



Las Cruces Police Department
GENERAL ORDERS
FIELD OPERATIONS VOLUME 2
GO-249 TACTICAL TRAUMA CARE (CRITICAL)
Revised 12/6/18

249 TACTICAL TRAUMA CARE

PURPOSE

Law enforcement officers, other emergency services personnel and bystander civilians injured by penetrating objects may suffer from uncontrolled hemorrhage. With the goal of maximizing survival, Tactical Trauma Care addresses optimal care that could be utilized in these situations. It is the policy of the Las Cruces Police Department to conduct training and education to match the best available options to the situation when appropriate and reasonable. Within the scope of their training and policy, officers shall utilize tactical trauma care in on-duty or off-duty responses as they deem necessary.

POLICY

All Las Cruces Police uniformed officers shall be trained and equipped to provide emergent hemorrhage control.

APPLICABILITY

This General Order applies to all employees. This General Order supersedes all previous versions.

REFERENCES

- NMML OPR.17.01
- LCPD Tactical Trauma Care Lesson Plan DPS Accreditation #NM180434

DEFINITIONS

Tourniquet - any limb constrictive device, whether improvised or commercially manufactured, used in an attempt to stop extremity bleeding.

First Responder - Any commissioned personnel that may be responsible for responding to an incident where life threatening injuries may be present. Any non-commissioned personnel that are responsible for working in the field with commissioned personnel (transport officers, PSAs)

T.H.R.E.A.T. - T - Threat Suppression H - Hemorrhage control RE - Rapid Extrication to safety A - Assessment by medical providers T - Transport to definitive care



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Pressure Dressings - Pressure dressings are adequate to stop most cases of hemorrhage, whether it occurs from the extremities or other parts of the body. Commercially available bandages or other compression dressings improvised with large amounts of gauze and an elastic bandage that is wrapped around the wounded limb may be used.

Topical Hemostatic Agents - These products act to arrest bleeding or hemorrhage. Topical hemostatic agents including commercially available products such as QuikClot Combat Gauze or Celox Gauze can be carried by first responders. The type carried should correspond to the officer's training and the tactical situation encountered. Although they may be useful adjuncts, these agents do not have the same simplicity and effectiveness of pressure dressings or tourniquets. These issues serve to limit these agents to being useful adjuncts, rather than primary treatments, for extremity hemorrhage.

PROCEDURES

- A. Nearly all external bleeding can be controlled by direct pressure with a dressing. Use of direct pressure over the supplying artery is an additional option when bleeding persists. However, in certain tactical situations, the direct use of a tourniquet should be considered. Responding Las Cruces Police personnel must consider both the tactical situation and injury severity when deciding which hemorrhage control technique to employ.
- B. Instances where immediate application of a tourniquet should be considered include the following:
 - 1. Life-threatening extremity bleeding or severed/mangled limbs with multiple bleeding areas, to allow immediate airway management and provide for faster evacuation. Use of the tourniquet can be reassessed once airway and breathing are stable as well as the casualty.
 - 2. Extremity bleeding not controlled by conventional methods.
 - 3. Bleeding from an entrapped limb not accessible to rescuers.
 - 4. Multiple casualties with extremity bleeding when rescuers lack the resources to control all bleeding casualties with simple methods.
- C. Mass Casualty Use: First responders may incorporate tactical trauma care into the initial triage of wounded persons at the scene of a mass casualty incident (MCI). As triage is performed, Las Cruces Police Department first responders should use tactical trauma care as outlined in this policy where tactically appropriate.



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D. The wounded person is initially assessed and determined to have severe extremity bleeding controllable with the equipment or resources immediately at hand. Indications for tourniquet use included all of the following:

1. Penetrating trauma from firearms and stabbings.
2. Police Officers working in tactical environments who may benefit from a self-applied tourniquet for "care under fire."
3. Terrorist incidents with penetrating and/or blast injury to limbs.
4. Rural incidents or wilderness medicine where there are limited resources and delayed, often unconventional, transport to definitive care.
5. Industrial accidents where limbs are trapped or shredded by industrial machinery.
6. Failure to stop bleeding with pressure dressing(s)
7. Injury does not allow control of bleeding with pressure dressing(s)
8. Extreme life-threatening limb hemorrhage, or limb amputation/mangled limb with multiple bleeding points, to allow immediate management of airway and breathing problems.
9. Life threatening limb hemorrhage not controlled by simple methods.
10. Point of significant hemorrhage from a limb is not peripherally accessible due to entrapment (unable to provide direct pressure.)
11. Major incident or multiple casualties with extremity hemorrhage and lack of resources to maintain simple methods of hemorrhage control.

E. Removal

1. It is advisable that the tourniquet be left in place once initially applied. EMS or other advanced medically trained personnel (medical doctor, registered nurse) will determine the need for removal. The loosening of a tourniquet for the purpose of restoration of blood flow to tissue that has had its blood supply restricted is not practical due to the dynamics of a tactical situation.

F. Transport and Handover



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1. As soon as practical Officers will ensure that Emergency Medical Services are en route to the scene and aware of the trauma care being rendered.
 2. All tourniquet usage must be prominently documented and communicated on transfer of care to minimize the likelihood that a tourniquet will be overlooked by subsequent care providers. Time of application should be recorded either on a triage tag, the tourniquet itself (if designated space is available) or physically written on the skin of the victim.
- G. Any amputated limb should ideally be transported with the wounded person to hospital even if it appears unsalvageable as tissue may be utilized for skin cover and reconstruction of the severed limb.
- H. Equipment to carry
1. Effective September 1, 2014, every commissioned officer assigned to uniformed duties shall be trained in tactical trauma care and will carry at least one tactical tourniquet and one commercially available pressure dressing at all times. Non-commissioned personnel who have been trained in tactical trauma care may carry one tactical tourniquet and one commercially available pressure dressing. Commissioned support staff not regularly assigned to patrol duties should have these items readily available in case of an emergency. The approved tourniquets are the Combat Application Tourniquet (CAT), the Special Operations Forces Tactical Tourniquet-Wide (SOFT-T), the Stretch Wrap and Tuck Tourniquet (SWAT-T), the Recon Medical Tourniquet or the SAM XT Tourniquet. Commissioned officers may carry QuikClot Combat Gauze or Celox Gauze. Any other equipment carried for a similar or equivalent purpose must be approved in advance by the Tactical Trauma Care Coordinator.
 2. Uniformed supervisors shall carry a Mass Casualty Bag in their vehicles. These bags contain the necessary supplies to treat multiple casualties. Each kit should contain at a minimum: (4) tourniquets, (4) pressure dressings, (4) chest seals and (2) compressed gauzes. Additional mass casualty bags may be issued and carried to officers who have attended any advanced training in the area of tactical trauma care.
- I. Training
1. All commissioned employees shall receive a minimum of ten (10) hours of training in tactical trauma care. At least three (3) of those hours will be hands on scenario or drill based training. Cadets will receive this training as part the Las Cruces Police



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Academy curriculum. The training will include at a minimum: The application of tourniquets, pressure dressing, wound packing and chest seals.

J. Field-expedient Tourniquets & Dressings

1. If a commercially made tourniquet or dressing is not available, other improvised tourniquets or field dressings that cause sufficient pressure or absorption to stop bleeding is an acceptable alternative and should be as sterile as possible. First responders shall follow field-expedient tourniquets & dressing techniques taught in their tactical trauma care training.