



ERASMUS+ PROJECT FIRST-TAC
Development of Joint Curriculum for First Responders
on the Use of Force and First Aid Tactical Procedures

Handbook

TRAINING ON THE USE OF FORCE
AND BASICS OF TACTICAL MEDICINE
for first responding
police officers

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Content

Content	2
Introduction	4
About the Handbook	6
About the curriculum and its didactical background	7
Curriculum TRAINING ON THE USE OF FORCE AND BASICS OF TACTICAL MEDICINE for first responding police officers	11
Aim of the training.....	12
Requirements.....	12
Training learning outcomes.....	14
Learning Strategy.....	14
Assessment strategy.....	15
Training risk analysis.....	16
Training evaluation.....	16
Curriculum Structure	17
Topic learning outcomes, Learning/Teaching methods and Resources	22
Topic plans TRAINING ON THE USE OF FORCE AND BASICS OF TACTICAL MEDICINE for first responding police officers	29
About topic plans.....	30
Learning material TRAINING ON THE USE OF FORCE AND BASICS OF TACTICAL MEDICINE for first responding police officers	92
About the learning material.....	93
GENERAL PRINCIPLES GOVERNING THE USE OF FORCE	94
USE OF FORCE CONTINUUM.....	97
DEALING WITH THE COOPERATIVE PERSON.....	98
Distance management/positioning.....	98
DEALING WITH THE PERSON WHO IS NOT FOLLOWING ORDERS.....	110
USE OF COERCIVE MEASURES IN OVERCOMING PASSIVE LEVEL OF RESISTANCE.....	112
USE OF FORCE IN OVERCOMING ACTIVE LEVEL OF RESISTANCE	116
DEALING WITH THE THREATENING PERSON.....	121
GIVING COMMAND AND DE-ESCALATION TECHNIQUES	129
Invest efforts and try to use non-physical tactics such as dialogue, negotiation and conflict resolution techniques.....	130
Common phrases when dealing with complying, cooperative person.....	131
Common phrases when dealing with the person who is not following orders.....	131

Common phrases when curbing active level of resistance	131
Common phrases when dealing with the threatening person.....	132
Useful phrases when clearing rooms	132
ENTERING ROOMS	134
ADDITIONAL SUPPORTIVE MATERIAL.....	144
SITUATIONAL AWARENESS RISK INDICATORS COORDINATION IN TEAMS	144
BODY SEARCH	151
USE OF THE HANDCUFFS.....	157
ESCORT TECHNIQUES.....	163
BASIC LIFE SUPPORT	167
PAEDIATRIC BASIC LIFE SUPPORT	175
FOREIGN BODY AIRWAY OBSTRUCTION.....	179
FOREIGN BODY AIRWAY OBSTRUCTION IN A CHILD	180
HYPOTHERMIA.....	185
FIRST RESPONDERS TACTICAL MEDICINE.....	187

Introduction

First responding police officers cover all lines of police work – from assisting in emergencies, responding to burglaries, domestic violence cases or violation of public order – and their actions have to be planned and implemented almost instantly, regardless of the incident, disaster, attack or crime. On top of everything, their conduct is often under the public eye. All that puts a lot of pressure on their daily job and requires well-practiced skills and sharpness.

However, these categories of police officers have the least educational opportunities after the basic training, and their later trainings take place mostly in-house, on the job – which is why they differ quite a bit on national level, and even more so on the EU level.

The Erasmus+ FIRST-TAC project aimed to standardize these trainings and, consequently, improve and harmonize the conduct of first responders in partner countries. Its goal was to develop an international training concept for enhancing skills of first responders through interactive learning. The learning outcomes and the content of the training curriculum, as well as the learning strategy was jointly selected to meet the demands that policing in a changing, global environment brings to police officers.

The first step was to compare national curricula regarding the annual trainings on the use of force and basics of tactical medicine for the first responding police officers in order to find common ground and harmonize training curricula to the maximal possible extent.

It was not an easy task, especially when it came to choosing the specific techniques in the use of force, which differ from country to country. Therefore, it was important to go back to the core principles in the use of force and start developing from there. The principles of legality, necessity and proportionality are common to all modern police systems. Furthermore, the use of force in police operations is mainly governed by the international human rights law, with which the national laws are aligned. Rather than insisting on certain techniques, project experts build the programme around the use of force continuum, focusing on aligning the specifics of police officers' actions to the level of threat and specifics of suspects' behaviour.

Regarding the basics of tactical medicine, the starting point were the International Liaison Committee on Resuscitation (ILCOR) 2020 Consensus on Science and Treatment Recommendations for BLS, as well as the tactical combat casualty care and tactical field care guidelines. Even though the time dedicated to the basics of tactical medicine is very limited in this curriculum, experts agreed that it would function very well in the context of annual refreshments – giving learners a chance to practice regularly and prepare themselves better for the challenges of everyday policing.

In this Handbook, interested trainer will find the results of this joint effort: the new curriculum, detailed topic plans and methodical recommendations, as well as the learning material for learners, with quizzes for (self) assessment within every topic.

FIRST-TAC project team believes that this Handbook has the potential to be a powerful tool in enabling police officers to gain skills, knowledge and personal characteristics necessary for successful work in global European society. This standardisation and harmonization is especially important today, when the skills and knowledge of police officers need constant adjustment to the demands from the field. Development of the curriculum and manual and its integration into education process of project partners also ensures the development of institutional partnerships of all project partner institutions. According to the Council recommendation (EU) 2022/915 of 9 June 2022 on operational law enforcement cooperation, effective cross-border operational law enforcement cooperation necessitates moving towards a common EU law enforcement culture. This project is a step in the same direction.

About the Handbook

This Handbook is developed for the trainers in the use of force and the basics of tactical medicine. The idea was to create a comprehensive package with everything that a trainer needs in order to plan and implement a training in the mentioned two areas.

It consists of three parts. The first part includes the curriculum itself, along with clarifications and recommendations related to its implementation. In the second part, trainers will find detailed topic plans, with possible solutions for specific teaching units, which include learning outcomes, learning content, learning methods, description of training environment and facilities, as well as the training equipment and the duration of the unit. The second part includes three simulation exercises as well. They should be seen as formative assessment of sort, through which both trainers and learners can assess the progress made. That is why the exercises include marking rubrics as well, with no pass or fail recommendations, but with critical mistakes clearly stated. The third part compiles learning material. It is recommended to be introduced to the learners prior to the practical part of the training, as it covers theoretical introduction to the training topics. It can easily be translated to the PowerPoint presentations and quizzes, such as in this e-learning virtual classroom: <https://e-obrazovanje.fkz.hr/course/view.php?id=1172>.

It should be mentioned that all the topic plans, simulation exercises, and learning material are just a recommendation, and trainers can and should adapt it to their learners and/or teaching preferences. With the material in this Handbook, and with their own knowledge and experience, trainers will be able to plan and implement a learner-centred training focused on reaching learning outcomes.

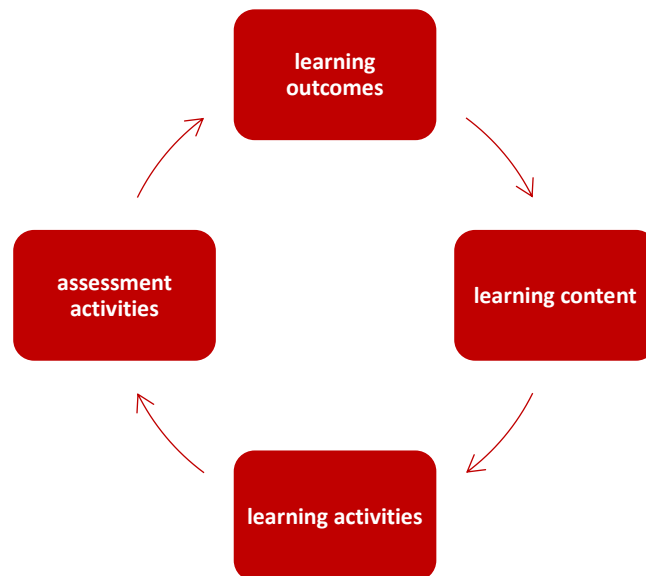
About the curriculum and its didactical background

As you will see in the curriculum *Training on the Use of Force and Basics of Tactical Medicine for First Responding Police Officers*, the training is designed on these basic principles:

- blended learning strategy
- learner-centred teaching and active teaching methods
- progression of learning – learners tackle theory first, then exercise techniques and tactics from simpler to more complex ones, and finally implement everything in scenario-based simulations
- formative assessment, i.e. individual and group feedback, without pass/fail assessments.

Details regarding the implementation of the training according to the curriculum will be explained in the curriculum itself. Here we would like to tackle shortly the didactical side of it, in order to remind trainers of the basics of teaching.

When planning a training – or even a single teaching unit – it is important to begin at the end, with the following question in mind: what is it that learners need to know or be able to do after the training (or class)? Learning outcome(s) is a starting point of every planning. It affects all other elements of teaching: the choice of learning content, learning/teaching activities, and assessment activities. All elements should be properly aligned, as it is not possible to learn a skill by just reading about it.



In this training, experts identified two types of learning outcomes: smaller number of them related to the theoretical knowledge and majority related to the skills learners need to acquire. While theoretical knowledge requires one type of learning/teaching activities – e.g. presentation – skills ask for practical exercises. Similarly, while theoretical knowledge requires one type of assessment activities – e.g. multiple choice question quizzes – skills can be assessed only through learners’ performance in a practical assessment.

Since the focus of this training is on learning/improving skills, experts decided to cover theoretical base through pre-study package, in order to save time during the practical part of the training. Pre-study package is to be delivered in a form of blended-learning, through the virtual classroom on e-learning system: <https://e-obrazovanje.fkz.hr/course/view.php?id=1172>. It includes learning material, mostly in a form of PowerPoint presentations and videos, as well as the multiple choice question quizzes for (self) assessment.

Regarding the practical part of the training, learning activities are organized mostly through the three learning methods: demonstration, role play and simulation. Therefore, the mentioned methods will be briefly presented below.

Demonstration is the method of choice for learning skills. It has direct and visible effects and provides opportunity for immediate feedback. Within this training, trainers are expected to follow “tell, show, do” approach, which means to:

- **Tell** the learners what he/she is going to show and explains the context – importance of it, key points...
- **Show** the learners – e.g. by demonstrating or with instructional video
- Enable the learners to **do** – practice what was shown while monitored by the trainer.

It is of utmost importance to have in mind that “tell” and “show” without “do” treats learners as passive observers. Without “do”, trainer and/or learners might think learners have grasped the content when they actually haven’t. Furthermore, every learner has to have the opportunity to practice – as much as needed until the planned level of performance is achieved.

When organizing demonstration exercises, trainers may want to follow these tips:

- Show more complex procedures first in slow motion, i.e. broken down into elements, and then at a normal pace.
- Explain while they demonstrate.
- Make sure that every learner can see their demonstration – arrange them appropriately.
- While repeating the procedure, learners should be encouraged to explain it along the way – that way they will remember it better.
- Always correct the irregular performance of learners, but in a positive tone. It is best to focus on the correct action and not on the mistake.

Role play is a method through which professional communication can be practiced in different forms – negotiation, persuasion, de-escalation... Therefore, it helps learners to better understand interpersonal relationships, better predict behaviour of other people, and improve their decision-making skills.

When organizing a role-play exercise, trainers should have in mind the following:

- All learners have to be actively included – even if they only observe. Therefore trainers in this training implement such exercises in smaller groups, which act simultaneously in different parts of the gym.
- Observers have to have specific tasks – for example, to observe body language, or professional communication, or safety issues...
- Trainer does not interrupt the performance if possible.
- Feedback is of key importance – it must be given enough time and effort.

Simulation is a similar method, but it typically includes props and tries to mock the real situation as much as possible. While role play focuses on the interaction between participants, simulation helps them address particular situation. Furthermore, while role plays assume that participants take on different characters (roles), in simulations they generally act as themselves (i.e. police officers) in a fictionalized context.



Important note: Simulation is not a game. Therefore, stick to the learning outcomes! Do not try to add intensity to the exercise just for the sake of being more amusing or fun for the learners.

Simulation is chosen as a learning method because it enables development of professional knowledge and skills and improves decision-making skills, without unnecessary risk. For the implementation of simulation, the key is to have solid, credible scenario and a clear vision of what is to be achieved with it – i.e. what are the learning outcomes. Each simulation exercise has the same structure:

- Trainers introduce the scenario, brief the learners on their tasks, state the aims and outcomes of the exercise
- Learners perform the scenario, preferably without the interruptions from trainers
- Trainers give thorough feedback.

All three methods have one thing in common – they have **feedback** as integral part of the

exercise. Therefore, it is of utmost importance to emphasize the key points regarding the feedback:

- Feedback is a valuable tool in raising and maintaining performance standards.
- Feedback is an integral part of the learning process; in fact it is when most of the learning takes place.
- Feedback facilitates self-reflection on concrete experience, and therefore improves learning.
- Feedback supports learners to understand what is to be done and how to improve their performance.
- Feedback is a gift, not criticism. And trainers should make that clear with their learners.
- Feedback should be given with respect.

Trainers should focus on key points of learners' performance (i.e. they should have learning outcomes in mind) and provide valid and well-reasoned opinions. They need to include both positive and negative comments, and deliver them in a friendly manner rather than the oppositional one.

