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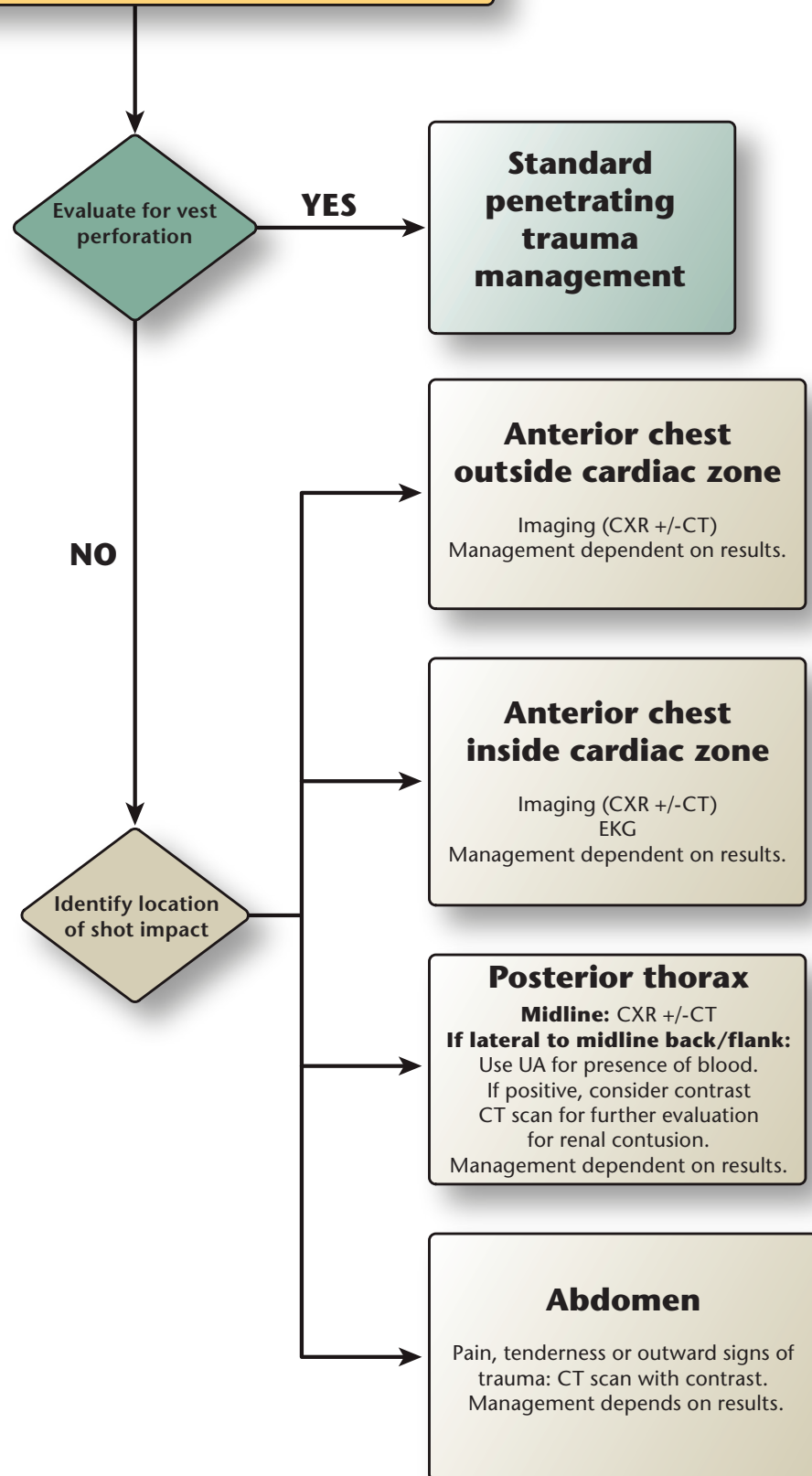
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Behind Armor Trauma Sustained

- 1) Standard ATLS® is priority
- 2) Transport to nearest Emergency Department or Trauma Center
- 3) Vest accompanies officer to hospital if possible



BEHIND THE BADGE

Management Guidelines for Impacts to Body Armor

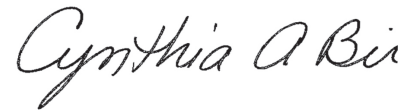


To The Law Enforcement Community

The benefits of wearing body armor are well-recognized. Of approximately 1,200 officers killed in the line of duty since 1980, it is estimated that more than 30% could have been saved by body armor. In addition, the risk of dying from gunfire is fourteen times higher for an officer not wearing a vest. Even if an officer is wearing body armor, there is still a risk of injury and each incident should be properly assessed.

