

**The Bill Blackwood
Law Enforcement Management Institute of Texas**

Requiring Tactical and Practical First Aid for all First Responders

**A Leadership White Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**

**By
Jody Alan Tittle**

**Mission Police Department
Mission, Texas
February 2018**

ABSTRACT

Practical and tactical first aid is not usually addressed in law enforcement first responders in this day and age. Regular police academy training typically includes basic first aid education such as C.P.R. Most departments believe it suffices to mandate first aid training. Gunshot wounds are the biggest contributor officers' deaths. Research has shown that without stabilizing gunshot trauma, an officer can die within five minutes (Kastre & Kleinman, 2012). Emergency medical services are usually deployed to assist in an environment that is still unsafe. The purpose of this research is to start a momentum of change in the way of operating and training that causes a buy into all those involved and its importance to the law enforcement community. Tactical first aid training should be a vital part of police academies and continued training throughout an officer's career. Simple combat medical training does not make officers to become paramedics but can help in treating themselves or others until help is available.

TABLE OF CONTENTS

	Page
Abstract	
Introduction	1
Position	2
Counter Position	7
Recommendation	9
References	11

INTRODUCTION

In today's world, officers have always had to experience numerous uncertainties and are trained to deal with the unknown. Agencies train personnel in a range of topics such as how to deal with active shooters and terrorist. However, few agencies offer training to their officers on how to deal with medical assistance during those types of eventualities. Every day, when one turns on the television, there is some new shooting event that has taken place in the United States. All too often, officers die in the line of duty from gunfire-related deaths. This year alone, 15 officers have died from gunshot wounds which include accidental shots. The important question is how many of those would have survived if tactical first aid training was given to them. It has been almost 20 years since the North Hollywood Shootout bank robbery took place. During that shootout, nine LAPD officers were shot. Interestingly, the paramedics were unable to reach them. Fortunately, all survived this horrific event (Markel, 2012). Former LAPD Officer Martin Whitfield, who was severely injured in this shootout, testified that medical personnel could not reach him for at least 30 minutes and thought he was going to die (Shuster & Smith, 1997). This is a combat setting that is similar to what the military experiences. Officer Whitfield along with other officers' only form of help is the officers themselves.

Even though law enforcement is now armed with this knowledge, they still do not know the best practices for law enforcement medical care. Medical assistance to gunshot wounds in time is serious, and many times the personnel cannot reach the officer that is shot and still under fire. In some cases, the medical care can be

performed by the one who was shot. This way, 90% of combat deaths which occur during the prehospital phase would transform it to a medical treatment location.

Therefore, it is by the stance that all law enforcement first responders should be equipped with training in Self Aid Buddy Aid. The importance of the training could be a matter of life or death for an officer or a colleague. In the most dangerous of situations, a person can bleed out to death in 3 to 5 minutes. Being trained and using the proper techniques under fire can save an officer's life when medical assistance cannot be rendered.

POSITION

If an officer is shot in the line of duty, he or she is usually taken to a hospital and treated by a skilled team of medical persons working in a controlled environment. But what if an officer or their partner is shot in an active shooter situation and can only depend on backup. Maybe an officer is in a rural setting with no medical assistance nearby. This is just a small example of the importance of training and equipping first responders with Self Aid Buddy Aid.

The majority of law enforcement first responders are not paramedics nor trained. It is advantageous for first responders to have some medical training when it comes to active shooters. Typically, paramedics will not rush in to provide aid to the injured due to the ongoing threat. The time it takes for the threat to be eliminated could be the difference between life or death for a fellow officer (Daneshmandi et al., 2011). How officers deal with active shooters have changed vastly since the average time for SWAT to respond is 50 minutes. With that in mind, the only one that may be able to save the officer could be that officer or a colleague. Under these conditions, it is not going to be

about paramedics getting to the officer for help, but just mere survival for one or another person. Officers will need to be outfitted with the proper medical gear along with adequate training to enhance officer survival with gunshot trauma. In 2007, the United States Army began training in combat live saving and made it one of its critical areas of training next to marksmanship and physical conditioning (Sztajnkrzyer, Peterson, & Clayton, 2010).

On February 28, 1997, in North Hollywood, Los Angeles, two gunmen armed with fully automatic weapons committed a bank robbery and began a shoot-out with the L.A.P.D. The gunmen armed with assault rifles continued their assault for 40 minutes injuring officers and civilians. A rescue mission for the wounded was not possible due to the intensity of the shoot-out. Luckily, after the attack was over, the only fatalities were the suspects but the police were safe (Markel, 2012).