When giving feedback, it is wise to:

- Reflect on your intentions – what do you want to achieve and why
- Reflect on your own emotional and cognitive state and calm down if necessary
- Appreciate the person first – strengthen the personal relationship and create the right environment
- Be specific
- Be open and offer suggestions
- Criticize a behaviour, not a person
- Give the learners voice as well, let them talk about their opinions on their performance.



To be considered when planning this training

- ✓ What is it that I want the learners to take away from the training?
- ✓ How will I ensure that all of the learners are actively participating in the training?
- ✓ How will I create a positive and engaging learning environment?
- ✓ How will I show the learners that their opinion matter? How can I show them that I respect them as adult learners, with significant prior knowledge and experience?
- ✓ How will I assess whether the learners have achieved the learning outcomes?
- ✓ Have I prepared all that I need to implement the curriculum successfully? Do I have all the equipment and enough human

Curriculum
**TRAINING ON THE USE OF FORCE
AND BASICS OF TACTICAL MEDICINE**
**for first responding
police officers**

Title of the learning programme	Training on the Use of Force and Basics of Tactical Medicine for First Responding Uniformed Police Officers
European Qualifications Framework Level	Level 4
Duration of learning	48 learning hours
Learning programme group	Internal Security Public Security Security and defence

Aim of the training

The training is focused on knowledge and skills improvement of first responding uniformed police officers regarding the use of force in performance of everyday tasks – inspections of persons and interiors – as well as building up capacity in providing first aid to different sorts of injuries. The training covers de-escalation techniques as well.

The aim of the training is to ensure that coercive measures are used efficiently and proportionally, under pressure proportionate to the threat, as a last resort, in accordance with EU standards and fundamental rights. Furthermore, the aim is to ensure that first aid assistance is given in accordance with TCCC and TECC guidelines. The training, therefore, includes specific tactics and techniques agreed as good practices by all project partners.

Requirements

Time: 48 hours overall

- **1 hour for the general part of the training**
- **8 hours of online independent learning** prior to the contact phase – 4 hours within the use of force unit, and 4 hours within the tactical medicine unit (via e-learning system)
- **38 hours of face to face learning** – 24 hours within the use of force unit, 8 hours within the tactical medicine unit, and 8 hours dedicated to both units at the same time
- **1 hour for training evaluation**

Learners: 24 (1 class)

Instructors: 2 tactics instructors, 2 techniques instructors, 2 first aid instructors

Resources:

- 1 PC or laptop with beamer,
- Internet access,
- 24 belts with pistol holsters, magazine pouches and rubber pistols; 24 handcuffs; 24 pepper sprays...
- 24 radio communication devices
- 48 modular bandages, 48 tourniquets, 100 compressed gauze
- 24 nasopharyngeal tube

- 1 Act fast rescue choking vest
- 1 package hygienic mask
- 24 chest seals
- 100 space blankets
- lubricant
- markers
- disinfection liquid
- 6 CPR adult mannequins
- 2 packages CPR foil
- 24 scissors
- 1 nasopharyngeal tube simulator
- 6 AED
- 24 IFAK pouches
- 6 soft stretchers
- fake wounds
- fake blood
- 2 packs of gloves

Location: classroom, gym with tatami, interiors and exteriors for situational exercises

Target group and entry requirements:

- First responding uniformed police officers
- Basic knowledge and skills regarding the use of force and first aid. Learners are expected to have prior basic understanding of principles in the use of force according to the national laws and EU standards, with full respect of fundamental rights principles, as well as basic skills in using force according to the principles of necessity, proportionality and precaution. They are also expected to have prior basic knowledge of BLS and CPR.

Training learning outcomes

On completion of this training, learners will be able to:
LO1: outline basic principles related to the use of force during the performance of everyday police tasks, regarding the fact that it is the last resort, when all other non-physical means have been considered or exhausted
LO2: apply methods and techniques of self-defence and use of force, alone and as a member of patrol, in accordance with safety regulations and principle of necessity, proportionality and precaution
LO3: perform in accordance with established tactical procedures during the performance of everyday police tasks – inspection of people and interiors
LO4: outline basic principles of TCCC and TECC guidelines
LO5: provide first aid to injured persons – oneself, colleague, victim, bystander or suspect – in accordance with TCCC and TECC guidelines
LO6: take responsibility for applying basic methods and techniques in the use of force and providing first aid, alone and as a member of team

Learning Strategy

The training is focused mainly on skills improvement regarding the use of force in performance of everyday tasks – inspections of persons and interiors – as well as building up capacity in providing first aid to different sorts of injuries. Learners are expected to have basic knowledge in both targeted areas – use of force and first aid. The training covers theoretical and practical aspects of both training areas – use of force and basics of tactical medicine. That is why online independent learning is envisaged – to provide refreshment of the theoretical knowledge and serve as a starting point for practical learning. Therefore, there are three main points regarding the learning strategy:

- 1 The training is organized as a blended learning – combining online and face-to-face learning. Online learning takes place before the face-to-face training, and covers the theoretical base regarding the use of force and TCCC and TECC guidelines. Face-to-face learning consists mostly of exercises and real-life scenario-based simulations.
- 2 The training is organized with the learner-centred approach – instructors’ role is to facilitate the learning and help learners achieve learning outcomes. This means that feedback is continuous, individual and group, and that the learning process is steered according to the achievement of learners. For example, face-to-face learning can and will be modified according to the results of online learning – if the learners show weaker results in online assessment at the end of online phase, exercises in face-to-face phase will begin with short theoretical lectures.
- 3 The training is organized in a way that there is a progression of learning – learners tackle theory first, than exercise techniques and tactics, and finally implement everything in scenario-based simulations.

This approach will ensure that learners achieve the required competence for performing tasks as patrol members.

Chosen training methods include individual and group work, short lectures and presentations, discussions, practical exercises, demonstration, role play, simulation).

Learners are expected to actively take part in the discussion and practical exercises. The trainers support the learners to explore and integrate the concepts related to the training and also steering the process and encourage debate.

Assessment strategy

The training assessment strategy is designed to support learners in reaching learning outcomes. It is based mostly on formative assessment, i.e. individual and group feedback. Even though there are no pass/fail assessments, instructors have an obligation to point out the critical mistakes clearly, and provide suggestions for the correct course of action.

Assessments measure the achievement in each step of the learning process, and are aligned with the learning outcomes. This means that the online learning, which covers mostly theoretical knowledge, is assessed with multiple-choice questions, while the skills are assessed in practical exercises. Multiple-choice questions are composed in such a way that they assess the application of theoretical knowledge, and practical exercises are created in a way to assess situational implementation of knowledge and skills.

Each day of the training is ended with a wrap-up session, with the summary of the topics covered and comprehensive group feedback regarding the learners' performance. This is the opportunity for pointing out the critical mistakes (if any) once again.

The last, fifth day of the training is dedicated to the scenario-based exercises, which are in fact summative assessment of learners' achievements throughout the training, and they cover both units – use of force and tactical medicine.

For the exercises, rubrics are created, in order to assess whether the learners have achieved learning outcomes in key areas. Feedback is provided throughout the course to ensure continuous progress and general critical standards are established.

Assessment structure of the training

Assessment	Unit	When	Method	Weight
Theoretical	Use of Force	Online independent learning	Online multiple choice test	Pass 80% correct answers / fail (two re-assessments)
	Basics of Tactical Medicine	Online independent learning	Online multiple choice test	Pass 80% correct answers / fail (two re-assessments)
Practical: Scenario 1	Use of Force	Day 5 of practical training – morning session	Practical exercise – non-complex scenario simulation	Correct actions / critical mistakes

	Basics of Tactical Medicine	Day 5 of practical training – morning session	Practical exercise – non-complex scenario simulation	Correct actions / critical mistakes
Practical: Scenario 2	Use of Force	Day 5 of practical training – morning session	Practical exercise – complex scenario simulation	Correct actions / critical mistakes
	Basics of Tactical Medicine	Day 5 of practical training – morning session	Practical exercise – complex scenario simulation	Correct actions / critical mistakes
Practical: Scenario 3	Use of Force	Day 5 of practical training – afternoon session	Practical exercise – complex scenario simulation	Correct actions / critical mistakes
	Basics of Tactical Medicine	Day 5 of practical training – afternoon session	Practical exercise – complex scenario simulation	Correct actions / critical mistakes

Training risk analysis

The goal of training risk analysis is to evaluate and mitigate training risks, that is to ensure the safety and health of training participants in every aspect related to attending training. The risk analysis for training is prepared by the activity leader (lecturer/instructor/trainer). The risk analysis should contain an assessment of the level of danger that may arise during the training and the measures that need to be introduced to protect the health and safety of the trainees and other actors involved in the training.

All training providers are authorized to implement security measures in order to avoid or reduce the risk of endangering the life, health and property of training participants, employees of the institution where the training is carried out, and third parties inside and outside the premises where the training is carried out.

In cases where the elimination of risks is not possible in practice, it is necessary to reduce the risks and control the remaining risks, so that at a later stage these remaining risks are re-evaluated within the framework of the verification program and the possibility of eliminating the risks is considered in view of new findings.

Training evaluation

The development process of the “Training on the use of force and basics of tactical medicine for first responding uniformed police officers” curriculum consists of four phases: analysis, development/updating, implementation and evaluation. After the implementation of the training program, the evaluation of the teaching process is started. Based on the results of the evaluation, a comprehensive analysis is undertaken, and after the analysis is completed, and if necessary, the curriculum is ready to be updated. The assessment should show whether the trained participants

achieved the training learning outcomes. In this regard, the evaluation phase is expected to provide constructive feedback on the effectiveness of the training and thereby create a basis for further improvement of the training. Feedback is collected immediately after the end of the training, and subsequently, if necessary, after the learners spend a certain amount of time at their workplace performing tasks related to the training in question.

The evaluation of the training will be carried out through evaluation questionnaires for learners and trainers.

Curriculum Structure

TRAINING PLAN			NO. OF LEARNING HOURS
I	General part of the training		1
II	Independent learning prior to the training (via e-learning)		8
	1.	Use of Force	4
	2.	Basics of Tactical Medicine	4
III	Contact learning during the training		38
	Day 1-3	Use of Force	23
	Day 4	Basics of Tactical Medicine	8
	Day 5	Use of Force and Basics of Tactical Medicine – assessment simulations	7
IV	Day 5	Training evaluation	1
In total:			48

GENERAL PART OF THE TRAINING			NO. OF LEARNING HOURS
1.	INTRODUCTION TO TRAINING		1
	1.1.	Administration	
	1.2.	Presentation of the program, goals, business competencies, lecture schedule and persons leading the training	
	1.3.	Equipping participants with a training plan	
	1.4.	Training structure	
	1.5.	Rules of interaction of the persons involved in the implementation of the subject training	
In total:			1

INDEPENDENT LEARNING PRIOR TO THE TRAINING (VIA E-LEARNING)			NO. OF LEARNING HOURS
Unit 1	USE OF FORCE		4
	Topic 1.1.	Core principles in the use of force	1

	Content 1.1.1.	Principles in the use of force according to the national laws and EU standards, with full respect of fundamental rights principles	
Topic 1.2.	Progressive sequences/use of force continuum		1
	Content 1.2.1.	Progressive sequence/use of force continuum according to the level of threat. Components of situational awareness. Risk indicators during the intervention. Principles of effective coordination in patrol unit	
Topic 1.3.	Giving command/de-escalation techniques		1
	Content 1.3.1.	Basic commands (verbal and nonverbal) regarding the use of force	
	Content 1.3.2.	Proper command according to the level of threat	
	Content 1.3.3.	Steps in deescalating process	
Topic 1.4.	Entering rooms		1
	Content 1.4.1.	Risk assessment/potential threats and vulnerabilities. Types of facilities and their characteristics. Handling the angles and obstacles. Areas of fatal funnel and immediate threat	
	Content 1.4.2.	Movement formations and communication. Rules of avoiding friendly fire	
	Content 1.4.3.	Entry and clearing techniques	
Unit 2	BASICS OF TACTICAL MEDICINE		4
Topic 2.1.	Basic Life Support (BLS)		1
	Content 2.1.1.	Sequence of implementation of basic life support measures	
	Content 2.1.2.	Purpose and advantages of the use of AED	
	Content 2.1.3.	Algorithm of paediatric basic life support	
Topic 2.2.	Foreign body airway obstruction		0.5
	Content 2.2.1.	Airway obstruction caused by a foreign body in three age categories	
	Content 2.2.2.	Algorithm in dealing with airway obstruction in three age categories	
	Content 2.2.3.	Belly pressure	
Topic 2.3.	Hypothermia		0.5
	Content 2.3.1.	Causes and symptoms of hypothermia in adults and infants	
	Content 2.3.2.	Factors increasing the risk of hypothermia	
	Content 2.3.3.	Steps in preventing hypothermia	
Topic 2.4.	First Responders Tactical Medicine		2

	Content 2.4.1.	Proceedings in 3 threat zones of TCCC	
	Content 2.4.2.	MARCH algorithm	
In total:			8

