

Stand Alone 6 – First Aid
Session 2 – Tactical Casualty Care
LD 34 – First Aid

Date Revised: 11/19/19

Course Goal: To teach recruit officers how to provide first aid and CPR. Utilize CAPRA

Session Goal: To teach recruit officers the knowledge and skills necessary to provide appropriate first aid during tactical emergencies.

Learning Objectives:

- Discuss tactical and rescue first aid principles when responding to violent circumstances (e.g. active shooter) [34.IV.H]
 - Movement to threat versus casualty care [34.IV.H.1]
 - Integration with EMS [34.IV.H.2]
 - Tactical casualty care [34.IV.H.3]

Session Time: 1 hour

<p>Resources:</p> <ul style="list-style-type: none"> • Classroom with tables • White board • Dry-erase markers 	
<p>Session Summary: The instructor will lead an overhead facilitated discussion with the whole class.</p>	
Outline	Instructor Notes
<p>I. First aid principles when responding to violent circumstances[1][34.IV.H]</p> <p>A. Types of violent circumstances</p> <ol style="list-style-type: none"> 1. Terrorist Attack 2. Active Shooter 3. Hostage Siege <p>B. Movement to threat[2][34.IV.H.1]</p> <ol style="list-style-type: none"> 1. Assault Mission 2. Support Mission 3. Security Mission 4. These missions may require the officers to move past victims they encounter. If possible , direct victims to exit the location, through secured areas, to the staging area or any safe zone <p>C. Casualty care mission and integration with EMS [34.IV.H.2]</p> <ol style="list-style-type: none"> 1. Rescue Mission[3] <ol style="list-style-type: none"> a. The Rescue Team’s primary mission is to conduct rescues of wounded personnel 	<p>Facilitated discussion:</p> <p>[1] Ask – What are some examples of major or unusual violent circumstances? Seeking:</p> <ul style="list-style-type: none"> • Terrorist Attack • Active Shooter • Hostage Siege <p>[2] Ask – How are the priorities of first aid affected when responding to violent attacks?</p> <p>[3] Ask – As more resources arrive, how can officers help victims inside the affected area?</p>

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<ul style="list-style-type: none"> b. Approach and enter the location to locate victims c. Treat, if necessary, then extract victims to a casualty collection point and notify the incident commander d. Be prepared to transition into a contact team if contact with a suspect becomes imminent e. Transport wounded victims to medical personnel for treatment f. Initiate identification and accountability of victims <p>2. Rescue Task Force[4][34.IV.H.3]</p> <ul style="list-style-type: none"> a. Officers tasked with the rescue mission can be configured to form a Rescue Task Force (RTF). An RTF is a team consisting of a minimum of two 2 firefighters/EMS rescuers, with gear, paired up with a minimum of two 2 officers. The officers provide force protection for the firefighters/EMS. [5] The goal of the RTF is to treat life threatening injuries and move shooting victims from the Warm Zone to the Causality Collection Point (CCP) or treatment area” b. The RTF may be comprised of up to 4 officers and 4 Fire Department members. This is the largest reasonable combination of personnel for an RTF. Larger combinations will make it more difficult to move quickly c. When working with the Los Angeles Fire Department (LAFD) it is important to use “Hot,” “Warm” and “Cold” in describing areas.[6] <ul style="list-style-type: none"> 1) Hot Zone: Area of most danger. Contact with the suspect is likely. LAFD will not respond into hot zones 2) Warm Zone: An area of decreased danger. Contact with the suspect is not likely. LAFD will respond into a warm zone with LAPD force protection 3) Cold Zone: Area of least danger. The location is clear to be turned over to investigative personnel. LAFD will operate freely in a cold zone 	<p>Note: There is a strong likelihood that rescue teams will need to be formed to extract injured officers from contact teams, not only victims</p> <p>[4] Ask – How can officers responding to a violent circumstance make efficient use of EMS personnel?</p> <p>[5] Ask – What is the goal of a Rescue Task Force?</p> <p>[6] Ask – What is a “Hot Zone?”</p> <p>NOTE: A Warm Zone is not completely safe or cleared. Officers must accompany Fire/EMS personnel when operating in the Warm Zone.</p> <p>[7] ASK – Can officers in a Rescue Task Force transition to a Contact Team?</p>
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<p>d. If assigned to an RTF, it is essential to operate outside of the Hot Zone and to never leave LAFD unprotected [7]</p> <p>1) Primary Concerns</p> <ul style="list-style-type: none">a) Fire being abandoned by Police if a suspect is locatedb) Police establishing, then notifying all agencies on scene of the boundaries of the warm zone, and updating ICP if that warm zone changesc) Security of fire personnel in the warm zone. What to do with Fire personnel if officers make contact with a suspectd) Establish one set of verbiage for both Police and Fire to use during incidents to make deployment of combined resources more effective and efficient <p>D. Tactical casualty care[34.IV.H.3]</p> <ul style="list-style-type: none">1. When encountering victims, first establish their treatment category, according to the multiple victim assessment standards.[8]2. First establish if the victim is alive or dead.3. Direct victims with minor injuries, or victims in the delayed category who can safely walk, to exit the location, through secured areas, to the staging area or any safe zone4. When encountering victims who cannot walk, assess treatment priorities [9] [34.IV.H.3]<ul style="list-style-type: none">a. During tactical casualty care, the first priority is to stop any life threatening external bleeding, treating the victim's circulation<ul style="list-style-type: none">1) Take universal precautions that are tactically feasible, including cover2) Use dressing and direct pressure to control bleeding.3) Use a tourniquet to control bleeding from areas where a tourniquet can be reasonably applied4) For bleeding that cannot be controlled with a tourniquet, apply hemostatic dressingb. Airway management is generally best deferred until the victim is extracted to the safe zone, or casualty collection point If a	<p>NOTE: Officers in a RTF must remain with Fire/EMS and under no circumstances abandon Fire/EMS.</p> <p>[8] Ask – What are the classification categories for a multiple victim assessment?</p> <p>[9] Ask – What are the first aid treatment priorities during tactical casualty care?</p> <p>Seeking:</p> <ul style="list-style-type: none">• Hemorrhage control• Loss of airway• Breathing
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<p>victim is not breathing, clear their airway if necessary, reposition the airway one time, if breathing does not resume, classify victim as deceased and continue searching for victims</p> <ul style="list-style-type: none">c. Reassure victimd. Extract the victim to a casualty collection point <p>5. Self-care/Buddy-care [10]</p> <ul style="list-style-type: none">a. Applying lifesaving skills and techniques to oneself, or another injured responder, in the event of a life threatening injury before the arrival of EMSb. Immediate control of bleeding prior arrival of EMS saves crucial minutes for injured responder's survival	<p>[10] Ask – What does self-care mean, versus buddy care?</p>
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