

Los Angeles Police Department
Tactical Emergency First-Aid/Trauma Care On-Line
1850- 21772
Expanded Course Outline
8 Hour

Instructional Goals: To develop the student's basic skills in assessing and treating preventable causes of death due to traumatic injuries likely to be encountered in a tactical environment by police officers. The course will also cover scene safety, rapid triage and treatment, medical decision making, and will explain the contents and use of the Officer First Aid Kit (OFAK) with an emphasis on practical application during instructional scenarios.

Performance Objectives: Using on-line lectures, practical application scenarios, and interactive group discussions, the student will:

- ❑ Receive instruction regarding the three phases of casualty care in a tactical environment.
- ❑ Understand the function of the OFAK trauma kit components.
- ❑ Understand proper assessment protocols to identify and treat life-threatening injuries.
- ❑ Understand and articulate proper decision-making regarding when and how to transport casualties to the next level of medical care.
- ❑ Receive instruction in tactical medicine through instructional video-based scenarios.
- ❑ Receive instruction in Rescue Task Force (RTF) function and medical response to mass casualty incidents resulting from active shooters or terrorist attacks.

Distance Learning Delivery and Methodology: Using a small group of 20-40 students lead by 1-2 instructors, students will participate in the following:

- Live Webinars - A synchronously facilitated training that is delivered via the internet. It is considered an instructor-led course for the purposes of certification through EDI.
- A live webinar may be certified for CPT credit if the curriculum and instructor information is submitted in EDI in compliance with Regulation 1053. Additionally, presenters must advise the following:
 - A. **Method in which trainee attendance and course completion is verified:** Students will pre-register and log onto the Allogy instructional portal during scheduled instruction.
 - B. **Online registration - access code:** TBD
 - C. **Audio or text (chat area) interaction:** The Allogy portal will allow for real time interaction and break out groups of 4-5 monitored by lead instructor.
 - D. **Video transmission of trainee (e.g., Skype, Facetime):** Allogy portal
 - E. **Method in which trainee interaction with the instructor for questions or exercises occurs:** Audio or text (chat area) interaction
 - F. **Video transmission of trainee (e.g., Skype, Facetime):** Allogy portal
 - G. **Method in which instructor evaluates trainee performance and verifies the learning took place:** Individual written test at the end and group brief backs
 - H. **Assessment activity (test / Interactive Video Based Scenario):** Students will be guided through different scenarios depicting traumatic injuries which the student must address by choosing from a series of options made available to them.

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Taped Webinars: Parts of the brief backs and presentation can be recorded

- I. Introduction: VIDEO (15 min)**
- A. Introduction to the Tactical Emergency First-Aid/ Trauma Care Program of the Los Angeles Police Department delivered by Dr. Kenji Inaba and Lt. Damian Velasco
 - B. Instructor introductions delivered by Metropolitan Division Special Weapons and Tactics Officers Patrick Rudolf and Edward Leverich.
 - C. Course learning and performance objectives delivered by Dr. Kenji Inaba and Officers Patrick Rudolf and Edward Leverich

II. Tactical Combat Casualty Care (TCCC) and Tactical Emergency Casualty Care (TECC): History and development VIDEO (45 min)

- A. Objective: Provide an overview of the historical development of TCCC/TECC as related to purpose and treatment.
- B. Definition of TCCC
 - 1. The standard of prehospital care provided for battlefield traumatic injuries in ongoing tactical environments.
- C. Goals of TCCC
 - 1. Accomplish the mission with minimal casualties
 - 2. Prevent any casualty from sustaining additional injuries
 - 3. Minimize public harm/stop the threat
- D. History of TCCC development
 - 1. Military studies regarding treatment of preventable causes of death
 - a. Causes of preventable death (to be described in Section IV)
 - a) Massive hemorrhage from extremity wounds
 - b) Tension pneumothorax
 - c) Airway obstruction
 - 2. Committee on Tactical Emergency Casualty Care
- E. TCCC (military) Vs TECC (civilian): similarities and differences
 - 1. Patient population
 - 2. Medical professional scope of practice
 - 3. Access to definitive care (transport times and level of care available)
- F. LAPD Policy on Rendering Medical Aid
 - 1. Policy and scope of practice
- G. Active shooters and Rescue Task Force (RTF)
 - 1. Definitions
 - a. Hot/warm/cold zones
 - b. Casualty collection point (CCP)
 - c. RTF

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- d. Cover vs concealment
- 2. Incident Command System (ICS)/Unified Command
 - a. Roles and responsibilities of Law Enforcement
 - b. Roles and responsibilities of Fire and EMS
- 3. Coordination of Law Enforcement and EMS
 - a. Command, control and communications
 - b. Command Post and staging areas
 - c. Ingress/Egress
 - d. Managing priorities

H. Threat assessment during operations

- 1. Warrant services and other preplanned operations
 - a. Planning for injuries in a tactical environment
 - b. Coordinating with EMS
- 2. Unplanned events
 - a. Ongoing training during patrol roll-calls
 - b. Having needed equipment readily available