CONTACT LEARNING DURING THE TRAINING			NO. OF LEARNING HOURS
Unit 1	USE OF FORCE		23
	Day 1 Topic 1.1.	Dealing with the cooperative person	2
	Content 1.1.1.	Distance management/positioning	
	Content 1.1.2.	Effective communication with the cooperative person(s)	
	Content 1.1.3.	Controlling/escorting techniques	
	Day 1 Topic 1.2.	Handling the duty belt equipment	2
	Content 1.2.1.	Positioning of the equipment on the duty belt	
	Content 1.2.2.	Selecting and preparing to use appropriate equipment	
	Content 1.2.3.	Basic movements and manoeuvring with different equipment from duty belt	
	Day 1 Topic 1.3.	Handcuffing	1
	Content 1.3.1.	Handcuffing in standing position (using vertical barriers and in open spaces)	
	Content 1.3.2.	Handcuffing in lying position	
	Day 1 Topic 1.4.	Body search	1
	Content 1.4.1.	Body search in standing position	
	Content 1.4.2.	Body search in lying position	
	Day 1 Topic 1.5.	Dealing with the person who is not following the orders (non-compliant person) and is breaking the distance (jeopardizing safety zone of the officer)	1
	Content 1.5.1.	Specifics of communication with the person who is not following the orders. Dealing with the person who is breaking the distance and jeopardising the safety of the officer. Defence from pushes, grabs and grips.	
	Day 1	Wrap-up Day 1	1

Day 2 Topic 2.1.	Use of coercive measures in curbing passive-defensive level of resistance – overcoming passive resistance with physical strength		2
	Content 1.6.1.	Types of passive resistance	
	Content 1.6.2.	Techniques for overcoming passive resistance of a person who is in standing, sitting, lying positions – individually and in team	
Day 2 Topic 2.2.	Use of coercive measures in curbing active level of resistance		5
	Content 1.7.1.	Types of active level of resistance (tightening hands, pushing officer away, pulls back while avoiding detention)	
	Content 1.7.2.	Techniques for overcoming active level of resistance of a person who is in standing, sitting, lying positions and is actively trying to avoid detention – individually and in team	
Day 2	Wrap-up Day 2		1
Day 3 Topic 3.1.	Dealing with threatening person (verbally aggressive or in possession of dangerous object)		3
	Content 1.8.1.	Risk factors and risk indicators during interventions – warning signs of possible attack – or escalating towards physical violence	
	Content 1.8.2.	Identification of dangerous items which could be used by person – situational factors and officer’s perception	
	Content 1.8.3.	Team coordination and division of the roles. Repositioning of officers, giving commands and de-escalation techniques (gradation). Detention of the verbally aggressive person or a person in possession of dangerous object person. Handling of dangerous items during the intervention (while ensuring safety on the scene)	
Day 3 Topic 3.2.	Entering rooms and buildings safely and effectively in low to medium level of threat (including abandoned buildings and low light conditions)		3
	Content 1.9.1.	Risk assessment/potential treats and vulnerabilities. Types of facilities and their characteristics. (Hiding/ambush individual concept) Techniques for gradual and cautious observation around a corner, uncleared area and other obstacles. (Concept of threat angles, areas of fatal funnel and immediate treat)	
	Content 1.9.2.	Movement formations and communication. Tactical progression basic principles (moving through stairs and corridors). Rules of avoiding friendly fire	

	Content 1.9.3.	Entry techniques in various situations related to low and medium level of threat during intervention	
	Content 1.9.4.	Clearing techniques in various situations related to low and medium level of threat during intervention	
	Day 3	Wrap-up Day 3	1
Unit 2	BASICS OF TACTICAL MEDICINE		8
	Day 4 Topic 4.1.	Basic Life Support (BLS)	1
	Content 2.1.1.	Life-saving interventions and CPR technique (opening airway, chest compressions, ventilation with or without AED)	
	Content 2.1.2.	Foreign body airway obstruction – Algorithm in dealing with choking (basic treatment, back blows, belly pressure)	
	Day 4 Topic 4.2.	Massive bleeding	3
	Content 2.2.1.	Types of haemorrhages and procedures	
	Content 2.2.2.	Use of tourniquets – self applications and applications for other person	
	Content 2.2.3.	Wound packing with haemostatic dressing or compressed gauze	
	Day 4 Topic 4.3.	Respiration	1
	Content 2.3.1.	Thoracic wounds	
	Content 2.3.2.	Valve and improvised dressings	
	Content 2.3.3.	Early hypothermia prevention	
	Day 4 Topic 4.4.	MARCH-E protocol for trauma injured person	2
	Content 2.4.1.	Blood sweep/head-to-toe assessment	
	Content 2.2.4.	Use of modular bandage	
	Content 2.4.3.	Methods of evacuation of injured person	
	Day 4	Wrap-up Day 4	1
Unit 3	USE OF FORCE AND BASICS OF TACTICAL MEDICINE		7
	Day 5 Assessment 1	Scenario 1	2
	Day 5 Assessment 2	Scenario 2	2
	Day 5 Assessment 3	Scenario 3	2
	Day 5	Wrap-up Day 5	1
In total:			38

EVALUATION OF TRAINING			NO. OF LEARNING HOURS
1.	EVALUATION OF TRAINING		1
	1.1.	Evaluation of the training by the learners	
	1.2.	Evaluation of the curriculum by the trainers	
In total:			1

Topic learning outcomes, Learning/Teaching methods and Resources

INDEPENDENT LEARNING PRIOR TO THE TRAINING (VIA E-LEARNING)

UNIT 1	USE OF FORCE	
Topic 1	CORE PRINCIPLES IN THE USE OF FORCE	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Identify principles in the use of force according to the national laws and EU standards, with full respect of fundamental rights principles
Learning/Teaching methods	Online Individual learning – reading, watching	
Resources	PPT, reading material	

UNIT 1	USE OF FORCE	
Topic 2	PROGRESSIVE SEQUENCES/USE OF FORCE CONTINUUM	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Describe progressive sequence/use of force continuum according to the level of threat
	LO2:	Describe main components of situational awareness
	LO3:	List main risk indicators during the intervention
	LO4:	Describe main principles of effective coordination in patrol unit
Learning/Teaching methods	Online Individual learning – reading, watching	
Resources	PPT, reading material, videos	

UNIT 1	USE OF FORCE	
Topic 3	GIVING COMMAND/DE-ESCALATION TECHNIQUES	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	List basic commands (verbal and nonverbal) regarding the use of force
	LO2:	Select the proper command according to the level of threat
	LO3:	List steps in deescalating process
Learning/Teaching methods	Online Individual learning – reading, watching	
Resources	PPT, reading material with photos, videos	

UNIT 1	USE OF FORCE
Topic 4	Entering rooms and buildings
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Recognize different types of facilities and explain their characteristics
	LO2: Describe movement formations
	LO3: List rules of avoiding friendly fire
	LO4: Describe entry and clearing techniques
Learning/Teaching methods	Online Individual learning – reading, watching
Resources	PPT, reading material, videos

UNIT 2	BASICS OF TACTICAL MEDICINE
Topic 1	BASIC LIFE SUPPORT (BLS)
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Recognize the importance of early start with basic life support
	LO2: Define the most common indicators of cardiac arrest
	LO3: Define the algorithm of basic life support and paediatric basic life support
	LO4: Describe the purpose and advantages of the use of AED
Learning/Teaching methods	Online Individual learning – reading, watching
Resources	PPT Reading material Videos on performing CPR

UNIT 2	BASICS OF TACTICAL MEDICINE
Topic 2	FOREIGN BODY AIRWAY OBSTRUCTION
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Define airway obstruction caused by a foreign body in three age categories
	LO2: Describe the algorithm in dealing with airway obstruction in three age categories
Learning/Teaching methods	Online Individual learning – reading, watching
Resources	PPT, reading material, videos on performing belly pressure

UNIT 2	BASICS OF TACTICAL MEDICINE
Topic 3	HYPOTHERMIA
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Describe causes and symptoms of hypothermia in adults and infants
	LO2: Define factors increasing the risk of hypothermia
	LO3: Define the steps in preventing hypothermia
Learning/Teaching methods	Online Individual learning – reading, watching
Resources	PPT, reading material

UNIT 2	TACTICAL MEDICINE	
Topic 4	FIRST RESPONDERS TACTICAL MEDICINE	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Describe proceedings in three threat zones of TCCC
	LO2:	Describe MARCH algorithm
Learning/Teaching methods	Online Individual learning – reading, watching	
Resources	PPT, reading material	

CONTACT LEARNING DURING THE TRAINING

UNIT 1	USE OF FORCE	
Topic 1	DEALING WITH THE COOPERATIVE PERSON	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Demonstrate the correct positioning in order to maintain safety
	LO2:	Use correct requests/commands when dealing with cooperative person(s)
	LO3:	Demonstrate appropriate controlling/escorting techniques when dealing with cooperative person(s)
Learning/Teaching methods	Demonstration, role play	
Resources	Videos	

UNIT 1	USE OF FORCE	
Topic 2	HANDLING THE DUTY BELT EQUIPMENT	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Demonstrate the correct positioning of the equipment on the duty belt
	LO2:	Operate different types of equipment depending on the level of threat, in accordance with the use of force principles
Learning/Teaching methods	Demonstration Role play	
Resources	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)	

UNIT 1	USE OF FORCE	
Topic 4	HANDCUFFING	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Apply handcuffs when person is in standing position
	LO2:	Apply handcuffs when person is in lying position
Learning/Teaching methods	Demonstrations Role play	
Resources	Video, duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)	

UNIT 1	USE OF FORCE
Topic 7	BODY SEARCH
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Recognize types of body search
	LO2: Apply body search technique on a person in different positions, individually and in team
Learning/Teaching methods	Demonstrations Role play
Resources	Video, duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)

UNIT 1	USE OF FORCE
Topic 3	DEALING WITH THE PERSON WHO IS NOT FOLLOWING THE ORDERS (NON-COMPLIANT PERSON) AND IS BREAKING THE DISTANCE (JEOPARDIZING SAFETY ZONE OF THE OFFICER) DEFENCE FROM PUSHES, GRABS AND GRIPS
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Demonstrate the correct positioning in order to maintain safety
	LO2: Use correct requests/commands when dealing with non-compliant person(s)
	LO3: Demonstrate appropriate tactical advantage position, defence and controlling techniques when dealing with non-compliant person(s) when distance is broken
	LO4: Apply different techniques for to regaining control and release from attack (grab, grip) of an individual through manipulation of skeletal joints or pressure points.
Learning/Teaching methods	Demonstrations Role play
Resources	Video, duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)

UNIT 1	USE OF FORCE
Topic 5	USE OF COERCIVE MEASURES IN CURBING PASSIVE-DEFENSIVE LEVEL OF RESISTANCE – OVERCOMING PASSIVE RESISTANCE WITH PHYSICAL STRENGTH
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Recognize types of passive resistance
	LO2: Apply different techniques for overcoming passive resistance
Learning/Teaching methods	Demonstrations Role play
Resources	Video, duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)

UNIT 1	USE OF FORCE
Topic 6	USE OF COERCIVE MEASURES IN CURBING ACTIVE LEVEL OF RESISTANCE
Topic learning outcomes	On completion of this topic, learners will be able to:
	LO1: Recognize types of active level of resistance

	LO2:	Apply different techniques for overcoming active level of resistance
Learning/Teaching methods	Demonstrations Role play	
Resources	Video, duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)	

UNIT 1	USE OF FORCE	
Topic 8	DEALING WITH THREATENING PERSON (VERBALLY AGGRESSIVE OR IN POSSESSION OF DANGEROUS OBJECT) FIREARM PROTECTION AND RETENTION TECHNIQUES GROUND DEFENCE TECHNIQUES	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Recognize signs of possible attack
	LO2:	Identify dangerous items which could be used by person
	LO3:	Apply different techniques and movement when giving commands and de-escalating situation (gradation)
	LO4:	Use appropriate methods when handling dangerous items
	LO5:	Demonstrate team management skills dividing the roles of patrol unit
	LO 6:	Apply different techniques and movements to protect the firearm from an offender without using equipment or apply weapon retention techniques in standing position
LO 7:	Apply different techniques and movements to protect himself when attacked on the ground and regain a position of protection and advantage	
Learning/Teaching methods	Demonstrations Role play	
Resources	Video, duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)	

UNIT 1	USE OF FORCE	
Topic 9	ENTERING ROOMS AND BUILDINGS SAFELY AND EFFECTIVELY IN LOW TO MEDIUM LEVEL OF THREAT (INCLUDING ABANDONED BUILDINGS AND LOW LIGHT CONDITIONS)	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Evaluate information received considering potential treats and vulnerabilities
	LO2:	Recognize different types of facilities and explain their characteristics
	LO3:	Apply techniques for gradual and cautious observation around a corner, uncleared area and other obstacles to avoid threat
	LO4:	Identify areas of fatal funnel and immediate treat
LO5:	Demonstrate safe movement and appropriate	
Learning/Teaching methods	Demonstrations Role play	
Resources	Video, duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight)	

UNIT 2	BASICS OF TACTICAL MEDICINE	
Topic 1	BASIC LIFE SUPPORT (BLS)	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	assess vital signs following the European Resuscitation Council guidelines
	LO2:	open the airway using the head tilt and jaw thrust
	LO3:	perform cardiopulmonary resuscitation following the European Resuscitation Council guidelines
	LO4:	demonstrate the use of AED according to the BLS algorithm
	LO5:	recognize airway obstruction caused by a foreign body
	LO6:	demonstrate foreign body removal in case of airway obstruction
Learning/Teaching methods	Demonstrations Role play	
Resources	Baby mannequin, teenager mannequin, adult mannequin, training AED, gloves, CPR foil, space blanket, hygienic mask	