On July 1, 2008, in Wichita, Kansas, an officer was shot once in both his legs. The officer almost died due to his injuries because the 9mm bullet hit his femoral artery causing blood to gush from his wound. If immediate medical assistance was not provided, the officer would have bled to death. Luckily for the officer, another colleague was able to reflect on his military training and apply a tourniquet to slow the bleeding until medical assistance could be provided. The officer luckily survived this ordeal (Covey et al., 2004).

On November 1, 2013, a shooting occurred at the Los Angeles International Airport. A 23-year-old suspect armed with an assault rifle open fired on TSA Officer Gerardo Hernandez who eventually died. Hernandez laid shot about 20 feet from the exit for about 33 minutes before police were able to get to him to rescue him so he

could receive medical care. While he lay there, no officers gave him first aid at the scene since they lacked essential skills. Paramedics waited at a distance for the scene to be declared safe. According to Associated Press (2013), Heiskell stated that “When somebody is shot, and they’re bleeding to death, lifesaving skills need to be implemented immediately, in a couple of minutes, and they’re very simple, pressure dressings, tourniquets, adequate bandages to stop the bleeding” (para. 15).

On January 8, 2016, Boston Police Officer Kurt Stockinger was shot in the leg by a suspect. The officer was able to tie a tourniquet on his leg. The officer was then transported to the local hospital where he was treated in the I.C.U. The Boston police spokesperson said that this shows how effective a tourniquet can be. After the Boston Marathon bombing in April of 2013, the Boston Police Department furnished tourniquets to all of their officers and every fire truck in the Boston Fire Department started carrying them on board. The Boston Marathon bombing is another example to which tourniquets saved lives. Traditionally tourniquets were used by the military because of these types of injuries and historically police departments have not implemented these tactics. In the Hartford Consensus of 2013, several representatives of public safety organizations deduced that the primary way of preventing death in mass casualty events is to cease the loss of blood through applying a proper tourniquet (Dwyer, 2016).

During police recruit training, the general exercise includes basic first aid, CPR and how to use a defibrillator. The majority of police officers are not professionally trained paramedics and will most likely be the first ones on the scene where there is a victim of a gunshot. It should be obvious that training should be conducted in the field of gunshot wounds whether it is from a training accident or during an officer assault.

Officers specially trained in life-saving involving shots can have an upper hand during active shooter situations. Emergency medical service providers are not likely to enter the hot zone and give care to the wounded and leave an officer alone to do the job until it is safe (Cowey et al., 2004). It is always a possibility that by not removing the injured due to delay can cause a potential loss of life. While a scene is deemed unsafe, emergency medical help will be held back until it is safe. This compromises the outcome of the injured that are still contained in the scene (Rubin, 2014).

Preventing death on a battlefield is simply stopping the bleeding of extreme wounds, tension pneumothorax, and opening breathing passages. Prehospital and Disaster Medicine published a study in 2007 that there was not highly approved training in medical care for officers in an active shooting event. SWAT teams have long understood the training for these types of events within their teams. The sad fact that regular officers are seldom trained in these techniques complicates the matter. In an urban setting, time can matter when it comes to a response to paramedics and can be a matter of life or death. Time can play an important part especially if paramedics get lost or even if their emergency response vehicle breaks down (Kleinman & Kastre, 2012).

Gunshot trauma is the biggest causative to officer's deaths. After five minutes, an individual's chances of survival significantly decrease. This is where proper training keeps a person in the fight and may help someone survive. An officer will not end up being a paramedic but they can stabilize the wound of the injured officer (French, 2009).

As of today, no data of law enforcement officer injury is enough to address the underlying issues pertaining to police deaths. The Federal Bureau of Investigations database on Law Enforcement Officers Killed and Assaulted has been analyzed to take

data to be used to see how many deaths were possibly avoidable. Ten years of data collected from 1998 to 2007 were studied. Out of the 341 deaths that occurred within one hour of the assault, the author believed the 123 of those were avoidable if some form of Self-Aid Buddy Aid would have been utilized. Injury to the arm or leg was the most preventable cause of death (Springer, McArdle, Czamecki, & Eastman, 2012).

When departments obtain such items such as Tasers, asp batons, and other items, they are trained on how to use those tools and the appropriate applications of those tools towards their personal safety. Usually, departments conduct in-service training that includes refreshers in those areas. A negative impact can be felt if the training is deficient. With firearms training, officers need more than just target training but know when to shoot (Scott, 2005).

All officers carry firearms and some pride themselves on the holes they can make with their gun. Some departments and academies even give awards for marksmanship. Law enforcement ends up comfortable taking another's life but what about saving a life.