III. Officer First Aid Kit (OFAK): Introduction to components VIDEO (45 min)

A. Objective: Identify the components of the OFAK trauma kit to be used during subsequent skills instruction.

- 1. Importance of having equipment
- 2. Also known as: Individual First Aid Kit (IFAK) or Trauma Kit

B. An overview of Kit contents.

- 1. OFAK Pouch
 - a. Pouch carry options
- 2. Nitrile Gloves
- 3. Tourniquet
 - a. SOF Tactical Tourniquet (SOFTT-Wide) Nomenclature
- 4. Gauze and bandage
 - a. OLAES® modular bandage, bandage, abdomen (ABD) pad, gauze, pressure cup/eye cup, occlusive sheet, Velcro, hook.
- 5. Occlusive Dressing/chest seal
 - a. Fox chest seal
 - b. Hydrogel, package contains two
 - c. Can be folded/cut
- 6. Trauma shears
- 7. Surgical Tape

C. Interactive VIDEO presentation

- 1. Officers will correctly identify the components of the Officer First Aid Kit (OFAK)

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IV. Three Phases of Care: Treatments and Tactical Considerations VIDEO (60 min)

- A. Objective: Understand the appropriate treatments of each Phase of Care, as well as tactical considerations and mission objectives. Students will also be exposed to tourniquet self-application.

- B. Describe preventable causes of combat deaths
 - 1. Massive hemorrhage from extremity wounds
 - 1) Blood Loss
 - 2) Extremity vs torso
 - 3) Arterial vs venous
 - 4) Life-threatening amounts
 - 5) Hypovolemic shock and time to onset
 - 2. Tension pneumothorax
 - 1) Definition
 - 2) Signs/symptoms/causes
 - 3) Pathophysiology
 - 4) Time to onset
 - 3. Airway obstruction
 - 1) Definition
 - 2) Most common obstruction
 - 3) Pathophysiology
 - 4) Time to onset

- C. Hot Zone/Direct Threat Phase/Care Under Fire
 - 1. Definition of Direct Threat Phase
 - a. Care provided in an area with an active threat, or one that has not been cleared by law enforcement (hot zone).
 - 2. Tactical considerations: Keep response team maximally engaged in mitigating the existing threat.
 - b. Get to closest cover and address threat. Drag or direct victims to closest cover.
 - c. Most medical treatments are deferred to later phases due to urgency of tactical situation and limitations to access of medical equipment.
 - 3. Self-aid/buddy aid concepts
 - d. Self-aid or directed self-aid can maximize number of personnel available to address a tactical threat
 - e. Buddy aid in limited capacity at this phase
 - 4. Hot Zone Treatments: Limited to tourniquet application to extremity hemorrhage only. Address other massive hemorrhage if tactically feasible.
 - a. General parts and function of the tourniquet
 - b. Self-application of the SOFTT-Wide tourniquet
 - c. Self-application of the Combat Application Tourniquet (CAT)
 - d. Hands-on self-practice.
 - 1) Tourniquets applied high and tight until the bleeding stops
 - 2) Second tourniquet application may be necessary

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- e. Spontaneous self-application of the tourniquet to continue throughout the course
- 5. Evacuate to warm zone
 - f. Self-Evacuation/Officer or citizen rescue
 - g. Drags/Carries to be reviewed later
- D. Warm Zone/Indirect Threat Phase/Tactical Field Care
 - 1. Definition of Indirect Threat Phase
 - a. Phase of care occurring in the warm zone. Priority of this phase is to provide life-saving intervention to injured parties and prepare for extraction to cold zone.
 - b. Warm zone definition: an area of relative safety not under direct, immediate threat from hostile actions
 - c. Cover and concealment considerations
 - 2. Patient assessment/priority of care within warm zone
 - a. Render weapons safe and disarm victim
 - 1) Victim likely to experience an altered level of consciousness (ALOC) due to blood loss and shock
 - b. Assess the victim and expose wounds as needed.
 - 1) Rake victim with fingers to look and feel for injuries
 - 2) Start from neck down, front then back
 - 3) Considerations for the continued need of body armor
 - c. Reassess any tourniquet applications from Direct Threat Phase
 - d. Begin MARCH assessment
 - 1) MARCH assessment prioritizes treatments in the Indirect Threat Phase
 - 3. MARCH Assessment and treatment
 - a. M – Massive Hemorrhage: Control/Stop the bleeding
 - 1) Arterial bleeding
 - 2) Direct Pressure
 - 3) Tourniquets for extremities
 - 4) Second tourniquet—once applied, DO NOT remove, use a second.
 - 5) Wound packing of junctional areas
 - 6) Use of gauze/hemostatic dressing
 - 7) Pack to the bone
 - 8) Bandage once packed
 - 9) Technique is more important than speed
 - b. A –Airway
 - 1) Airway is the pathway air travels to and from the lungs
 - 2) Conscious – allow to maintain own airway in position of comfort
 - 3) Unconscious – head tilt/chin lift/recovery position
 - a) Pros and cons of each position
 - c. R – Respiration
 - 1) Respiration is the exchange of gasses that occurs within the lungs