UNIT 2	BASICS OF TACTICAL MEDICINE	
Topic 5	MASSIVE BLEEDING	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	self-apply tourniquet and apply it on another person correctly
	LO2:	select appropriate dedicated pressure dressing/wound packing
Learning/Teaching methods	Demonstrations Role play	
Resources	Gloves tourniquet, fake blood, fake wounds, haemostatic dressing, bandage, gauze, modular bandage, scissors, wound packing simulator	

UNIT 2	BASICS OF TACTICAL MEDICINE	
Topic 6	RESPIRATION	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Apply a dedicated dressing (with or without valve) or improvised one
	LO2:	follow the basic principles of early hypothermia prevention – demonstrate correct application of space blanket
Learning/Teaching methods	Demonstrations Role play	
Resources	Chest seal, valve dressing, gloves, space blanket	

UNIT 2	BASICS OF TACTICAL MEDICINE	
Topic 4	MARCH-E PROTOCOL FOR TRAUMA INJURED PERSON	
Topic learning outcomes	On completion of this topic, learners will be able to:	
	LO1:	Recognize the importance of sequence of the MARCH-E protocol
	LO2:	Follow MARCH-E protocol algorithm correctly in medical emergencies and in a CUF situation
	LO3:	Demonstrate fast evacuation from a threat zone
	LO4:	Demonstrate correct way to place a person in recovery position
Learning/Teaching methods	Demonstrations, Role play	
Resources	Gloves, nasopharyngeal tube, nasopharyngeal tube simulator, lubricant, stretchers	

UNIT 3	USE OF FORCE AND BASICS OF TACTICAL MEDICINE
Assessment 1	SCENARIO 1
Assessment methods	Simulation – Domestic violence case
Resources	Duty belt with standard police equipment – handcuffs, baton, pepper spray, flashlight, FX handguns and simmunition; IFAK, fake blood; rubber knife 1 adult female actor and two male actors Simulation room or other appropriate indoor space

UNIT 3	USE OF FORCE AND BASICS OF TACTICAL MEDICINE
Assessment 2	SCENARIO 2
Assessment methods	Simulation – Containing an armed suspect
Resources	Duty belt with standard police equipment – handcuffs, baton, pepper spray, flashlight, FX handguns and simmunition; IFAK, fake blood; rubber knife 1 male actor Simulation room or other appropriate indoor space

UNIT 3	USE OF FORCE AND BASICS OF TACTICAL MEDICINE
Assessment 3	SCENARIO 3
Assessment methods	Simulation – Misdemeanour suspect
Resources	Duty belt with standard police equipment – handcuffs, baton, pepper spray, flashlight, FX handguns and simmunition; IFAK, fake blood; rubber knife 2 male actors Simulation room or other appropriate indoor space

Topic plans
**TRAINING ON THE USE OF FORCE
AND BASICS OF TACTICAL MEDICINE**
**for first responding
police officers**

About topic plans

The following pages are dedicated to the detailed plans for implementation of the specific topics of the course.

These topic plans list learning outcomes that the topic is providing, learning content it will cover and learning methods which are the most suitable to use. Furthermore, the appropriate training environment and facilities are described, and the necessary training equipment is listed.

The second part of the topic plans describes the “learning trajectory” – detailed description of the course of learning, from introduction to the main part and a summary at the end. It contains the sequence of the learning activities, expected actions from learners, as well as tips and important notes for the trainers. It is meant to be a suggestion and a starting point for planning the lesson, as it is one of many possible ways to reach the learning outcomes. However, if a trainer finds this way to be suitable for her/him, topic plan will be sufficient and very helpful in the preparation process. Therefore, feel free to use as much of these topic plans as you see appropriate. All of them are tested and worked well in the four pilot trainings within the Erasmus+ FIRST-TAC project.

Among topic plans, you will find detailed implementation plan for three simulation exercises as well. They include description of the situation, expected actions from learners and marking rubrics that will help you assess the quality of performance. Since the curriculum does not foresee a final exam, the grading rubrics are designed as a tool that enables more objective and precise feedback to the learners.

As said before, you are free to use as much of these materials as you see fit. However, if you decide to change some, or all of them, we would like you to consider the following key aspects of developing and implementing a lesson plan.

Every lesson basically has the same structure:

- It begins with an introduction or bridge-in to the topic. This is where the goals and the importance of the topic is explained, and where the prior learning is acknowledged. It is meant to motivate the learners and to inform the trainer whether it is necessary to adjust the plan according to the learners’ knowledge and skills.
- The bridge-in is followed by the actual learning activity/activities. This phase includes the trainers’ instructional input and guided practice by learners to consolidate new skills and ideas.
- The final part of the lesson is about summarising and assessing the quality of learning and the achievement of the learning outcome.

There are many models describing this basic structure, such as triple A model (activate, acquire, apply) or BOPPPS model (bridge-in, objectives, pre-assessment, participatory learning, post-assessment, summary) etc. We encourage you to explore it and find the most suitable one for you. However, keep in mind that without the motivated learner there is no learning, and without the assessment tool there is no way to be sure that the learning outcomes are reached.



To be considered when planning the lessons

- ✓ What is it that I want the learners to take away from the lesson? What are the learning outcomes?
- ✓ What are the best learning activities that will enable learners to achieve these learning outcomes?
- ✓ Do I have everything that I need to implement the planned learning activities?
- ✓ How will I motivate the learners to participate actively?
- ✓ How will I assess whether the learners have achieved the

Topic plans

USE OF FORCE Topic 1.1. Dealing with the cooperative person	
Learning outcomes:	LO1: Demonstrate the correct positioning in order to maintain safety LO2: Use correct requests/commands when dealing with cooperative person(s) LO3: Demonstrate appropriate controlling/escorting techniques when dealing with cooperative person(s)
Learning content:	<ol style="list-style-type: none"> Distance management/positioning Effective communication with the cooperative person(s) Controlling/escorting techniques
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, statistician clothing, training knives, training pistols, drug imitation, prohibited items etc.
Number of learners:	24
Duration:	2 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
15 min.	<ol style="list-style-type: none"> Registration of learners Security inspection of training equipment Objectives, training points and progress presentation Warm-up, preparatory exercises 	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
25 min.	<p>1. Distance management/positioning</p> <p>1.1. One trainer explains and demonstrates the appropriate police officer preparedness positions used during arresting situations, explains the features and differences (balance of legs, torso, body, head position, body centre of mass, mobility, speed, etc.).</p> <p><i>1.1.1. Performance of a practical exercise: All learners stand in front of the wall. After trainers command: "Ready", learners must take correct distance and</i></p>	Understanding and application/use Each learner perform exercises 5-8 times.	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p> <p>The complexity of exercises and model situations is selected according to the officers' level of skills.</p>

	<p><i>stand in readiness position (without any special measures); after trainers command: "Relax", learners stand in front of the wall.</i></p> <p><i>1.1.2. Performance of a practical exercise: All learners stands in two rows, after trainers command: "forward", "left", "right", "back", learners must move one step and stand in desired position.</i></p> <p><i>1.1.3. Performance of a practical exercise: All learners stands in two rows, after trainers command: "danger forward", "turn left", "turn right", "danger from back", learners must move one step and stand in desired position.</i></p> <p><i>1.1.4. Performance of a practical exercise: Two rows of learners facing each other – those in one act as cooperative persons, those in other as officers. Officers stands in "Relax" position in 5 steps distance. After the signal, officers are approaching cooperative persons and should stand in right position.</i></p> <p><i>1.1.5. Performance of a practical exercise: Two rows, officers standing with their backs turned to cooperative persons in "Relax" position and in 5 steps distance. Trainer gives command to cooperative persons to stand in desired position (to the left, to the right, etc.). After the signal, the police officers are approaching cooperative persons and should stand in right position.</i></p> <p>The trainer identifies and corrects mistakes.</p> <p>1.2. The learners are explained how to divide tactical functions (which officer is "action", which officer is "cover") and how to position themselves in relation to the offender (keeping a safe triangle, pay attention – could be different variations of the triangles).</p> <p><i>1.2.1. Performance of a practical exercise: work in three (cooperative person and two officers). After the signal, police officers are approaching cooperative person and stand in right position, keeping a safe triangle. If the cooperative person changes positions, police officers must maintain a safe triangle from the front and from the right side.</i></p> <p><i>1.2.2. Performance of a practical exercise: Two rows, officers standing with their back turned in to cooperative person in</i></p>		
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	<p><i>“Relax” position and in 5 steps distance. Trainer gives command to cooperative person to stand in desired position (to the left, to the right, etc.). After the signal, the police officer are approaching the cooperative person, and should stand in the right position and maintain a safe triangle from the right side and from the front.</i></p> <p><i>1.2.3. Performance of a practical exercise: Two rows, officers standing in front of cooperative person in “Relax” position and in 5 steps distance. After the signal, police officers are approaching the cooperative person and stand in right position, keeping a safe triangle. After the trainer’s second command, cooperative person turns to cover officer. Police officers must maintain a safe triangle.</i></p> <p>The trainer identifies and corrects mistakes.</p>		
<p>20 min.</p>	<p>2. Effective communication with the cooperative person(s)</p> <p>2.1. The trainer explains the specifics of communication with individuals. The importance of greeting, introduction and the reason and purpose of the address is emphasized. Proper communication is explained (ethics, self-confidence, formation of non-aggressive behaviour skills). The most common communication phrases are mentioned, as well as non-verbal language gestures: come to us, take your hands out of your pockets, stand in this place, show your palms, slowly show me your documents, turn around, etc.</p> <p><i>Performance of a practical exercise: work in three (cooperative person and two officers).</i></p> <p><i>After the signal, police officers are approaching the cooperative person. The reason – cooperative person is acting suspiciously. Police officers should stand in right position, keeping a safe triangle and begin to communicate to the person. If the cooperative person changes positions, police officers must maintain a safe triangle. If the cooperative person shows that he/she doesn’t understand, police officers must use non-verbal language.</i></p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 5-8 times.</p> <p>The roles of officers and cooperative persons are changed.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p> <p>The complexity of exercises and model situations is selected according to the officers' level of skills.</p>

	The trainer identifies and corrects mistakes.		
20 min.	<p>3. Controlling/escorting techniques</p> <p>3.1. The trainer explains how to ask for documents, how to take them, how to behave when documents fall to the ground, how to check personal identity. Actions of action and cover officers are demonstrated when checking documents and recording personal data or checking it through a database, ensuring environmental control, as well as actions of officers when asked to provide a document of officer status.</p> <p><i>Performance of a practical exercise: Work in three (cooperative person and two officers).</i></p> <p><i>After the signal, police officers are approaching the cooperative person. The reason – cooperative person is acting suspiciously. Police officers should stand in the right position, keeping a safe triangle, begin to communicate to the cooperative person and ask for personal documents. After that, police officers must check information using police radio or databases on the spot.</i></p> <p>3.2. The trainer explains how to escort the person to the object on foot, how the officers should position themselves, what options are available for controlling the person (visual control, showing direction using touch to the person, hand control, etc.).</p> <p><i>Performance of a practical exercise: Work in three (cooperative person and two officers).</i></p> <p><i>After the signal, police officers should escort the person correctly.</i></p> <p>3.3. The trainer ask learners to show techniques elements shown before.</p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 5-8 times.</p> <p>The roles of officer and statistician are changed.</p> <p>Learners show tactical elements learned before.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p> <p>The complexity of exercises and model situations is selected according to the officers' level of skills.</p>
Final part			
10 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check 2. Learners ask questions 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general 	Learners listen, analyse, and ask questions.	Ensure proper security of training weapons and other equipment, completion of documentation,

	<ol style="list-style-type: none">4. Comparison of differences and similarities in different countries, analysis and summary5. The exercise area and used equipment is arranged		arrangement of the training place
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USE OF FORCE Topic 1.2. Handling the duty belt equipment	
Learning outcomes:	LO1: Demonstrate the correct positioning of the equipment on the duty belt LO2: Operate different types of equipment depending on the level of threat, in accordance with the use of force principles
Learning content:	<ol style="list-style-type: none"> 1. Positioning of the equipment on the duty belt 2. Selecting and preparing to use appropriate equipment 3. Basic movements and manoeuvres with different equipment from duty belt
Learning methods:	Explanation, Demonstrations, Practical exercises, Role-play, Individual learning, Group learning, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, statistician clothing, training knives, training pistols
Number of learners:	24
Duration:	2 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
10 min.	<ol style="list-style-type: none"> 1. Security inspection of training equipment. 2. Objectives, training points and progress presentation. 3. Warm-up, preparatory exercises. 	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
20 min.	<p>1. Positioning of the equipment on the duty belt</p> <p>1.1. The trainer demonstrates the proper placement of equipment on the duty belt, safe falls on the floor on the right or left side, on the back or on the front, justifies the necessity and obligations of such arrangement.</p> <p><i>1.1.1. Performance of a practical exercise: After the signal, all learners place their hands on the specified belt equipment or handgun.</i></p> <p><i>1.1.2. Performance of a practical exercise: After the signal, all learners run 5-10 meters forward and back, place their hands on the specified belt equipment or handgun.</i></p> <p><i>1.1.3. Performance of a practical exercise:</i></p>	<p>Learners prepare their duty belts.</p> <p>Understanding and application/use</p> <p>Each learner perform exercises 7-10 times.</p> <p>Learners ask questions.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p> <p>The complexity of exercises and model situations is selected according to the officers' level of skills.</p>

