



**OFFICE OF THE DIRECTOR OF POLICE  
THE UNIVERSITY OF TEXAS SYSTEM  
POLICY AND PROCEDURE MANUAL**



Subject <b>Tactical Trauma Care--Law Enforcement Self Aid- Buddy Aid</b>			Policy Number <b>330</b>
Effective Date March 3, 2014	Revision Date April 9, 2019	Reevaluation Date Annually	Number of Pages 5
Reference Standards TPCA: CALEA: 33.6.1 IACLEA: 6.3.3		Rescinds or Amends Policy Number	

**I. PURPOSE**

Law enforcement officers, other emergency services personnel and bystander civilians injured by penetrating objects may suffer from uncontrolled hemorrhage. With the goal of maximizing survival, Law Enforcement Self Aid- Buddy Aid addresses optimal care that could be utilized in these situations. It is the policy of ODOP to conduct due diligence for training and education for all institution police departments and to match the best available options to the situation when appropriate and reasonable. Within the scope of their training and policy, officers shall utilize LE SABA in on-duty or off-duty responses as they deem necessary. The three goals of Law Enforcement Self Aid Buddy Aid (LE SABA) are: 1. Save preventable deaths; 2. Prevent additional casualties and 3. Complete the mission.

**II. DEFINITIONS**

- A. Tourniquet:  
Defined as any limb constrictive device, whether improvised or commercially manufactured, used in an attempt to stop extremity bleeding.
- B. Law Enforcement Self Aid-Buddy Aid (LE SABA):  
LE SABA is a training course for UTSP personnel. Training must include hemorrhage control techniques, including use of tourniquets, pressure dressings, and hemostatic agents.
- C. First Responder:  
Any commissioned or non-commissioned UTSP personnel subject to ODOP Rules and Regulations that operate in the field (PSO, Officers).
- D. THREAT:  
T - Threat suppression H - Hemorrhage control RE - Rapid Extrication to safety A - Assessment by medical providers T - Transport to definitive care

- E. Pressure Dressings  
Pressure dressings are adequate to stop most cases of hemorrhage, whether it occurs from the extremities or other parts of the body. Commercially available bandages or other compression dressings improvised with large amounts of gauze and an elastic bandage that is wrapped around the wounded limb may be used.
  
- F. Topical Hemostatic Agents  
These products act to arrest bleeding or hemorrhage. Topical hemostatic agents including commercially available products such as QuikClot Combat Gauze can be carried by first responders. The type carried should correspond to the officer's training and the tactical situation encountered. Although they may be useful adjuncts, these agents do not have the same simplicity and effectiveness of pressure dressings or tourniquets. These issues serve to limit these agents to being useful adjuncts, rather than primary treatments, for extremity hemorrhage. QuickClot Combat Gauze is the only authorized hemostatic agent approved by UTSP Medical Directors. The use of powder or granular products is not authorized for use.
  
- G. Medical Directors  
The UTSP Medical Director and Assistant Medical Director have authorized and approved the training and have authorized the use of these techniques for the above described situations. The UTSP Medical Director and Assistant Medical Director will periodically review training and equipment needs as advances in medical technology arise and adjust responses accordingly.

### **III. POLICY**

- A. All UTSP officers shall be trained and equipped to provide emergent hemorrhage control.
  
- B. Nearly all external bleeding can be controlled by direct pressure with a dressing. The affected limb may also need to be elevated. Use of direct pressure over the supplying artery is an additional option when bleeding persists. However, in certain tactical situations, the direct use of a tourniquet should be considered. Responding UTSP personnel must consider both the tactical situation and injury severity when deciding which hemorrhage control technique to employ.

- C. Instances where immediate application of a tourniquet should be considered include the following:
1. Life-threatening extremity bleeding or severed/mangled limbs with multiple bleeding areas, to allow immediate airway management and provide for faster evacuation. Use of the tourniquet can be reassessed once airway and breathing are stable as well as the casualty.
  2. Extremity bleeding not controlled by conventional methods.
  3. Bleeding from an entrapped limb not accessible to rescuers.
  4. Multiple casualties with extremity bleeding when rescuers lack the resources to control all bleeding casualties with simple methods.
- D. Mass Casualty Use:  
First responders may incorporate LE SABA into the initial triage of wounded persons at the scene of a mass casualty incident (MCI). As triage is performed, UTSP first responders should use LE SABA as outlined in this policy where tactically appropriate.

