

TOURNIQUETS: ANOTHER WAY FOR COPS TO SAVE LIVES

By Bob Parker



Can serious injuries be treated here before EMS arrives? Are police officers prepared to provide lifesaving interventions?



arrives? Are police officers prepared to provide lifesaving interventions? Failure to stop the hemorrhaging can quickly (in minutes) lead to hypotensive shock and death. Tourniquets applied by field personnel, including police on the scene, would seem to be the answer.

The debate over applying tourniquets raged for years. It now seems to have abated, if not ended. Critics argued that complications of tourniquet application were too common and varied from extreme pain on the part of the injured to crush injury to underlying tissues from small and narrow tourniquets, most of which were the results of tourniquets left on the injured person for more than two hours. The arguments in favor of field tourniquets include immediate treatment of hemorrhaging amputations, significant bleeding from multiple locations and bleeding patients who need airway and breathing management.



After the shooter is stopped, what happens next?



We train our law enforcement officers in the use of the force continuum (officer presence through deadly force) to save lives. Contact teams, in the active shooter context, are taught to drive to the threat and stop; using deadly force is usually appropriate here. But after the shooter is stopped, what happens next? Fire and

rescue units are overwhelmed; your location may be a long way for EMS to travel. Travel congestion on the streets leading to your site will likely inhibit rescue units. Meanwhile, penetrating trauma or blast injuries may be just some of the serious wounds facing the patrol cops on site. Can serious injuries be treated here before EMS

The Boston Marathon bombing aftermath made a strong argument for the use of field tourniquets. Many victims were brought to the hospital with tourniquets. These were field-expedient items (belts, articles of clothing and other devices) that were applied by both medical personnel and civilians at the scene. The application of tourniquets saved many lives in Boston that day.

Pima County deputies responded to an active shooter event in the parking lot of a supermarket in Tucson, Ariz. on Jan. 8, 2011. Representative Gabrielle Giffords and 13 others were seriously wounded and six were killed. The deputies triaged victims and attended to several of the victims with application of tourniquet kits. This simple tool, coupled with proper training, is saving lives here in the U.S., just as it has in Iraq and Afghanistan during the past decade.

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Law enforcement isn't limiting these lifesaving tourniquet kits to specialized tactical units or TEMS personnel. More agencies realize that the cops on the streets and highways are most often the true first responders to the scene of serious accidents and crimes. When medical help is minutes away and seconds are critical to a victim's survival, patrol cops are sometimes the only ones on site to manage life-threatening traumatic injuries.

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NTOA member Corporal Rob Olivero of the Lafayette, La. Police Department advises that his agency is planning to train and equip their 260 sworn personnel with tourniquet kits, which will become standard issue. Hopefully, this initiative will become more commonplace across the country.

Our toolbox is always evolving. Sidearms, patrol rifles and tourniquets

each play an important role in law enforcement's duty to save lives.

As always, carry off-duty and stay safe. //

Editor's note: Please read our newly-released TEMS Position Statement which addresses this topic in detail on page 86 of this issue.



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