	<p>After the signal, all learners must turn around 5 times and place their hands on the specified belt equipment or handgun.</p> <p>1.1.4. Performance of a practical exercise: After the signal, all learners safe falls on the floor on the right or left side, on the back or on the front. After standing up, they place their hands on the specified belt equipment or handgun.</p> <p>The trainer identifies and corrects mistakes.</p>		
25 min.	<p>2. Selecting and preparing to use appropriate equipment</p> <p>2.1. The trainer explains and demonstrates actions of preparation of duty belt equipment for use – handcuffs, baton, OC gas, handgun.</p> <p>2.1.1. Performance of a practical exercise: After the signal, all learners pull out handcuffs and prepare it for use (look and find duty belt equipment, find duty belt equipment and control environment, pull out handcuffs in static position).</p> <p>2.1.2. Performance of a practical exercise: After the signal, all learners pull out baton and prepare it for use (look and find duty belt equipment, find duty belt equipment and control environment, pull out baton in static position).</p> <p>2.1.3. Performance of a practical exercise: After the signal, all learners pull out OC gas and prepare it for use (look and find duty belt equipment, find duty belt equipment and control environment, pull out OC gas in static position).</p> <p>2.1.4. Performance of a practical exercise: After the signal, all course learners pull out hand gun and prepare it for use (look and find duty belt equipment, find duty belt equipment and control environment, pull out hand gun in static position).</p> <p>2.1.5. Performance of a practical exercise: After the signal, all learners pull out the specified duty belt equipment or handgun, and after receiving an additional signal, change the belt equipment or handgun to another belt equipment.</p>	Each learner perform exercises 12-15 times.	
25 min.	<p>3. Basic movements and manoeuvrings with different equipment from duty belt</p> <p>3.1. The trainer demonstrates how to move safely to the left, right or</p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 5 times.</p> <p>The roles of police officer and subject are changed.</p>	<p>Mistakes are monitored and corrected. A quick analysis</p>

	<p>backwards, in order to avoid the attack, and prepare appropriate belt equipment or handgun.</p> <p><i>3.1.1. Performance of a practical exercise: Two rows, officers standing in front of subjects in "Relax" position and in 5 steps distance. After the signal, subjects approach police officers and try to reach them. Police officers must avoid attack, stand in right position and prepare to use duty belt equipment or hand gun.</i></p> <p><i>3.1.2. Performance of a practical exercise: Two rows, officers standing in front of subjects in "Relax" position and in 5 steps distance. After the signal, subjects approach police officers and try to reach them. Police officers must avoid attack, make safe distance and prepare to use duty belt equipment or hand gun depending on situation.</i></p> <p>3.1.3. The trainer ask learners to demonstrate techniques elements shown before.</p>	<p>Each learner perform exercises 5 times. They must decide what kind of distance is safe.</p>	<p>and discussion is done.</p> <p>A lot of attention is paid to the ability to quickly identify the threat and constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>
Final part			
10 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 4. Comparison of differences and similarities in different countries, analysis and summary. 5. The exercise area and used equipment is arranged. 	<p>Learners listen, analyse, and ask questions.</p>	<p>Ensure proper security of training weapons and other equipment, completion of documentation, arrangement of the training place.</p>

USE OF FORCE Topic 1.3. Handcuffing	
Learning outcomes:	LO1: Apply handcuffs when person is in standing position LO2: Apply handcuffs when person is in lying position
Learning content:	1. Handcuffing in standing position (using vertical barriers and in open spaces) 2. Handcuffing in lying position
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, statistician clothing
Number of learners:	24
Duration:	1 hour

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
10 min.	<ol style="list-style-type: none"> Security inspection of training equipment Objectives, training points and progress presentation Warm-up, preparatory exercises 	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
15 min.	<p>1. Handcuffing in standing position (using vertical barriers and in open spaces)</p> <p>1.1. The trainer explains and demonstrates the proper technics of using handcuffs in standing position next to barrier or in open place when the detained person's hands are on the head, spread or behind the back.</p> <p>1.1.1. <i>Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the other are the officers. Officers stand in "Relax" position in 5 steps distance. After the signal, police officers are approaching subjects and should put the handcuffs on them in open space.</i></p> <p>1.1.2. <i>Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the other are the officers. Officers stand in "Relax" position in 5 steps distance. After</i></p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 2-3 times.</p> <p>The roles of officer and subject are changed.</p>	Trainer must pay attention on the following: how the person is being prepared for detaining, how the handcuffs are prepared, how police officer is taking control and putting handcuffs.

	<i>the signal, the police officers are approaching subject and should put the handcuffs using barriers.</i>		
15 min.	<p>2. Handcuffing in lying position</p> <p>2.1. The trainer explains and demonstrates the proper technics of using handcuffs if the subject is in lying position.</p> <p>2.1.1. <i>Performance of a practical exercise: Learners are in two rows, facing each other – in one lie the subjects, in the other stand the officers. Officers stand in “Relax” position in 5 steps distance. After the signal, the police officers are approaching lying subjects and should put the handcuffs on.</i></p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 2-3 times.</p> <p>The roles of officer and subject are changed.</p>	<p>Trainer must pay attention on the following: how the person is being prepared for detaining, how the handcuffs are prepared, how police officer is taking control and putting handcuffs.</p>
Final part			
5 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check. 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 4. Comparison of differences and similarities in different countries, analysis and summary. 5. The exercise area and used equipment is arranged. 	<p>Learners listen, analyse, and ask questions.</p>	<p>Ensure proper security of training weapons and other equipment, arrangement of the training place.</p>

USE OF FORCE Topic 1.4. Body search	
Learning outcomes:	LO1: Recognize types of body search LO2: Apply body search technique on a person in different positions, individually and in team
Learning content:	1. Body search in standing position 2. Body search in lying position
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, subjects' clothing
Number of learners:	24
Duration:	1 hour

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
5 min.	<ol style="list-style-type: none"> Security inspection of training equipment. Objectives, training points and progress presentation. Warm-up, preparatory exercises. 	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
25 min.	<p>1. Body search in standing position (frisks with tips of the fingers)</p> <p>1.1. The trainer explains and demonstrates the proper technics of body search using frisks with tips of the fingers in standing position next to barrier or in open place when the subject is without handcuffs and hands are behind the head or spread.</p> <p><i>1.1.1. Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the other are the officers. Officers stand in "Relax" position in 3 steps distance. After the signal, the police officers are approaching subjects and should do body search in open space, while the subjects are without handcuffs, with hands behind the head.</i></p> <p><i>1.1.2. Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the</i></p>	<p>Understanding and application/use</p> <p>Each learner performs exercises 2 times.</p> <p>The roles of officer and subject are changed.</p>	Trainer must pay attention on the following: how the person is being prepared for body search, and whether officers control him/her all the time.

	<p>other are the officers. Officers stand in “Relax” position in 3 steps distance. After the signal, the police officers are approaching subjects and should do body search in open space, while the subjects are without handcuffs, with hands spread.</p> <p>1.1.3. Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the other are the officers. Officers stand in “Relax” position in 3 steps distance. After the signal, the police officers are approaching subjects and should do body search next to barrier, while subjects are without handcuffs, with hands behind the head.</p> <p>1.1.4. Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the other are the officers. Officers stand in “Relax” position in 3 steps distance. After the signal, the police officers are approaching subjects and should do body search next to barrier, while the subjects are without handcuffs, with hands spread.</p> <p>1.2. The trainer explains and demonstrates the proper technics of body search in standing position next to barrier or in open place when the person is with handcuffs.</p> <p>1.2.1. Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the other are the officers. Officers stand in “Relax” position in 3 steps distance. After the signal, the police officers are approaching subjects, put handcuffs and should do body search in open space.</p> <p>1.2.2. Performance of a practical exercise: Learners are in two rows, facing each other – in one are the subjects, in the other are the officers. Officers stand in “Relax” position in 3 steps distance. After the signal, the police officers are approaching subjects, put handcuffs and should do body search next to barrier.</p>		
10 min.	<p>2. Body search in lying position</p> <p>2.1. The trainer explains and demonstrates the proper technics of body search if the subject is in lying.</p> <p>2.1.1. Performance of a practical exercise: Learners are in two rows, facing each other – in one lie the subjects, in the other</p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 2 times.</p> <p>The roles of officer and subject are changed.</p>	<p>Trainer must pay attention on the following: how the person is being prepared for body search,</p>

	<i>stand the officers. Officers are in "Relax" position in 3 steps distance. After the signal, the police officers are approaching lying subjects, put handcuffs and should do body search.</i>		and whether officers control him/her all the time.
Final part			
5 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 4. Comparison of differences and similarities in different countries, analysis and summary. 5. The exercise area and used equipment is arranged. 	Learners listen, analyse, and ask questions.	Ensure proper security of training weapons and other equipment, arrangement of the training place.

USE OF FORCE	
Topic 1.5.	
Dealing with the person who is not following the orders (non-compliant person) and is breaking the distance (jeopardizing safety zone of the officer)	
Learning outcomes:	LO1: Demonstrate the correct positioning in order to maintain safety LO2: Use correct requests/commands when dealing with non-compliant person(s) LO3: Demonstrate appropriate tactical advantage position, defence and controlling techniques when dealing with non-compliant person(s)
Learning content:	1. Specifics of communication and detention of the person who is not following the orders and is breaking safe distance
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, statistician clothing, training knives, training pistols, drug imitation, prohibited items etc.
Number of learners:	24
Duration:	1 hour

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
10 min.	<ol style="list-style-type: none"> Security inspection of training equipment. Objectives, training points and progress presentation. Warm-up, preparatory exercises. 	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
25 min.	<p>1. Specifics of communication and detention of the person who is not following the orders and is breaking safe distance</p> <p>1.1. The trainer explains and demonstrates how to manage the situations when the person does not follow orders and breaks safe distance.</p> <p><i>1.1.1. Performance of a practical exercise: All learners stand in two rows – in one are the subjects, in the other are the officers. They work in pairs. After the signal, subject is approaching police officer. Police officer asks him/her to stop, uses persuasion measures. After that the person follows requirements, the exercise ends.</i></p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 5 times.</p> <p>The roles of officer and subject are changed.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p> <p>A lot of attention is paid to the ability to quickly identify the threat and to constantly monitor the situation (giving commands, informing fellow officer about</p>

	<p>1.1.2. <i>Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, subject approaches police officers. Police officers ask him/her to stop, use persuasion measures. After that the person follows requirements, the exercise ends.</i></p> <p>1.1.3. <i>Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. The reason – he/she is acting suspiciously. Police officers should stand in the right position, keeping a safe triangle, and begin to communicate to the subject, asking for personal documents. After that, police officers must check information using police radio or databases on the spot. The subject does not agree with requirements and starts to leave. Police officers uses persuasion measures. After that the person follows requirements, the exercise ends.</i></p> <p>The trainer identifies and corrects mistakes.</p>		the threat and other people).
Final part			
10 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check. 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 4. Comparison of differences and similarities in different countries, analysis and summary. 5. The exercise area and used equipment is arranged. 	Learners listen, analyse, and ask questions.	Ensure proper security of training weapons and other stuff, completion of documentation, arrangement of the training place.

USE OF FORCE	
Topic 2.1.	
Use of coercive measures in curbing passive-defensive level of resistance – overcoming passive resistance with physical strength	
Learning outcomes:	LO1: Recognize types of passive resistance LO2: Apply different techniques for overcoming passive resistance
Learning content:	1. Types of passive resistance 2. Techniques for overcoming passive resistance of a person who is in standing, sitting, lying positions
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, statistician clothing, training knives, training pistols, drug imitation, prohibited items etc.
Number of learners:	24
Duration:	2 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
15 min.	1. Security inspection of training equipment 2. Objectives, training points and progress presentation 3. Warm-up, preparatory exercises	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
10 min.	1. Types of passive resistance Trainer explains types of passive resistance, shows some practical examples, and describes how to behave in such a situation.	Learners listen and ask questions.	Trainer must pay attention on the following: how the person is being prepared for detaining, how the handcuffs are prepared, how police officer is taking control and putting handcuffs.
55 min.	2. Techniques for overcoming passive resistance of a person who is in standing, sitting, lying positions – individually and in team	Understanding and application/use Each learner performs exercises 5 times.	Mistakes are monitored and corrected. A quick analysis

	<p>2.1. Trainer explains and demonstrates how to manage the situations when the persons is lying, sitting or standing on the street and not agree with police officers requirements, witch communication is most effective with the non-compliant person, how to use soft hand control during controlling and escorting the person.</p> <p><i>2.1.1. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject who is standing and does not agree with police officers requirements. Police officers must control him/her using soft hand control.</i></p> <p><i>2.1.2. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject who is siting and does not agree with police officers requirements. Police officers must control the subject using soft hand control.</i></p> <p><i>2.1.3. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject who is siting and does not agree with police officers requirements. Police officers must control the subject using soft hand control. After lifting the subject, he/she does not go by his own/her own feet.</i></p> <p><i>2.1.4. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject who is lying and does not agree with police officers requirements. Police officers must control him/her using soft hand control. After lifting the subject, he/she is not resisting and goes by his own/her own feet.</i></p>	<p>The roles of officer and subject are changed.</p>	<p>and discussion is done.</p> <p>A lot of attention is paid to the ability to quickly identify the threat and constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>
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	<p>2.1.5. <i>Performance of a practical exercise: Learners work in three (statistician and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject who is lying and does not agree with police officers requirements. Police officers must take him using soft hand control. After lifting the subject, he/she does not go by his own/her own feet.</i></p> <p>2.1.6. <i>Performance of a practical exercise: Learners work in six (four subjects and two officers). After the signal, police officers are approaching 4 subjects. The reason – they are protesting against the tree cutting, by lying on the road leading to the trees and preventing trucks to go through. Police officers should stand in the right position, keeping a safe triangle, and begin to communicate to offenders, asking for personal documents. After that, police officers must check information using police radio or databases on the spot. The subjects will not agree with their requirements and will continue to lie on the road. Police officers should use soft hand control, lifting the subjects to safe place.</i></p> <p>The trainer identifies and corrects mistakes.</p>	<p>Practice place is divided in four working sectors, in each sector participate 6 learners. Each learner perform exercises 1 time. The roles of officer and subject are changed.</p>	
Final part			
10 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check. 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 4. Comparison of differences and similarities in different countries, analysis and summary. 5. The exercise area and used equipment is arranged. 	Learners listen, analyse, and ask questions.	Ensure proper security of training weapons and other equipment, arrangement of the training place.