During training, officer down role-playing needs to be practiced regularly. In the event of an active shooter, coworkers will be able to provide the proper first aid to save a life. In an active shooter event, one is limited to the gear that is on hand. All members of a department should be training the same way when it comes to medical care of the injured. Although some scenarios are unpredictable, an officer can enhance the survival of the wounded by having plans in place to care for them under fire. Goals of the training are that officers can stay in the fight and offer assistance in any others becoming injured (Crichton, Flin, & Rattray, 2000).

A study on decisions of medical care by officers in an active shooter scenario-based study shows there is imminent lack of knowledge. Training in controlled environments is not the same as training in active shooters situations which officers may encounter. If an officer is in a stressful situation, they may end using training that they are the more comfortable with. Providing the proper training can boost a department's morale by adding to officers' skills to act under situations that can mean life or death (Sztajnkrycer, Peterson, & Clayton, 2010).

Simply having a block of classroom rhetoric is not going to be good enough. Providing the knowledge, hands-on experience and realistic training to the officers needs to be practiced. Training will need to be viewed like firearms and training annually.

COUNTER POSITION

Quality training programs can be expensive to departments whose budgets are getting tighter and also with less federal assistance that is available to those agencies. Police departments across the country are experiencing tighter budgets and fewer resources due to increased economic uncertainties. When this happens, training can be limited as well as purchasing equipment can be strained (Scott, 2005).

Evidently, outfitting every officer with a basic medical kit can be costly for some departments. The company advertised by Texas Police Chief's Association called PERSYS sells a basic health kit containing a tourniquet, hemorrhage control bandage, and latex gloves cost \$38.50 per package. For a department of a 100, a start off cost would be \$3850.00. The Pan Handle Regional Law Enforcement Academy puts on a training course in Self Aid Buddy Aid for Patrol Officers. The course is a three-day

training that includes a medical kit for each officer in attendance. The cost of the course alone is \$245.00. This is a costly exercise if everyone in a department is to be sent. The price of the process for persons out of town doesn't include room and board. Again this is hard for some departments to afford.

A beginning step can be looking internally at a department and looking for existing resources. Officers can be sent to courses that can certify themselves in the subject matter to teach (Scott, 2005). The Mission Police Department was fortunate to have a Sergeant that is a former Paramedic who also taught paramedic courses at the local community college. Sgt. Ruben Gaytan was sent to a self-aid buddy aid course and developed a course for the Mission Police Department that could suit its current training needs. If a department does not have a person with this training, the city could send fire rescue personnel for specific training to self-aid buddy support to aid in the training that they already have. In turn, they could instruct officers since the same entity would employ them.

If departments simply cannot afford to equip their officers with some tactical medical kit officers need to consider arming themselves with something as simple as a tourniquet. Galls, a public safety supply company sells a simple combat tourniquet that officers can carry on themselves for \$32.49. Such a price is worth saving their lives or the life of someone else. This cost is far less than a pair of expensive sunglasses some officers are willing to pay for. Improvised items such as boot laces and the para cord cannot be made into tourniquets which can cause further injuries.

Controversy on whether or not tourniquets should be used or disapproved remains. Tourniquets were greatly considered to cause more disservice than good.

Makeshift tourniquets caused problems such as tissue damage, more bleeding, and even fatalities as noted in the Journal of the Royal Army in 1916 to which they called it an invention of the devil. The military and civilian prehospital setting discouraged the use of tourniquets for a great deal of the century. The use of tourniquets remains to be questionable and not all agree about its use. Notably, an incorrect application such as improper design and the implement breaking were the main reasons they were inadequate. Other causes were a misplacement of the tourniquet on the injured. Pros and cons exist for the use of tourniquets. The pros are that they save lives when used correctly. The cons are when used wrongly they can have an adverse outcome. Training and education are a must (Kragh et al., 2008).

In the 1990's a change began towards the use of tourniquets especially during the times of military being in Iraq and Afghanistan. The military started using tourniquets on injured soldiers, and they discovered it significantly affected the results on officer survival. The U.S. Army Institute of Surgical Research began studying mechanical tourniquets in 2004. In the Journal of Trauma Injury, Infection, and Critical Care after this study detailed an active position to the use of tourniquets. Since then the issuance of tourniquets has become a standard issue item. Tourniquets are the reason many people survived the Boston Marathon bombing and now a reason Boston police carry them (Kragh et al., 2008).