#### IV. PROCEDURES

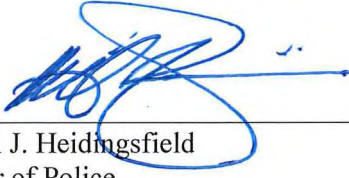
- A. The wounded person is initially assessed and determined to have severe extremity bleeding controllable with the equipment or resources immediately at hand. Indications for tourniquet use included all of the following:
1. Penetrating trauma from firearms and stabbings.
  2. Police Officers working in tactical environments who may benefit from a self-applied tourniquet for "care under fire."
  3. Terrorist incidents with penetrating and/or blast injury to limbs.
  4. Rural incidents or wilderness medicine where there are limited resources and delayed, often unconventional, transport to definitive care.
  5. Industrial accidents where limbs are trapped or shredded by industrial machinery.
  6. Failure to stop bleeding with pressure dressing(s)
  7. Injury does not allow control of bleeding with pressure dressing(s)
  8. Extreme life-threatening limb hemorrhage, or limb amputation/mangled limb with multiple bleeding points, to allow immediate management of airway and breathing problems.
  9. Life threatening limb hemorrhage not controlled by simple methods.
  10. Point of significant hemorrhage from a limb is not peripherally accessible due to entrapment (unable to provide direct pressure.)
  11. Major incident or multiple casualties with extremity hemorrhage and lack of resources to maintain simple methods of hemorrhage control.

- B. Removal:  
It is advisable that the tourniquet be left in place once initially applied. EMS or other advanced medically trained personnel (medical doctor, registered nurse) will determine the need for removal. The loosening of a tourniquet for the purpose of restoration of blood flow to tissue that has had its blood supply restricted is not practical due to the dynamics of a tactical situation.
- C. Transport And Handover  
All tourniquet usage must be prominently documented and communicated on transfer of care to minimize the likelihood that a tourniquet will be overlooked by subsequent care providers. Time of application must be recorded either on a triage tag, the tourniquet itself (if designated space is available) or physically written on the skin of the victim.
- D. Any amputated limb should ideally be transported with the wounded person to hospital even if it appears unsalvageable as tissue may be utilized for skin cover and reconstruction of the severed limb.
- E. Equipment to carry
1. Effective September 1, 2014, every commissioned officer assigned to uniformed patrol duties shall be trained in LE SABA and will carry at least one tactical tourniquet and one commercially available pressure dressing at all times. Non-commissioned personnel who have been trained in LE SABA may carry at least one tactical tourniquet and one commercially available pressure dressing subject to approval of the institution Chief of Police. Commissioned support staff not regularly assigned to patrol duties should have these items readily available in case of an emergency. The approved tourniquets are the Combat Application Tourniquet (CAT) or the Special Operations Forces Tactical Tourniquet (SOFT-T). Commissioned officers may carry QuickClot Combat Gauze. Any other equipment carried for a similar or equivalent purpose must be approved in advance by the Director of Police and UTSP Medical Director.
  2. Consideration should be given to obtain larger, commercially available mass casualty kits with the equipment necessary to render aid and initiate evacuation of multiple casualties. Examples include the Active Shooter Response Kit (ARK) from Tactical Medical Solutions or Mass Casualty Critical Intervention Kit from Chinook Medical Gear. These items are approved to be carried in a patrol vehicle(s) of institution departments. Each vehicle outlined in ODOP Policy 735 - Discreet Armored Vehicles shall be equipped with a mass casualty kit.
- F. Training  
All commissioned officers of UTSP will receive ODOP approved training in Law Enforcement Self Aid Buddy Aid course. Refresher training as mandated by ODOP Policy 206 Training Roles, Requirements and Responsibilities applies. Training must include hemorrhage control techniques, including use of

tourniquets, pressure dressings, and hemostatic agents approved by ODOP Medical Directors.

G. Field-expedient Tourniquets & Dressings

If a commercially made tourniquet or dressing is not available, other improvised tourniquets or field dressings that cause sufficient pressure or absorption to stop bleeding is an acceptable alternative and should be as sterile as possible. First responders shall follow field-expedient tourniquets & dressing techniques taught in their Law Enforcement Self Aid Buddy Aid training.



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