USE OF FORCE Topic 2.2. Use of coercive measures in curbing active level of resistance	
Learning outcomes:	LO1: Recognize types of active level of resistance LO2: Apply different techniques for overcoming active level of resistance
Learning content:	<ol style="list-style-type: none"> Types of active level of resistance (tightening hands, pushing officer away, pulls back while avoiding detention) Techniques for overcoming active level of resistance of a person who is in standing, sitting, lying positions and is actively trying to avoid detention – individually and in team
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, subjects' clothing, training knives, training pistols, drug imitation, prohibited items etc.
Number of learners:	24
Duration:	5 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
10 min.	<ol style="list-style-type: none"> Security inspection of training equipment. Objectives, training point and progress presentation. Warm-up, preparatory exercises. 	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
10 min.	1. Types of active level of resistance (tightening hands, pushing officer away, pulls back while avoiding detention) 1.1. Trainer explains types of active level of resistance, shows some practical examples, and describes how to behave in such situations.	Learners listen and ask questions.	
90 min.	2. Techniques for overcoming active level of resistance of a person who is in standing, sitting, lying positions and is actively trying to avoid detention – individually and in team 2.1. Trainer explains and demonstrates how to manage the situations when the person is lying, sitting or standing in public places or	Understanding and application/use Each learner perform exercises 5-8 times. The roles of officer and statistician are changed.	Mistakes are monitored and corrected. A quick analysis and discussion is done. A lot of attention is paid to the ability

	<p>facilities and refusing to comply with police officers requirements; with communication is most effective with the non-compliant person; how to use hard hand control during controlling and escorting the person.</p> <p><i>2.1.1. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject, who is standing and does not agree with police officers requirements. Police officers must control him/her using soft hand control. After that, the subject tightens hands. Police officers use:</i></p> <p><i>2.1.1.1. Pressure on the elbow joint and wrist control.</i></p> <p><i>2.1.1.2. Pressure on the wrist joint.</i></p> <p><i>2.1.1.3. Elbow joint lock.</i></p> <p><i>2.1.1.4. Locking trough armpits and lifting legs to put the subject down on the ground.</i></p> <p><i>2.1.1.5. Locking trough armpits, taking backwards to put the subject down on the ground and locking wrists joints.</i></p> <p>The trainer identifies and corrects mistakes.</p>		<p>quickly identify the threat and to constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>
45 min.	<p><i>2.1.2. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject, who is sitting on the bench (on the ground etc.) and does not agree with police officers requirements. Police officers must control him/her using soft hand control. After that, the subject tightens hands. Police officers use:</i></p> <p><i>2.1.2.1. Pressure points and elbow joint lock.</i></p> <p><i>2.1.2.2. Pressure points and pressure on the wrist joint.</i></p> <p>The trainer identifies and corrects mistakes.</p>	<p>Understanding and application/use Each learner perform exercises 5-8 times. The roles of officer and subject are changed.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done. A lot of attention is paid to the ability to quickly identify the threat and to constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>
45 min.	<p><i>2.1.3. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the</i></p>	<p>Understanding and application/use Each learner perform exercises 5-8 times. The roles of officer and subject are changed.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p>

	<p><i>subject, who is lying on the ground and does not agree with police officers requirements. Police officers must control him/her using soft hand control. After that, the subject tightens hands. Police officers use:</i></p> <p><i>2.1.2.1. Pressure points under shoulder blade and stabilization position on the chest controlling elbow and shoulder.</i></p> <p><i>2.1.2.2. Pressure on the jaw and stabilization position on the chest controlling elbow and shoulder.</i></p> <p>The trainer identifies and corrects mistakes.</p>		<p>A lot of attention is paid to the ability to quickly identify the threat and to constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>
25 min.	<p><i>2.1.4. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. The reason – he/she makes noise, drinks alcoholic drinks and behaves distractible. They stand in the right position, keeping a safe triangle, and communicate with the subject, who does not agree with police officers requirements, pushing officers away or pulling back while avoiding detention. Police officers should make decision to detain the person.</i></p> <p>The trainer identifies and corrects mistakes.</p>	<p>Practice place is divided in 8 working sectors, in each sector participate 3 learners. Each learner perform exercise 1 time.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p> <p>A lot of attention is paid to the ability to quickly identify the threat and to constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>
Final part			
10 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check. 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 4. Comparison of differences and similarities in different countries, analysis and summary. 5. The exercise area and used equipment is arranged. 	<p>Learners listen, analyse, and ask questions.</p>	<p>Ensure proper security of training weapons and other equipment, arrangement of the training place.</p>

USE OF FORCE	
Topic 3.1.	
Dealing with threatening person (verbally aggressive or in possession of dangerous object)	
Learning outcomes:	LO1: Recognize signs of possible attack LO2: Identify dangerous items which could be used by person LO3: Apply different techniques and movement when giving commands and de-escalating situation (gradation) LO4: Use appropriate methods when handling dangerous items LO5: Demonstrate team management skills dividing the roles of patrol unit LO6: Apply techniques to defend from grabs – gun retention techniques LO7: Apply techniques to defend from the ground and getting up safely
Learning content:	1. Signs of possible attack 2. Identification of dangerous items that could be used by person 3. Team coordination and division of the roles Repositioning of officers, giving commands and de-escalation techniques (gradation). Detention and handling of dangerous items.
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Gym with tatami, tactical range or other practice placements
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, service uniform suitable for training, subjects' clothing, training knives, training pistols, drug imitation, prohibited items etc.
Number of learners:	24
Duration:	3 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
10 min.	1. Security inspection of training equipment. 2. Objectives, training points and progress presentation. 4. Warm-up, preparatory exercises.	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
10 min.	1. Signs of possible attack 1.1. Trainer explains how to identify signs of possible attack (with physical attack, lethal weapons, bricks, sticks etc.), shows some practical examples, and describes how to behave in such situations.	Learners listen and ask questions.	
30 min.	2. Identification of dangerous items which could be used by person 2.1. Trainer explains how to identify dangerous items, describes possible	Understanding and application/use Each learner perform exercises 2 times.	Mistakes are monitored and corrected. A quick analysis

	<p>visible or non-visible hiding places, and explains how to control that kind of situations, what kind of actions they could use, and what kind of safety measures are recommended.</p> <p><i>2.1.1. Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subjects. They stand in the right position, keeping a safe triangle, and communicate with the subject who potentially has a dangerous item. Police officers should identify threats, ensure communication with each other and make decision what to do. If police officers identify dangerous item, they take the item from the subject (if the item is in possession of the subject, police officer must pick it up safely from the subject; if the item is in the hands of the subject, police officer must demand that he/she slowly put the item on the ground).</i></p>	<p>The roles of officer and subject are changed.</p>	<p>and discussion is done.</p> <p>A lot of attention is paid to the ability to quickly identify the threat and to constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>
<p>75 min.</p>	<p>3. Team coordination and division of the roles. Repositioning of officers, giving commands and de-escalation techniques (gradation). Detention and handling of dangerous items</p> <p>3.1. Trainer explains and demonstrates possible fighting positions of police officer, clinch and pushing positions, how to react when a person threatens to injure police officers with dangerous item, how to give proper commands and use de-escalation techniques, how to reposition according to the changing situation, how to lift detained person.</p> <p><i>3.1.1. Performance of a practical exercise: All learners stand in front of the trainer. After trainers command: “Defend” or “Fight” learners must stand in defensive fighting or offensive fighting positions; after trainers command: “Relax”, learners must stand in relaxed position.</i></p> <p><i>3.1.2. Performance of a practical exercise: Two rows of learners facing each other – those in one act as subjects, those in other as officers. Officers stands in “Relax” position in 2 steps distance. After the signal, subjects are approaching police officers, police officers should increase the distance by pushing subjects with both hands.</i></p>	<p>Understanding and application/use</p> <p>Each learner perform exercises 2 times.</p> <p>The roles of officer and subject are changed.</p>	<p>Mistakes are monitored and corrected. A quick analysis and discussion is done.</p> <p>A lot of attention is paid to the ability to quickly identify the threat and to constantly monitor the situation (giving commands, informing fellow officer about the threat and other people).</p>

	<p>3.1.3. <i>Performance of a practical exercise:</i> Two rows of learners facing each other – those in one act as subjects, those in other as officers. Officers stands in “Relax” position in 2 steps distance. After the signal, subjects are approaching police officers, with both hands grabbing police officer (symmetrical fighting clinch position). Police officers should defend themselves of the hits and use pushing techniques.</p> <p>3.1.4. <i>Performance of a practical exercise:</i> Two rows of learners facing each other – those in one act as subjects, those in other as officers. Officers stands in “Relax” position in 2 steps distance. After the signal, subjects are approaching police officers, with both hands grabbing police officer (fighting clinch position – hands up). Police officers should defend themselves of the hits and use pushing techniques.</p> <p>3.1.5. <i>Performance of a practical exercise:</i> Two rows of learners facing each other – those in one act as subjects, those in other as officers. Officers stands in “Relax” position in 2 steps distance. After the signal, subjects are approaching police officers, with both hands grabbing police officer (fighting clinch position – hands down). Police officers should defend themselves of the hits and use pushing techniques.</p> <p>3.1.6. <i>Performance of a practical exercise:</i> Two rows of learners facing each other – those in one act as subjects, those in other as officers. Officers stands in “Relax” position in 2 steps distance. After the signal, subjects are approaching police officers, with both hands grabbing police officer (fighting clinch position from the back). Police officers should defend themselves of the hits and use pushing techniques.</p> <p>3.1.7. <i>Performance of a practical exercise:</i> Two rows of learners – police officers standing in “Relax” position, subjects lying handcuffed in 2 steps distance. After the signal, police officers are lifting the subjects.</p> <p>3.1.8. <i>Performance of a practical exercise:</i> Learners work in groups of three (subject and two officers). Subject is lying handcuffed in 2 steps distance. After the signal, police officers are approaching the subject and lifting him/her together.</p>		
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	<p>3.1.9. <i>Performance of a practical exercise: Learners work in groups of three (subject and two officers). After the signal, police officers are approaching the subjects. They stand in the right position, keeping a safe triangle, and communicate with the subject who potentially has a dangerous item. Police officers demand that he/she slowly put the item on the ground, repositioning according to the changing situation. The subject puts the item on the ground and police officers detain him/her and perform body search.</i></p> <p>3.1.10. <i>Performance of a practical exercise: Learners work in groups of three (subject and two officers). After the signal, police officers are approaching the subjects. They stand in the right position, keeping a safe triangle, and communicate with the subject who potentially has a dangerous item. Police officers demand that he/she slowly put the item on the ground, repositioning according to the changing situation. The subject slowly approaches with dangerous item to police officers.</i></p> <p>3.1.11. <i>Performance of a practical exercise: Learners work in three (subject and two officers). After the signal, police officers are approaching the subject. They stand in the right position, keeping a safe triangle, and communicate with the subject who potentially has a dangerous item. Police officers demand that he/she slowly put the item on the ground, repositioning according to the changing situation. The subject assaults police officers unexpectedly.</i></p> <p>3.1.12. <i>Performance of a practical exercise: Learners work in groups of four (2 subjects and two officers). After the signal, police officers are approaching the subjects. They stand in the right position, keeping a safe triangle, and communicate with the subjects who potentially have dangerous items. Police officers demand that they slowly put the items on the ground, repositioning according to the changing situation. One subject puts the item on the ground and police officers detain him/her and perform body search. Other subject assaults police officers unexpectedly.</i></p> <p>3.2. Trainers demonstrate basic gun retention techniques and explain how to prevent or defend from the</p>		
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	<p>attacks to grab and take control of their firearm during a physical confrontation.</p> <p>3.2.1. <i>Performance of the practical exercise:</i> Learners are instructed to keep one hand on the firearm and the other hand in a defensive position to protect the gun from being grabbed. The hand on the firearm should be firm and ready to draw if necessary.</p> <p>3.2.2. <i>Performance of the practical exercise:</i> Learners are instructed to use a holster, „locking“ the hand of the attacker with the grip on the wrist and „shaking“ to open the thumb of the attacker with retention features such as a thumb break.</p> <p>3.2.3. <i>Performance of the practical exercise:</i> Learners are instructed to act in close contact defence, without the possibility to holster safely. If an attacker gets too close, securing barrel of the gun with other hand and using elbows, knees, and body positioning to push, create distance and prevent them from taking the gun from their hands.</p> <p>3.3. Trainers demonstrate and learners practice defence techniques when the officer is on the ground and the attacker is still in standing position, by creating space between the officer and the attacker.</p> <p>3.3.1. <i>Performance of the practical exercise:</i> Learners are instructed to use their legs and arms to push the attacker away or create a barrier. They need to protect vital areas by keeping their hands up to protect head and face while getting up. They use their legs to kick or push the attacker back if necessary and maintain balance by using a controlled movement and avoiding rushing to get up.</p>		
Final part			
10 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check. 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 	Learners listen, analyse, and ask questions.	Ensure proper security of training weapons and other equipment, arrangement of

