

ONBODY LOADOUT, FIRST MINUTES MANAGEMENT, AND EMS HANDOFF

What every patrol officer needs to carry and do for life threatening trauma until EMS arrives.



What This Guide Is (and Is Not)

Patrol often arrives **before EMS** at shootings, crashes, stabbings, and assaults. This guide gives **clear, practical steps** for patrol officers to manage life-threatening trauma with the gear on their body or in their car—until EMS takes over.

This guide will help you:

- Set up a **patrolready trauma loadout** (onbody and incar).
- Apply **simple MARCHbased priorities** that match your tactics.
- Communicate clearly with dispatch and EMS.
- Hand off casualties with better information.

What this guide **does not** do:

- It does not override your agency policy, TECC/TCCC guidance, or medical direction.
- It does not make you a paramedic.
- It does not cover every tactical scenario.

Use this guide with your agency's policies, training, and local medical protocols.

Threat, Mission, and Medical

Medical care is always balanced against:

- **Threat:** Is the scene secure, or are you under fire?
- **Mission:** What is your role—neutralize threat, rescue, hold perimeter, transport?
- **Resources:** Do you have enough officers, cover, gear, and time?

The order is:

Threat → Safety → Lifethreatening bleeding → Airway/Breathing → Everything else.

Care Under Threat vs. Out of Threat

Use your actual TECC/TCCC vocabulary if your agency has it; this guide uses plain terms.

Care Under Threat (Hot Zone / Direct Threat)

If you are still under direct threat (shots fired, suspect not secured, vehicle traffic uncontrolled):

- **Your priority is still the threat:** cover, return fire if authorized, move to safety.
- Medical actions are **limited and fast:**
 - Encourage selfaid or buddyaid.
 - Apply a tourniquet to **lifethreatening limb bleeding** if you can reach safely.
 - Drag/move casualties to cover if safe and consistent with tactics.

Do not perform prolonged interventions under active fire/ongoing threat.

Out of Direct Threat (Warm Zone / Indirect Threat)

Once the immediate threat is controlled or you are behind cover:

- Begin **systematic lifethreat management** (MARCHstyle):
 - **Massive hemorrhage**
 - **Airway**
 - **Respiration** (chest)
 - **Circulation** (shock)
 - **Hypothermia/Head**

Your job is to buy time, not do definitive care.

Radio and Dispatch Information

When requesting EMS or additional resources, include:

- Nature of incident (GSW, stabbing, MVC, fall, unknown).
- Number of patients and their conditions (e.g., "one critical, one walking wounded").
- Hazards (scene secure or not, road blocked, fire, hazmat).
- Staging instructions (where to send EMS and if they should stage).

Simple structure:

"Dispatch, [Unit], shots fired, 2 patients, 1 critical GSW to leg with heavy bleeding, scene not fully secure, stage EMS at [location] until cleared."



Patrol Trauma Loadout – OnBody and InCar

The goal: every officer can treat themselves, a partner, or a civilian with what they carry.

OnBody Loadout

Minimum recommended onbody:

- **Tourniquet(s):**
 - 1–2 commercial limb tourniquets, accessible with either hand.
 - Mounted on duty belt, vest front, or centerline.
- **IFAK (Individual First Aid Kit):**
Containing, at minimum:
 - Hemorrhage control: extra tourniquet, pressure dressing, gauze.
 - Gloves.
 - Marker (for tourniquet time, quick notes).

Placement tips:

- Can you reach your tourniquet with either hand, in the dark, under stress?
- Avoid burying critical items in back pockets or deep pouches.

InCar / Patrol Vehicle Kit

Vehiclebased kit supports:

- Multiple patients.
- Areas you can't carry everything on your body.

Suggested contents:

- Extra commercial tourniquets.
- Multiple pressure dressings and gauze rolls.
- Chest seals (vented preferred, if allowed by protocol & training).
- Hypothermia blanket.
- Extra gloves.
- Trauma shears.
- Additional basic firstaid items as per agency.

Store:

- In a clearly marked trauma bag.
- In a consistent location across fleet (e.g., trunk left side, back seat floor, cargo drawer).

OnBody Placement Diagram



TQ on belt or vest.

IFAK on supportside hip or vest.

Accessible with either hand.



MARCH Priorities for Patrol Officers

This is not a full class—**just the order of priorities.**

M: Massive Hemorrhage

Lifethreatening bleeding is your **first medical priority.**

Signs:

- Blood pooling on ground.
- Clothing or gear soaked with blood.
- Spurting/pulsing bleeding.
- Amputation or partial amputation.

