
- What are the “best” questions? The ones deemed most insightful, provocative, or thoughtful; or the ones that generate interesting/unique answers from the team.*