	<ol style="list-style-type: none">4. Comparison of differences and similarities in different countries, analysis and summary.5. The exercise area and used equipment is arranged.		the training place.
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USE OF FORCE	
Topic 3.2.	
Entering rooms and buildings safely and effectively in low to medium level of threat (including abandoned buildings and low light conditions)	
Learning outcomes:	LO1: Evaluate information received considering potential treats and vulnerabilities LO2: Recognize different types of facilities and explain their characteristics LO3: Apply angles and obstacles that to avoid the treat LO4: Identify areas of fatal funnel and immediate treat LO5: Demonstrate safe movement and appropriate
Learning content:	<ol style="list-style-type: none"> 1. Risk assessment/potential treats and vulnerabilities. Types of facilities and their characteristics. Handling the treat angles and obstacles. Areas of fatal funnel and immediate treat. 2. Movement formations and communication. Rules of avoiding friendly fire. 3. Entry techniques 4. Clearing techniques
Learning methods:	Explanation, Demonstrations, Practical exercises, Individual learning, Group learning, Role-play, Problem-based learning
Training environment and facilities:	Room types facilities or shooting range with possibilities to train in the darkness
Training equipment:	Duty belt with standard equipment (handcuffs, baton, OC gas, handgun, flashlight), police radios, UTM, FX or Airsoft pistols with magazines, 720 UTM or FX bullets, Human silhouette targets, Eyes protection masks or glasses, service uniform suitable for training
Number of learners:	24
Duration:	3 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
10 min.	<ol style="list-style-type: none"> 1. Security inspection of training equipment. 2. Objectives, training points and progress presentation. 3. Warm-up, preparatory exercises. 	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and rounds, OC gas.
Main part			
15 min.	<p>1. Risk assessment/potential treats and vulnerabilities. Types of facilities and their characteristics. Handling the treat angles and obstacles. Areas of fatal funnel and immediate treat</p> <p>1.1. Trainer explains the basic rules how to asses potential treats and vulnerable points, describes basic types of facilities, explains how to handle the treat angles and obstacles, how to behave in stressful situations,</p>	Learners listen and ask questions.	

	<p>which clearing techniques is possible to use according to treat.</p>		
30 min.	<p>2. Movement formations and communication. Rules of avoiding friendly fire</p> <p>2.1. Trainer explains and demonstrates how to move in pairs, maintain tactical distance, communicate and support each other while checking the facilities, handle the handguns safely, avoid friendly fire, divide the observation of the area.</p> <p>2.1.1. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers approach the open door of the room, in team without the handguns, and check the room for threat from the left and from the right sides.</i></p> <p>2.1.2. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers approach the closed door of the room, in team without the handguns, and check the room for threat.</i></p> <p>2.1.3. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers approach the closed or open door of the room, in team without the handguns, and check the room for threat. Then the level of threat increases. Police officers must draw their weapon and prepare to use it, give the command “Gun”.</i></p> <p>2.1.4. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers approach the open door of the room, in team with handguns, and check the room for threat from the left and from the right sides.</i></p> <p>2.1.5. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers approach the closed door of the room, in team with handguns, and check the room for threat.</i></p>	<p>Understanding and application/use Each learner perform exercises 2 times. The roles of officer and subject are changed.</p>	<p>Ensure proper security of training weapons and other equipment, arrangement of the training place. Use human silhouette targets with or without the gun.</p>
30 min.	<p>3. Entry techniques</p> <p>3.1. Trainer explains and demonstrates how to enter the room using dynamic or slow type of checking, and different entry methods: “Slicing pie”, “Quick look”,</p>	<p>Understanding and application/use Each learner perform exercises 2 times. The roles of officer and subject are changed.</p>	<p>Ensure proper security of training weapons and other equipment, arrangement of</p>

	<p>“Hook entry”, “Cross entry”, “Mixed entry”.</p> <p>3.1.1. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers check the room using “Slicing pie” and “Quick look” methods, and enter the room through the open door, in team, using “Hook entry” method from the left and from the right sides.</i></p> <p>3.1.2. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers check the room using “Slicing pie” and “Quick look” methods, and enter the room through the open door, in team, using “Cross entry” method from the left and from the right sides.</i></p> <p>3.1.3. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers check the room using “Slicing pie” and “Quick look” methods, and enter the room through the open door, in team, using “Mixed entry” method from the left and from the right sides.</i></p>		<p>the training place. Use human silhouette targets with the gun or without.</p>
<p>40 min.</p>	<p>4. Clearing techniques</p> <p>4.1. Trainer explains and demonstrates how to take the position in the room, how to check and secure it, how to handle the handgun and flashlight, how to use lethal force according to the level of threat.</p> <p>4.1.1. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers enter the room, in team and with prepared handguns, using appropriate entry method. After that, they must detect and decide what kind of coercive measures they could use. The targets are non-harmless.</i></p> <p>4.1.2. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers enter the room, in team and with prepared handguns and flashlights, using appropriate entry method. After that, they must detect and decide what kind of coercive measures they could use. The targets are non-harmless.</i></p> <p>4.1.3. <i>Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers enter the</i></p>	<p>Understanding and application/use Each learner perform exercises 2 times. The roles of officer and subject are changed.</p>	<p>Ensure proper security of training weapons and other equipment, arrangement of the training place. Use human silhouette targets with the gun or without.</p>

	<p>room, in team and with prepared handguns, using appropriate entry method. After that, they must detect and decide what kind of coercive measures they could use. The targets are harmless.</p> <p>4.1.4. Performance of a practical exercise: Learners work in pairs (two officers). After the signal, police officers enter the room, in team and with prepared handguns and flashlights, using appropriate entry method. After that, they must detect and decide what kind of coercive measures they could use. The targets are harmless.</p>		
Final part			
10 min.	<ol style="list-style-type: none"> 1. Training weapons and other equipment security check. 2. Learners ask questions. 3. The results of the training are discussed; the biggest attention is paid to the best results and to the most common mistakes in general. 4. Comparison of differences and similarities in different countries, analysis and summary. 5. The exercise area and used equipment is arranged. 	Learners listen, analyse, and ask questions.	Ensure proper security of training weapons and other equipment, arrangement of the training place.

BASICS OF TACTICAL MEDICINE	
Topic 4.1. Basic Life Support	
Learning outcomes:	LO1: Assess vital signs following the European Resuscitation Council guidelines LO2: Open the airway using the head tilt and jaw thrust LO3: Perform cardiopulmonary resuscitation following the European Resuscitation Council guidelines LO4: Demonstrate the use of AED according to the BLS algorithm LO5: Demonstrate correct way to place a person in the recovery position LO6: Recognize airway obstruction caused by a foreign body LO7: Demonstrate foreign body removal in case of airway obstruction
Learning content:	1. Life-saving interventions and CPR technique 2. Foreign body airway obstruction
Learning methods:	Explanation, demonstration, role play, discussion
Training environment and facilities:	Classroom or other appropriate indoor/outdoor space
Training equipment:	Mannequins, Training AED, CPR foil
Number of learners:	24 per two instructors minimum
Duration:	45 minutes + 5 minutes of overall intro/wrap-up time

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
3 min.	Introduction: Members of the training team introduce themselves and briefly tell the learners about their background and training One trainer present the schedule of the day One trainer present goals and LOs of the topic Distribution of IFAC kit to each learner with instructions		During the introduction of trainers, it is important to start building rapport – by adding humour, emphasizing enthusiasm for the opportunity to work with this group etc. In order to save time, all trainers participate.
2 min.	Connecting to the online learning: One trainer leads short conversation on BLS algorithm, repeating key information and summarizing knowledge	Participate in discussion	
Main part			
5 min.	1. Life-saving interventions and CPR technique		This training follows guidelines from

<p>10 min.</p>	<p>1.1. Two trainers explain and demonstrate the algorithm of Basic Life Support protocol and CPR technique without the AED – to the whole class. One performs chest compressions, the other rescue breathing and demonstrate correct way to place a person in the recovery position</p> <p><i>1.1.1. Performance of practical exercise: Learners are divided in six stations – and at each station, there are two pairs of learners. One pair in each group performs BLS algorithm on the mannequin – following the exact steps trainers demonstrated. One member of the pair performs chest compressions, the other rescue breathing. Then they rotate. After their rotations, they watch the other pair do the same. Every learner must try chest compressions and rescue breathing once.</i></p>	<p>Learners listen to explanation and watch the demonstration.</p> <p>Learners try for themselves – every learner perform the exercise once.</p>	<p>the European Resuscitation Council: https://www.cprguidelines.eu/assets/guidelines/European-Resuscitation-Council-Guidelines-2021-Ba.pdf</p>
<p>5 min.</p>	<p>1.2. Two trainers explain and demonstrate the BLS algorithm with the use of AED to the whole class. Their focus is on the use of AED – continuing of CPR whilst electrode pads are being attached, following the instructions from AED, and safety measures.</p> <p><i>1.2.1. Performance of practical exercise: Learners are divided in six stations – and at each station, there are two pairs of learners. One pair in each group performs BLS algorithm on the mannequin – following the exact steps trainers demonstrated. One member of the pair performs chest compressions, the other handles AED. Then they rotate. After their rotations, they watch the other pair do the same. Every learner must try chest compressions and AED usage once.</i></p>	<p>Learners listen to explanation and watch the demonstration.</p> <p>Learners try for themselves – every learner perform the exercise once.</p>	<p>Equipment is laid on the ground before the class starts – preferably in 6 stations (three per instructor). The station will consist of adult mannequin and AED</p>
<p>10 min.</p>	<p>While explaining and demonstrating the use of AED, trainer pays special attention to the safety of learners. Important guide for the learners: If a shock is advised, ensure that neither you nor anyone else is touching the injured person. Throughout the exercises, mistakes are monitored and corrected.</p>		
<p>2 min.</p>	<p>2. Foreign body airway obstruction</p> <p>2.1. One trainer explains and demonstrates the correct way of handling foreign body airway obstruction. He follows ERC</p>	<p>Learners listen to explanation and watch the demonstration.</p>	

8 min.	<p>guidelines: coughing, 5 back blows, 5 abdominal thrusts.</p> <p><i>2.1.1. Performance of practical exercise: Learners are divided in groups of four, in six stations. One in each group perform PBL algorithm on the mannequin – following the exact steps trainers demonstrated. Others watch. Then rotate.</i></p> <p><i>Every learner must try once.</i></p>	Learners try for themselves – every learner perform the exercise once.	
Final part			
2 min.	Trainers summarize the key teaching points of the BLS algorithm; they engage learners to answer questions and discuss the key points of BLS	Learners listen and participate in discussion	Trainers can ask one learner to explain the BLS algorithm in front of the group

BASICS OF TACTICAL MEDICINE	
Topic 4.2. Massive Bleeding	
Learning outcomes:	LO1: Self-apply tourniquet and apply it on another person correctly LO2: Select an appropriate dedicated pressure dressing/wound packing
Learning content:	<ol style="list-style-type: none"> 1. Types of haemorrhages and procedures 2. Use of tourniquets – self applications and applications for other person 3. Wound packing with haemostatic dressing or compressed gauze
Learning methods:	Explanation, demonstration, practical exercises
Training environment and facilities:	Classroom or other appropriate indoor/outdoor space
Training equipment:	Gloves, IFAK (tourniquet, compressed/haemostatic gauze, scissors), fake blood, fake wounds, elastic bandage/modular bandage, wound packing simulator, red tape
Number of learners:	24 per two instructors minimum
Duration:	3 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
5 min.	Introduction - goals and LOs of the topic	Listen	Trainers need to explain the importance of the topic
5 min.	Connecting to the online learning – repeating and summarizing knowledge regarding types of haemorrhages and procedures in massive bleeding	Participate in discussion	Discussion about the things learned online
Main part			
60 min.	<p>1. Use of tourniquets – self applications and applications for other person</p> <p>1.1. One trainer explains and demonstrates the correct way of self-application of tourniquet on the arm – to the whole class. It is explained to the learners that the optimum time for applying the tourniquet is 40 seconds.</p> <p><i>1.1.1. Performance of practical exercise: Learners repeat the procedure on themselves simultaneously, each with their own tourniquet. Depending on how well the learners are doing, they may be allowed to put on the tourniquet blindfold.</i></p> <p><i>Every learner must try at least once.</i></p>	Learners listen to explanation, watch the demonstration, try for themselves – every learner must try at least once	Throughout the exercises, mistakes are monitored and corrected. Every station consists of gloves and tourniquet

