MEDICAL IMMEDIATE ACTION FOR PATROL

by Richard Kilgore

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I recently did an informal survey (nothing terribly scientific about it) of several patrol officers and deputies (and two troopers) to find out what sort of trauma medical capability they had on their person when they stepped out of their car. Not what they had in a net behind the passenger seat, or what they had in their trunk, but what they had *on their uniform or belt*. The answer wasn't terribly surprising. About two-thirds of them had gloves in a pouch on their duty belt. All of them had a very basic first aid kit in their car, and a couple had those dummy-proof de-fib things that are getting so popular amongst emergency service folks.

Problem is, if you get in a foot chase and wind up several blocks from your unit, or you go into a house on a COS or welfare check or whatever, and wind up getting shot or stabbed, all that stuff in your seat organizer or back in your car doesn't do you any good. You may be lucky enough to have a partner or two or three with you, but if their stuff is all in their trunk then you're only slightly better off.

We tend to think of SWAT operators when we think of tactical medical needs among policemen, but if you think about it they need it far less than your regular workaday patrol officer. Though they go into very dangerous situations, tactical operators usually travel in packs, and often with TacMeds or CONTOMS-type guys mixed in the group. For that matter, on many operations there are (or should be) ambulances on standby and quite possibly (if they are available)a helo sitting somewhere with rotors turning. These are advantages the patrolman doesn't have. He or she has no idea that the 911 call they're responding to, waaaay out in the county (and waaaay away from additional backers or an ambulance)has been placed by the tweaker that just shot his mom and would now like to demonstrate his angst to the rest of the public. Even if they deploy safely and do everything right, putting an end to the problem ballistically, one or both of them might still take a hit. What about the trooper that gets in a short pursuit down a blacktop, then a foot chase through a cornfield (or a salvage yard for that matter) followed by a brief but interesting exchange of gunfire? If he takes a hit under his vest or wherever, can he get back to his unit to that medical kit? If not, will he survive lying there long enough for someone else to help him out?

I know most troopers get a big red **S** tattooed on their chest in the academy, but they're not *completely* bulletproof.

I'm not suggesting that the average flatfoot needs to imitate grunts, MP/SPs, snake-eaters and hard core Airsofters by carrying a blow-out kit, IFAK or medical pack with them every time they get out of the car, not by any means. That's frankly not practical (or possible) anyway. Even the most motivated officer isn't going to want to hump extra gear, and only those that are fairly wide across the middle

have room for additional pouches anyway. Nor am I suggesting that every flatfoot needs to know how to drop an IV, they don't (and just for the record, from what I've seen it's more important to know *when* to start an IV than to know *how*.

What I am suggesting is that every patrolman carry on his or her person sufficient immediate action material to stop massive bleeding long enough for additional help to arrive. If this was the military, I'd say that every savvy patrolman with a proper officer survival mindset should immediately initiate the TYpical Patrolman's Immediate Survival Treatment (TYPIST), or SUBARU –Stop Unnecessary Bleeding Activities Right Away. (I know, that's actually SUBARA, but I couldn't think of anything that started with a U to use there.) Maybe we should just call it Quit The Bleeding Straightaway, QUIT-BS…but of course, this is directed at civilian LEOs, so I guess we don't need any nifty acronyms.

Anyway, the preparation for self-treatment of a wound is easily accomplished even within the strictures of a Class A duty uniform. First, each officer should carry a small packet of Quik-Clot or similar material in one breast pocket. It isn't much, but it's better than nothing and it won't take up any more room than the notepad that's probably already stuck in there. Note: there are a lot of small packets of this stuff out there now for mountain bikers, backpackers, etc. One of the greenside Corpsmen I know told me there's a new Quick-Clot product that doesn't have as much of an exothermic reaction. They put the granules in a mesh bag that's inserted whole into a wound. *Remember though*—most people are entirely too ready to use Quick-Clot. If you can get by with a bandage or even a tourniquet, don't go dumping that stuff everywhere (and damn sure don't get it in your eyes, no matter which kind you've got).   HemCon isn't always going to be your best choice for a small wound either.

Secondly, each officer should slide a tampon (yes, a tampon, they're good for penetrating wounds like gunshots and they're easy to carry) into the front pocket of their vest, one to each side of the trauma plate there. Again, unless you get the She-Hulk heavy-flow size, they will be unobtrusive. There's no need to advertise them or show them off, so no need to worry about receiving a ribbing. You can also

easily slide a 4 x 4 hemostatic bandage either between the trauma plate and the vest, or the plate and the carrier, and you might find room for Chitoflex 3 x 28s in surprising places. I knew an officer who carried a small roll of kerlix wrapped around his trauma plate in four separate strips before he went to detectives (not sure what he does not). Sure, it wasn't as sanitary as keeping it in the plastic, but it beats trying to stop blood with a strip cut off some doper's couch.

Oh, and remember also that a tourniquet is usually okay for a patrolman's needs due to the relative close proximity of professional medical help.

Now, remember, all these are suggestions for what the individual officer can carry in or on a regular duty uniform. None of this excuses the same officer from having things like an Israeli bandage, Combat Application Tourniquet, trauma dressings, nitrile gloves, gauze, Coban or Kerlix, or even an IFAK in their car.

That’s it—nothing fancy, no more to it than that. My suggestions aren’t approved by the American

Medical Association, endorsed by CONTOMS or the response of 19 out of 20 Dentists surveyed, but they might save a life all the save.

Start with a bulletproof mind - but be ready and willing to celebrate hemostasis!

About the author: Richard "Swingin' Dick" Kilgore is a long-time tactical professional and a luminary among action figures. Though not as tall as many pundits and special operators, he believes that everyone deserves to hear his opinions. Visit Richard at his blog, www.breachbangclear.com or with his whole team on FaceBook at http://www.facebook.com/mad.duo.