RECOMMENDATION

In the current police training, more emphasis is put to ensure the personnel has sufficient knowledge of how to deal with uncertainties in the field. However, despite the numerous training, most of them still die in the line of duty mostly due to gunshot

wounds. Although this knowledge is present, little is being done to ensure the safety of law enforcement officers. The emergency response towards injured officer is low as medics and paramedics have delays responding to such cases which increase mortality rates. It is important to train and equip the first-time responder with sufficient training to enhance their skills of responding to active shooting situations. It will be substantial if the police themselves are trained to handle such cases as paramedics fear being attacked in the process. Alternatively, the medics need to be given defensive training so that they can attend to injured officers regardless of the threat at hand. Again, more attention needs to be paid to the attainment of life-saving skills that are crucial. Some of the most important ones include pressure dressing, using tourniquets, and having adequate on-site bandages to stop the further bleeding of an officer. Conversely, since such measures are costly, law enforcement departments need to assess the available resources and send few officers for specialized courses geared towards emphasizing their training on such cases.

REFERENCES

- Associated Press (2013, June). LAX sotting victim bled alone for 33 minutes: AP. CBS News. Retrieved from: [http://www.cbsnews.com/news/lax-shooting-victim-bled-alone-for 33-minutes-ap/](http://www.cbsnews.com/news/lax-shooting-victim-bled-alone-for-33-minutes-ap/)
- Cowey, A., Mitchell, P., Gregory, J., Maclennan, I., & Pearson, R. (2004). A review of 187 gunshot wound admissions to a teaching hospital over a 54-month period: training and service implications. *Annals Of The Royal College Of Surgeons Of England*, 86(2), 104-107.
- Crichton, M. T., Flin, R., & Rattray, W. A. (2000). Training decision makers–tactical decision games. *Journal of contingencies and crisis management*, 8(4), 208-217. Retrieved from: https://www.fireleadership.gov/toolbox/documents/TDGS_STEX_Workbook.pdf
- Daneshmandi, M., Asgari, A., Tadrissi, S. D., Ebadi, A., & Mokhtari Nori, J. (2011). Study of the effect of self-aid and buddy-aid education using lecture and multimedia software package on the performance level of military personnel. *Journal of Critical Care Nursing*, 4(3), 121-126.
- Dwyer, D. (2016, January 9). *Tourniquets, now carried by Boston police, weren't always standard*. Retrieved from:

<https://www.boston.com/news/untagged/2016/01/09/tourniquets-now-carried-by-boston-police-werent-always-standard>

French, G. (2009, October 1). *Tactical combat casualty care for patrol officers*.

Retrieved from: <https://www.policeone.com/Officer-Safety/articles/1916827-Tactical-combat-casualty-care-for-patrol-officers/>

Kastre, T., & Kleinman, D. (2012). First five minutes program trains police to deliver lifesaving care. *EMS world*, 41(10), 57-61.

Kragh Jr, J. F., Walters, T. J., Baer, D. G., Fox, C. J., Wade, C. E., Salinas, J., & Holcomb, J. B. (2008). Practical use of emergency tourniquets to stop bleeding in major limb trauma. *Journal of Trauma and Acute Care Surgery*, 64(2), 38- 50.

Markel, P. (2012). *Beyond the band-aid: Making holes, plugging holes*. Retrieved from: <http://www.officer.com/article/10662533/beyond-the-band-aid-making-holes-plugging-holes>

Perrin, R. (2007). *Pocket Guide to APA Style*. Boston New York: Houghton Mifflin Company.

Shuster, B. & Smith, D. (1997). *Police kill 2 suspects after foiled bank heist*. Retrieved from: http://articles.latimes.com/1997-03-01/news/mn-33665_1_bank-robbers

Rubin, D. (2014). Case study: Fire, EMS response to active shooter. *Fire Resuce 1 News*. Retrieved from: <https://www.firerescue1.com/fire-chief/articles/1937582-Case-study-Fire-EMS-response-to-active-shooter/>

Scott, E. (2005). Managing municipal police training programs with limited resources. *The Police Chief*, 72(10), 40-43.

Springer, B. L., McArdle, D. Q., Czamecki, F., & Eastman, A. L. (2012, December). Law enforcement medicine: Core concepts from the IACP police physicians section. *The Police Chief*, 76-77. Retrieved from: <http://www.policchiefmagazine.org/law-enforcement-medicine/>

Sztajnkrzyer, M. D., Peterson, R. L., & Clayton, S. L. (2010). Medical tactics for law enforcement: Development of the Rochester, Minnesota, police department basic tactical casualty care (BTCC) course. *The Police Chief*, 77(12), 92-101.