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- 2) Tension pneumothorax can inhibit respiration and cardiac function
 - 3) Apply occlusive dressing to penetrating torso wounds.
 - 4) Look for exit torso wounds and treat
 - 5) Consider transport decision at this point
 - d. C – Circulation
 - 1) Do not delay evacuation for non-life-threatening injuries at this point
 - 2) Check for non-life-threatening bleeding
 - 3) Bandage additional open wounds
 - e. H – Hypothermia
 - 1) Minor drop in body temperature can severely inhibit blood clotting to the point of death
 - 2) Keep casualty warm
 - 3) Cover with dry clothing
 - 4) Turn on heater in vehicle
 - f. H – Head Trauma
 - 1) Shock Treatment
 - 2) Bandage eye injuries. Cover both eyes to minimize injury.
4. Transport and Evacuation
- a. Urgency to transport to next level of care early after life threatening injuries have been treated (Massive hemorrhage, Airway, and Respiration)
 - b. Self-transport vs waiting for RA for traumatic injuries
- E. Tactical Evacuation to Cold Zone (TACEVAC/CASEVAC)
1. Definition of Tactical Evacuation
 - a. Phase of care provided in a cold zone, with the intent of evacuating patient to the next level of care.
 - b. Cold zone definition: a secure area where medical resources can be staged to transport patients to definitive care.
 - c. Casualty Collection Point (CCP) located in cold zone, where patients can be collected and triaged.
 2. Patient assessment/priority of care within cold zone
 - a. Reassess medical treatment provided
 - 1) Repeat MARCH
 - b. Make a transport decision and move patient quickly
 - 1) When and how to transport a patient
 - 2) Attempt to minimize further injury
 - 3) Move with force protection
 - 4) Drags/Carries described
 - c. Transport decision and method
 - 1) Wait for RA vs self-transport to a hospital
 - d. Simple Triage and Rapid Treatment (START) at CCP
 - 1) Brief description of START protocol
 - 2) Description of patient classification
 - e. Hand-off of patient to next level of care
 - 1) Communication of injury and treatment

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F. Summary of Three Phases of Care

V. Scenario Based Tactical Emergency First-Aid/ Trauma Care (135 min)

A. Massive bleeding (**VIDEO**)

1. Direct Pressure
2. Tourniquets
 - a. SOFTT-W Tourniquet
 - b. Combat Application Tourniquet (CAT)
 - c. Improvised tourniquets
3. Wound packing
 - a. Use of gauze/hemostatic dressing
 - b. Pack at the source of the bleed
 - c. Bandage once packed
4. Bandage non-life-threatening wounds

B. Airway/Respiration/Hypothermia (**VIDEO**)

1. Airway
 - a. Conscious
 - 1) Position of comfort
 - b. Unconscious
 - 1) Head tilt
 - 2) Chin lift
 - 3) Recovery position
2. Respiration
 - a. Raking – check for injuries to torso
 - b. Chest seal application
 - 1) Commercially manufactured chest seals
 - 2) Improvised chest seals
3. Hypothermia

C. Evacuation Skills (**VIDEO**)

1. Drags, and carries
 - a. 1 and 2-person variants of each
 - b. Simple, limited examples of each method
2. Urgent transport using a police vehicle

VI. Scenario Based Video Examination (150 min)

- A. Students will proceed through video scenarios pertaining to different tactical medicine situations likely to be encountered while on patrol and will articulate the best course of action during each phase of activity.
- B. Students will address each scenario using the concepts of tactical medicine and the equipment from the OFAK.
- C. Large Scale Scenario
 1. The below scenario is the primary scenario of the class.

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- a. Active shooter with multiple victims down.
- b. Students will be guided through a scenario whereby Rescue Teams are formed and respond to a warm zone where victims are down.
- c. Students will observe and address various medical issues presented during the video.
- d. Students will identify a casualty collection point (CCP).
- e. Students will determine assessment and treatment options.

D. Small Scale Scenarios (time permitting)

1. The below scenarios will supplement the primary video examination.
 - a. Students will be guided through a scenario depicting the response to a down officer. Students will identify the proper tactical medical protocols related to this scenario.
 - b. Students will be guided through a scenario related to a radio call. During the course of the radio call, a suspect shoots the partner officer and retreats into the structure. Students will identify the proper tactical medical protocols related to this scenario while utilizing good tactics.
 - c. Students will be guided through a scenario related to a radio call. Upon arrival, the student will confront an unconscious gunshot victim just outside of a business door. Students will identify the proper tactical medical protocols to be used during this scenario.

VII. Conclusion

(30 min)

A. Course Debrief