GUNSHOT WOUND ON THE RANGE: ARE YOU PREPARED?

By Bret Pagnucco

Firearms instructors typically focus on the rapid incapacitation of lethal threats that may confront the officers they train to go into harm's way. It takes many years to understand the dynamics of firearms use in a lethal threat encounter. Weapon and ammunition selection, the properties of wound ballistics and understanding the physical and mental stressors associated to fight, flight or freeze must be examined and accommodated in creating or delivering a safe, effective firearms training program. Countless hours of study and experience are required to develop a proficient firearms instructor who can analyze, correct and develop officers, teaching them to react quickly and appropriately to an actual lethal threat encounter.

The creation of suitable gunshot wounds to induce rapid incapacitation under realistic conditions and stressors should be the guiding principle of firearms training. During the continuing development of the firearms trainer, however, minimal instruction is provided in the treatment of gunshot wounds. Willful blindness does not eliminate the fact that while attending firearms training and qualifications, police officers continue to receive gunshot wounds. As a well-respected

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trainer once said, "As good as we are, we can't fix stupid!" Most range accidents are never heard of outside the agency involved unless a lengthy hospitalization or a death has occurred. Speak off the record with a long-serving rangemaster from any law enforcement agency about past training incidents involving gunshot wounds, and be prepared to be surprised by the frequency of such occurrences.

Traditional first aid programs do not and cannot sufficiently address the realities of a serious penetrating gunshot wound that involves major blood loss. I learned this firsthand during a recent training course conducted by CTOMS[1] called Patrol Officer Down Survival (PODS). This training was developed as a result of lessons learned in casualty care during recent military combat operations and adopted for use by police officers. This experience truly demonstrated the adage, "You don't always know…what you don't know." I would recommend this type of training for all firearms instructors.

Speak, off the record, with a long-serving rangemaster from any law enforcement agency about the topic of past training incidents involving gunshot wounds and one should be prepared to be surprised by the frequency of such occurrences.

It is important to learn the theory behind practical application and practice in the use of a tourniquet. The theory is fundamental in understanding the causes of cellular death and the first responder's two main areas of concern, the circulatory and respiratory systems. The leading causes of preventable casualty losses are blood loss from the extremities, pneumothorax and loss of airway. Treatment in these areas should

be discussed and demonstrated. Tactical considerations should also be looked at in differentiating between direct and indirect threat care, with prioritization for the safety of the officers involved through elimination of the immediate threat or securing the casualty out of the immediate area of the threat(s) prior to beginning treatment.

Practical application of these skills should also be discussed and practiced. Working in syndicates, and utilizing trauma training models, we should learn to treat wounds that become progressively more serious and potentially life-threatening. In any training, students should be faced with multiple wounds at times, some not immediately apparent, others not serious in threatening the model's survivability, but distracting in their grotesque appearance. Simulated gunshot-type wounds that sever major arteries should be treated with direct pressure and hemostatic dressings and, when possible, the proper application of a tourniquet. Disembowelments, pneumothorax, blocked airways, and amputations should also be treated under the supervision of instructors.

Tourniquets should be carried by all officers and proper training in their use can be crucial in saving a life.

The very nature of firearms training and the often remote locations where the training is conducted makes a very compelling case for the instructor cadre to have the training and equipment to successfully treat a gunshot wound.

It was humbling to realize that prior to this training I was virtually untrained and unequipped for treating a serious gunshot wound to myself or another officer/trainee. This was particularly egregious given my tenure as a police officer and the countless hours I have spent on ranges competing, training or providing training. Safety plans with assignments and redundancies for emergency care are not enough when it comes to an arterial bleed, particularly when combined with minimal training and equipment for the initial treatment of a serious gunshot wound.

This type of training that brings real world experience in the immediate treatment of serious trauma caused by penetrating wounds is available throughout North America. Immediate casualty care training and equipment should be made available to every officer as it can be utilized to treat both members of the public as well as other responders. Many, if not most, firearm training facilities and cadre are only trained and equipped to treat splinters and small lacerations. The very nature of firearms training and the often remote locations where the training is conducted makes a very compelling case for the instructor cadre to have the training and equipment to successfully treat a gunshot wound. Knowing what you should know is the first step to being prepared. Step two is securing the training and tools to be prepared. ■

ENDNOTES

1. CTOMS is a Canadian company focused on training and development in the field of tactical medicine and casualty management. Founded by a former Canadian military infantry soldier with experience in combat deployments to Afghanistan, and utilizing the experience of a former TEMS medic, CTOMS has developed a casualty management program specific to law enforcement.