Actions:

1. Expose the limb or area if possible.
2. If limb bleed and lifethreatening → **apply tourniquet:**
 - High and tight (above wound, not over joint).
 - Tighten until bleeding stops and no distal pulse.
 - Secure windlass; note time.
3. For junctional/torso wounds → pack with gauze (if trained) and hold firm **pressure.**

A/R: Airway & Respiration

Airway:

- If speaking clearly → airway is open.
- If unconscious and breathing → consider recovery position when tactically appropriate.
- If not breathing normally → follow your CPR/airway training and protocols.

Chest (Respiration):

Look for:

- Penetrating injuries to chest/upper abdomen/back.
- Difficulty breathing, sucking chest wound, short sentences.

Actions (per training/protocol):

- Apply occlusive dressing/chest seal to open chest wounds.
- Monitor for worsening breathing.
- Position of comfort if awake and breathing.

C/H: Circulation & Hypothermia/Head

Circulation:

- Continue to monitor for bleeding and signs of shock (pale, cool, weak, confused).
- Keep them lying flat if tolerated.

Hypothermia/Head:

- Even in warm weather, trauma patients lose heat quickly.
- Use blankets or coats to keep them warm.
- For suspected head injury, avoid unnecessary movement and monitor for changes.



SelfAid and BuddyAid

You may be the casualty.

SelfAid

- Know exactly where your tourniquet is and practice applying it to your own limbs (per training).
- Practice drawing and applying the tourniquet under stress (timed drills, low light, from awkward positions).
- Use cover and concealment; don't treat yourself in the open if shots are still being fired.

BuddyAid

- Have a clear expectation in your squad that everyone carries similar gear in similar places.
- Designate someone in the stack or team who has the most advanced medical training to coordinate casualty care when possible.
- Communicate quickly: "I've got TQ on his right leg, bleeding controlled," so others don't repeat actions.

Training and Sustainment

- **Regularly train on:**
 - Tourniquet application (self and buddy).
 - Wound packing and pressure.
 - Chest seal application.
 - MARCHstyle assessment and radio calls.
- **Integrate medical tasks into:**
 - Active threat / ALERRTstyle training.
 - Highrisk stop scenarios.
 - Officerdown drills.

Talk with EMS and local hospitals to align expectations and improve handoffs.



Documentation That Helps EMS & the Hospital

Key Facts to Capture

Try to note:

- **Mechanism:**
 - Shotgun vs rifle vs handgun; distance (if known).
 - MVC, fall, crush, etc.
- **Interventions:**
 - Tourniquet(s): where placed, time applied.
 - Dressings: where, packed vs not.
 - Chest seals: where, when.
- **Changes:**
 - Did they lose consciousness?
 - Did breathing change?
 - Did bleeding slow/stop?

Officer Handoff Script

When EMS arrives, give a concise handoff:

“This is [name], [age approx.], [male/female]. He/she was [shot / stabbed / in a crash / etc.]. I found [major bleeding / not breathing / chest wound]. I applied [tourniquet to R leg at 14:32, chest seal front left chest, pressure dressing to left arm]. Since then, they have been [conscious/unconscious], breathing [status].”

If multiple officers worked on the same patient, pick one to give the handoff to avoid confusion.

Disclaimer

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In any incident, always:

- Follow your agency's use of force, safety, and medical policies.
- Follow your training and local protocols.
- Follow the instructions of medical control and EMS when they arrive.
- Obey all applicable laws and regulations.

Use the information in this guide at your own risk.

Learn More

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PATROL OFFICER TRAUMA GUIDE

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CASUALTY QUICK NOTE CARD

Date: _____ Time: _____

Location: _____

Mechanism (mark):

GSW Stab MVC Fall Blast Other: _____

Tourniquet(s):

- Location: _____ Time: _____
- Location: _____ Time: _____

Dressings / Packing:

- Where: _____

Chest Seals:

- Front / Back / Left / Right: _____ Time: _____

Mental status changes: _____

Additional notes: _____

Hand this card to EMS with the patient if possible.

PATROL MEDICAL RADIO CHEAT SHEET

When calling in a trauma:

- 1 Type of incident:**
"GSW / stabbing / rollover / fall / unknown."
- 2 Number and severity of patients:**
"__ patients:
 critical serious walking wounded."
- 3 Threat/scene status:**
"Scene secure / not secure / still evolving."
- 4 Life threats:**
"Heavy bleeding / not breathing / chest wound / trapped."
- 5 Staging instructions:**
"Stage EMS at _____ until cleared."

