

	ROSENBERG POLICE DEPARTMENT	
	General Order 8.08 Self-Aid Buddy-Aid	
	Effective Date: 2-22-2018	Replaces: N/A
	Approved:  Chief of Police	
	Reference: TBP	

I. POLICY

Law enforcement officers may be injured or encounter other public safety personnel and civilians that are injured and suffering from uncontrolled hemorrhage. In these situations, early and decisive intervention can be lifesaving. Self-Aid Buddy-Aid (SABA) allows officers to use task specific training and equipment to maximize the chances of survival from life-threatening hemorrhage. Given the importance of these interventions, officers operating within the scope of their training and this policy may utilize their SABA in on-duty or off-duty responses, as necessary.

II. PURPOSE

The purpose of the policy to establish procedures and guidelines for when and how to use the Self-Aid-Buddy-Aid (SABA) kits. The policy further explains how to apply the equipment in the SABA kits.

III. DEFINITIONS

Hemostatic Agent – Commercially prepared agent that is intended to aid in control of life threatening hemorrhage. Officers who have successfully completed department sanctioned training on the use of hemostatic agents are authorized to use approved agent(s).

Individual First Aid Kit (IFAK) – Department approved first aid kit for the purpose of equipping officers to provide SABA techniques to public safety or civilians suffering from life threatening injuries.

Junctional Wounds – Injuries to areas of the body where the torso meets the neck and extremities. These include the neck, axilla (under arm, firing pocket), groin, and buttocks. These wounds are not amenable to the use of tourniquets and must be managed with well-aimed direct pressure and/or wound packing.

Self-Aid Buddy-Aid – Training that facilitates the emergent management of life threatening injury or hemorrhage. Officers may utilize this training in the treatment of civilians, other public safety and law enforcement, or themselves, in the event of a life-threatening injury.

Medical Personnel – Any person(s) who have formal medical training including public safety personnel whose primary responsibility is medical care or civilian medical provider (physician, nurse, etc.) on scene or encountered in a healthcare setting (hospital, emergency department, etc.)

Pressure Dressing – Improvised or commercially available material applied to a wound under pressure in an effort to control hemorrhage.

Public Safety Personnel – Any on-duty or off-duty personnel who serves in a first responder role (e.g. Police, Fire, Emergency Medical Services, etc.).

Recovery Position – Lateral recumbent (three-quarters prone) positioning of an unconscious, but breathing casualty.

Tourniquet – Improvised or commercially manufactured device that is intended to compress blood vessels in an effort to control extremity bleeding.

IV. USE OF SELF-AID BUDDY-AID

- A. Officers are authorized to utilize SABA training and equipment whenever there is a need for lifesaving intervention and there are limited or no medical resources available to render care. The use of SABA techniques are not limited to the care of law enforcement personnel. Utilization of SABA techniques is based on tactical priorities and should not, at any time, interfere with tactical considerations. In any environment where there is a direct threat to the public or to responding officers, the neutralization of the threat is the first priority of the responding officers. Once security has been addressed and it is practical to do so, medical care shall be delivered in accordance with these guidelines.

V. HEMORRHAGE CONTROL

- A. The hemorrhage control technique(s) used will be dictated by the tactical environment, the number of victims in need of treatment, and/or the response to initial efforts at hemorrhage control.
- B. Well aimed direct pressure is the most expedient means of initial hemorrhage control. Direct pressure is suitable for wounds to any part of the body. If feasible, the officer should:
- C. Identify wounds with active hemorrhage;
- D. Apply direct pressure to the wound(s) using the heel/palm of hand or knee. For wounds to the neck, care should be used to avoid applying pressure directly over the front of the neck;
- E. Where victims are able, they can be instructed to apply or maintain direct pressure to their wounds.
- F. Tourniquet – An effective means of hemorrhage control for bleeding from an extremity that has not responded to direct pressure, an extremity that has been amputated or severely mangled, or when the number of patients or the tactical

environment prevents the use of sustained direct pressure to the wound. In these or other appropriate circumstances the officer should:

- G. Identify the injured extremity and apply the tourniquet to the limb as close to the torso as possible and in accordance with the manufacturer's instructions;
- H. Tighten the tourniquet until bleeding stops and the limb becomes pale, and pulseless. Two tourniquets may be required for lower extremity injuries;
- I. As soon as practical, indicate the time the tourniquet was applied by writing on the tourniquet if so equipped or on the skin near the tourniquet;
- J. Once applied the tourniquet shall be left in place until evaluated by medical personnel;
- K. Notify medical personnel, upon their arrival, of the presence of the tourniquet and approximate time of application.
- L. Wound Packing – A means of controlling life-threatening hemorrhage from junctional wounds using plain gauze or department-approved gauze impregnated with hemostatic agent. Wound packing should not be used for injuries to the head, chest, abdomen or back. In the event of life of life threatening hemorrhage from junctional wounds and as soon as it is tactically feasible, the officer should:
- M. Expose the wound to determine the extent of the injury and provide a clear field for wound packing;
 - 1. If using impregnated gauze:
 - a. The wound should be cleared of excess blood;
 - b. The source(s) of brisk bleeding should be identified;
 - c. Impregnated gauze should be applied to the source of bleeding and the wound packed using continuous pressure to the bleeding site. Large wounds may require the use of additional gauze to completely pack the wound;
 - d. After the wound is packed, direct pressure shall be maintained for a minimum of 3 minutes or according to the manufacturer's instructions;
 - e. Direct pressure may be turned over to medical personnel or continued with the use of a pressure dressing;
 - f. In the event the impregnated gauze becomes soaked it should be removed, the source of the bleeding identified and repeat steps 3-5.
 - 2. If using plain gauze:
 - a. The wound should be cleared of excess blood and the source(s) of brisk bleeding should be identified;
 - b. Gauze should be applied to source bleeding and the wound packed using continuous pressure to the bleeding site. Large wounds may require additional gauze to completely pack the wound;
 - c. Direct pressure should be maintained until the patient is turned over to medical personnel or until a pressure dressing has been applied;
 - d. In the event the plain gauze becomes soaked continue to add

additional gauze to the wound and maximize direct pressure to the wound.

- N. Apply a pressure dressing to the packed wound if medical personnel are not available or the victim needs to be moved and well-aimed direct pressure cannot be continued during movement;
- O. Prepare the patient for movement as soon as safe and practicable.

VI. AIRWAY AND PATIENT POSITIONING

In some situations, there may be more victims than available officers. Victims who are conscious can be instructed to care for themselves or to care for others as needed. If victims are not conscious, proper positioning prevents additional injury, aids in finding injuries to the back and signifies that the victim has received an initial SABA evaluation. If a victim is unconscious and any needed treatment has been rendered, the officer should place the victim in the recovery position by one of two methods:

- A. Place the victim into the recovery position as follows:
 - 1. Kneel next to the victim;
 - 2. Raise the victims near arm (arm closest to the officer) above their head;
 - 3. Grab the victim behind the opposite knee and shoulder;
 - 4. Roll the victim towards the officer and onto the victim's side.
- B. Place the victim into the recovery position as follows:
 - 1. Kneel next to the victim;
 - 2. Raise the victims opposite arm (arm farthest from officer) above their head;
 - 3. Grab the victim behind the knee and shoulder closest to the officer;
 - 4. Roll the victim away from the officer and onto the victim's side.

VII. SUCKING CHEST WOUND

Sucking chest wound is any penetrating injury that may involve the lung(s) and impair breathing function. This type of injury should be suspected in any penetrating wound from the neck to the navel. Occlusive dressings are used to prevent impaired breathing function that may develop as the result of these types of injuries. If this type of injury is suspected, the officer should:

- A. Identify all penetrating injuries to the front and back of the torso from the base of the neck to the navel;
- B. Apply adhesive occlusive dressing to identified wounds;

- C. If no adhesive occlusive dressing is available, anything that prevents airflow may be used. (E.g. gauze wrapping, plastic, gloved hand.)

VIII. HYPOTHERMIA PREVENTION

- A. In patients with extensive blood loss, hypothermia can affect the blood's ability to clot. When practical and safe to do so, and other care has been rendered, officers should make efforts to prevent hypothermia by:
 - 1. Limiting the removal of clothing to the extent necessary to provide care or identify injuries;
 - 2. Placing blankets or other suitable material over and under the patient to prevent heat loss.

IX. PATIENT MOVEMENT

Whenever it is safe to do so, medical personnel should be brought to victims to facilitate their ongoing care and movement. There may be conditions where it is either unsafe or impractical to do so. In these settings, officers may be required to move victims to a casualty collection point to facilitate access and evacuation by medical providers. Under these circumstances officers should:

- A. Identify a suitable casualty collection point based on security, proximity and access;
- B. Assure sufficient security to facilitate the victim movement;
- C. Utilize a suitable victim movement technique given available resources.

X. EQUIPMENT

- A. All equipment issued in the IFAK and used in SABA care must be approved by the medical director and the department.
- B. Field-expedient Tourniquets & Dressings – If there are a large number of victims or multiple injuries, there may be insufficient commercially manufactured supplies to render the needed aid. If a commercial tourniquet or dressing is not available, tourniquets or dressings may be improvised with the materials available and used for the interventions described in this policy.

XI. DOCUMENTATION

Any use of SABA should be documented in either the offense report or an after action report.

XII. EQUIPMENT REPLACEMENT

Department approved and issued equipment shall be replaced if the item(s) were used and documented appropriately. At the discretion of the department, equipment may also be replaced for expiration, wear, deterioration, or as deemed necessary by the department.