Over the past several years, an interdisciplinary review panel reviewed the specifics of officers who have sustained behind armor blunt trauma (BABT). Funded by the National Institute of Justice, this panel identified some key findings including the need to establish routine medical care when an incident has occurred. As part of this finding, a medical sub-committee meeting was convened and specific guidelines for the care of an officer sustaining BABT have been developed. The procedures outlined in the current document should serve as guidelines; clinical judgment always takes priority.

It is the intention of the medical sub-committee to make these guidelines a living document. As new information and cases become available, these guidelines will be updated and disseminated to the larger medical community. Respectfully submitted for the health and safety of those who put their lives on the line for the public good-



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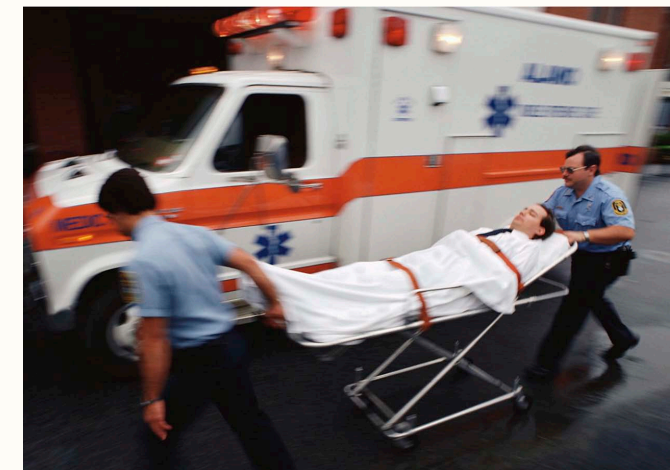
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EVALUATION OF LAW ENFORCEMENT OFFICERS SHOT WHILE WEARING PERSONAL BODY ARMOR

All officers shot while wearing personal body armor should be transported to an emergency department or trauma center, when available. The vest should accompany the officer since it is critical in understanding the officer's potential injuries.

All medical personnel should utilize Advanced Trauma Life Support (ATLS®) recommendations in the evaluation and management of these patients. The following is a suggested course of evaluation based on experience and the limited scientific data associated with behind armor blunt trauma. Clinician judgment should always take priority and trauma upgrade should be considered when necessary.

When stable, the treating physician should evaluate the **VEST** for the location of the shot(s) and if the shot(s) perforated or penetrated the **VEST**.



¹ATLS ® is a product of the American College of Surgeons Committee on Trauma

1. **Perforation**- i.e., the shot went all the way through the vest.
2. **Penetration**- i.e., the shot went into the vest and was stopped.

Evaluate for injury underneath the vest. Workup should be commensurate with relating "at risk" underlying anatomy as follows:

1. **Anterior chest**- Imaging (chest X-ray and/or chest CT)
2. **Anterior chest over cardiac zone**- Above imaging and evaluate for blunt cardiac injury via EKG. (according to ATLS cardiac enzymes are not necessary)
3. **Posterior thorax**-
 - a. If tender in midline appropriate regional spinal imaging should be obtained.
 - b. If tender lateral to midline back and/or flank- consider CT abdomen/pelvis for evaluation of appropriate retroperitoneal structures
 - c. If tender upper posterior thorax- chest X-ray
4. **Abdomen**- Clinical clearance if no outward signs of trauma or pain. If outward signs of trauma or abdominal pain/tenderness exist, then consider a CT of the abdomen with IV contrast to rule out associated intra-abdominal injury. Ensure referrals for psychological assistance.

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