	<p>1.2. Two trainers explain and demonstrate the correct way of applying tourniquet on other person – to the whole class. Trainers demonstrate multiple ways of application – on leg and arm.</p> <p><i>1.2.1. Performance of practical exercise: Learners are divided in groups of three. One act as injured person, one is applying tourniquet, and one is helping putting pressure before application. They rotate until everyone tries every role.</i></p> <p><i>The practice is organized in short role-plays. Trainers shout: leg (or arm). Learners then have to find cover and show how to applicate tourniquet on other persons leg (or arm).</i></p>		
60 min.	<p>2. Wound packing with haemostatic dressing or compressed gauze</p> <p>2.1. Trainers explain and demonstrate wound packing in pair – to the whole class. One is applying pressure on the wound and other is preparing bandage.</p> <p><i>2.1.1. Performance of practical exercise: The exercise is done on wound-packing simulator. Learners repeat the procedure practicing in pairs, applying compressed / haemostatic gauze on wound-packing simulator. Every learner must try at least once.</i></p>	<p>Learners listen to explanation, watch the demonstration, try for themselves – every learner must try at least once</p>	<p>Ensure proper security of training weapons and other equipment, arrangement of the training place. Use human silhouette targets with or without the gun.</p>
Final part			
5 min.	<p>Trainers summarize the key teaching points of massive bleeding and procedures related to it; they engage learners to answer questions and participate in discussion.</p>	<p>Learners listen and participate in discussion</p>	<p>Every station for exercises consists of compressed gauze (one haemostatic gauze to show to the learners), gauze, scissors, wound packing simulator, fake blood, elastic bandage/modular bandage</p>

BASICS OF TACTICAL MEDICINE	
Topic 4.3.	
Respiration	
Learning outcomes:	LO1: Apply a dedicated dressing (with or without valve) or improvised one LO2: Follow the basic principles of early hypothermia prevention – demonstrate correct application of space blanket
Learning content:	<ol style="list-style-type: none"> 1. Thoracic wounds 2. Valve and improvised dressings 3. Early hypothermia prevention
Learning methods:	Explanation, demonstration, role play, discussion
Training environment and facilities:	Classroom or other appropriate indoor/outdoor space
Training equipment:	Chest seal (valve, without valve or improvised dressing), gloves, scissors, space blanket, power tape
Number of learners:	24 per two instructors minimum
Duration:	1 hour

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
2 min.	Introduction - goals and LOs of the topic	Listen	Trainers need to explain the importance of the topic
Main part			
10 min.	1. Thoracic wounds 1.1. One trainer gives short presentation of the mechanism of chest wounds and the way of proceeding with those wounds	Listen and watch	Use of PPT and/or video
5 min.	2. Valve and improvised dressings 2.1. One trainer explains and demonstrates thorax box search, followed by the application of chest seal (with or without valve) and improvised dressing (space blanket and power tape). Trainer demonstrates on other trainer or volunteer from learners	Learners listen to explanation, watch the demonstration, try for themselves – every learner must try at least once	Equipment should be laid on the ground – in 12 stations
15 min.	2.1.1. <i>Performance of a practical exercise: Learners work in pairs, on each other – one is applying chest seal and other act as injured person; than they rotate. Every learner should try once.</i>		The station will consist of chest seal (with or without valve), gloves, scissors, space blanket, power tape.
2 min.	3. Early hypothermia prevention 3.1. One trainer explains the necessity of hypothermia prevention and demonstrates the		Throughout the exercises, mistakes are monitored and corrected.

8 min.	<p>correct way of space blanket application – to the whole class.</p> <p><i>3.1.1. Performance of a practical exercise: Learners work in pairs, on each other – one is applying space blanket and other act as injured person; than they rotate. Every learner should try once.</i></p>		
Final part			
3 min.	<p>Trainers summarize the key teaching points of the chest wounds; they engage learners to answer questions and participate in discussion.</p>	<p>Learners listen and participate in discussion</p>	<p>Trainers ask one learner to explain or demonstrate the chest wound dressing in front of the group</p>

BASICS OF TACTICAL MEDICINE	
Topic 4.4.	
MARCH-E protocol for trauma injured person	
Learning outcomes:	LO1: Recognize the importance of sequence of the MARCH-E protocol LO2: Follow MARCH-E protocol algorithm correctly in medical emergencies and in a CUF situation LO3: Demonstrate fast evacuation from a threat zone LO4: Demonstrate correct way to place a person in the recovery position
Learning content:	1. Head-to-toe assessment 2. Use of modular bandage
Learning methods:	Explanation, demonstration, role play, discussion
Training environment and facilities:	Classroom or other appropriate indoor/outdoor space
Training equipment:	Gloves, nasopharyngeal tube, nasopharyngeal tube simulator, lubricant, stretchers, bandage
Number of learners:	24 per two instructors minimum
Duration:	2 hours

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
5 min.	Introduction - goals and LOs of the topic	Listen	
10 min.	Connecting to the online learning – repeating the key points of MARCH protocol and summarizing knowledge	Participate in discussion	Discussion about the things learned online
Main part			
10 min.	1. Thoracic wounds 1.1. One trainer gives short presentation of the mechanism of chest wounds and the way of proceeding with those wounds	Listen and watch	Use of PPT and/or video
5 min.	1. Head-to-toe assessment 1.1. One trainer explains and demonstrates how to perform thorough head-to-toe assessment in medical emergencies and in a CUF situation. The initial explanation includes key points regarding the evacuation of injured person(s) – evacuation with or without stretchers, evacuation involving one, two or three rescuers. Furthermore, during the initial explanation trainer demonstrate the correct way to place a person in the recovery position.	Learners listen to explanation, watch the demonstration, try for themselves – every learner must try at least once	Equipment should be laid on the ground – preferably 12 stations (six per instructor) The station will consist of gloves, nasopharyngeal tube, simulator, lubricant, stretchers, bandage, tourniquet, fake

<p>60 min.</p>	<p>1.1.1. <i>Performance of practical exercise: Learners work in groups of four. One act as the injured person, one is the main rescuer, two observe, follow his orders and help.</i> <i>The exercise is organized as a role-play. Before the exercise, one trainer explains the scenario to all groups.</i> <i>Description of the situation – chest wound: A shootout occurs during the pursuit of a suspect. One officer is wounded by a shot to the chest. One officer provides first aid following MARCH protocol, looking for a wound (performing blood sweep), applying an occlusive chest seal. Other officers monitor the area, call EMS, and prepare for evacuation.</i></p> <p>1.1.2. <i>Performance of practical exercise: Learners work in groups of four. One act as the injured person, one is the main rescuer, two observe, follow his orders and help. They switch roles, in order for every learner to act in every role throughout the subtopic: main rescuer, assisting rescuer, injured person.</i> <i>The exercise is organized as a role-play. Before the exercise, one trainer explains the scenario to all groups.</i> <i>Description of the situation – massive bleeding, tourniquet: During the explosion, the officer's arm is severed. One officer provides first aid following the MARCH protocol, communicate with the injured person, trying to prevent him from losing consciousness. Other officers monitor the area, call EMS, prepare for evacuation.</i></p> <p>1.1.3. <i>Performance of practical exercise: Learners work in groups of four. One act as the injured person, one is the main rescuer, two observe, follow his orders and help.</i> <i>The exercise is organized as a role-play. Before the exercise, one trainer explains the scenario to all groups.</i> <i>Description of the situation – massive bleeding, wound packing: Officers respond to a conflict in a bar, and one of the officers receives a knife wound to the groin. One officer provides first aid following the MARCH protocol, communicates with the injured person and tries to keep him conscious. Other officers monitor the area, call EMS, prepare for evacuation.</i></p>		<p>blood, fake wounds</p> <p>Throughout the exercises, mistakes are monitored and corrected.</p> <p>At the discretion of the instructor, the location and complexity of injuries can be changed.</p> <p><i>Depending on the physical readiness of the trainees, the following methods of evacuating an injured person can be practiced:</i></p> <ol style="list-style-type: none"> 1. One officer evacuates one injured person 2. Two officers evacuate one injured person 3. Three officers evacuate one injured person. <p><i>Stretcher evacuation is practiced as well, paying attention to how the injured person should be prepared for evacuation with a stretcher.</i></p>
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	<p>1.1.4. <i>Performance of practical exercise: Learners work in groups of four. One act as the injured person, one is the main rescuer, two observe, follow his orders and help.</i></p> <p><i>The exercise is organized as a role-play. Before the exercise, one trainer explains the scenario to all groups.</i></p> <p><i>Description of the situation – two gunshot wounds: Officers respond to a call about loud noise in an apartment. Upon entering, officers find two drunk men arguing with each other. While explaining the circumstances, one of the drunk persons suddenly fires a pistol at the other drunk person. The person is wounded in the chest and the upper leg, where femoral artery is severed. One officer provides first aid in accordance with the MARCH protocol, the other officer disarms the suspect, monitor the area, call EMS, prepare for evacuation.</i></p> <p>2. Use of modular bandage</p> <p>2.1. One trainer explains and demonstrates how to apply modular bandage in case of minor injuries.</p> <p>2.1.1. <i>Performance of practical exercise: Learners work in groups of four. One act as the injured person, one is the main rescuer, two observe, follow his orders and help.</i></p> <p><i>The exercise is organized as a role-play. Before the exercise, one trainer explains the scenario to all groups. He emphasises the dangers and symptoms of head trauma to learners.</i></p> <p><i>Description of the situation – head injury: Officers respond to a conflict on the street where a fight is taking place. While explaining the circumstances, one of the officers is hit on the head with a glass bottle. The officer loses consciousness. One officer provides first aid following the MARCH protocol. Other officers monitor the area, call EMS, prepare for evacuation.</i></p> <p>2.1.2. <i>Performance of practical exercise: Before the exercise, one trainer explains the scenario to all groups. He explains the types of bleeding and the specifics of neck dressings.</i></p> <p><i>Description of the situation – neck injury: Officers arrive to a domestic conflict. There is an ongoing fight between the wife and husband. When</i></p>		
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	<p><i>the officer tries to separate them, the woman injures his neck with her fingernails. One officer provides first aid following the MARCH protocol. Other officers detain the suspect, if necessary monitor the area, call EMS, prepare for evacuation.</i></p> <p><i>2.1.3. Performance of practical exercise: Learners work in groups of four. One act as the injured person, one is the main rescuer, two observe, follow his orders and help.</i></p> <p><i>The exercise is organized as a role-play. Before the exercise, one trainer explains the scenario to all groups. He explains the types of bleeding and the specifics of dressing, emphasising environmental safety assessment.</i></p> <p><i>Description of the situation – leg and arm injury: Officers respond to a report of suspicious persons on a private property. While inspecting the area, one of the officers is bitten by an aggressive dog on the leg. The officer falls down and the dog then bites his arm, from which venous blood starts to flow and the dog runaway. One officer provides first aid following the MARCH protocol. Other officers monitor the area, call EMS, prepare for evacuation.</i></p>		
Final part			
10 min.	Trainers summarize the key teaching points of the MARCH algorithm; they engage learners to answer questions and discuss the key points of MARCH protocol	Learners listen and participate in discussion	Trainers can ask one learner to explain the MARCH algorithm in front of the whole group

SIMULATION EXERCISE 1	
Domestic violence case	
Learners are faced with the real-life situation, where they can demonstrate knowledge and skills gained during the training. Their performance is closely monitored and assessed with marking rubrics. Detailed feedback is given after the exercise.	
General aims of the exercise:	<ol style="list-style-type: none"> Learners should demonstrate the ability to use only objectively reasonable, necessary, and proportional force Learners should demonstrate the ability to render medical assistance
Learning methods:	Explanation during the briefing – introduction and preparation for the exercise; simulation; discussion during the debriefing and evaluation of the exercise
Training environment and facilities:	Simulation room or other appropriate indoor space
Training equipment:	Duty belt with standard police equipment – radio communication device, handcuffs, baton, pepper spray, flashlight, FX handguns and simmunition; IFAK, fake blood; rubber knife
Number of learners:	Two (one patrol) per two instructors – one for the use of force, one for tactical medicine As there are 24 learners in the training, 12 iterations will be needed
Number of actors:	1 adult female and two males – one of which is the offender. It is recommended for the actor playing offender to be one of the trainers, who know how to adapt to the actions of learners – if they perform correctly, actor complies; if not, actor raises the level of his resistance.
Duration:	2 hours overall

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
5 min.	Security inspection and distribution of training equipment of equipment	Listen	Important: Make sure that learners do not have real guns and rounds, OC gas.
5 min.	Learners are divided in pairs, acting as police patrol		
5 min.	Introduction – trainers present: <ul style="list-style-type: none"> - goals of the exercise - key criteria to be assessed - scenario of the exercise 	Listen and ask questions	
Main part			
60 min.	Learners perform the exercise in patrols of two	Learners have to perform regarding appropriate security procedures. Learners have to ensure accurate first aid actions and communication.	Trainers should interfere during the exercise only when really necessary.

Final part			
5 min.	Detailed feedback is given by the trainers to each group directly after the exercise	Learners listen and participate in discussion	Trainers encourage learners to share their opinion on the exercise before giving their suggestions on possible improvements of performance. Feedback is given in a constructive way – with sandwich or similar method. In other words, trainers start the feedback by identifying the things that are done right, continue with pointing out the mistakes and explaining the better course of the action, and finish with positive remarks.
10 min.	Group feedback is given <ul style="list-style-type: none"> - most common mistakes are identified - suggestions for improvements are made 	Participate in discussion, answer questions	Trainers talk about the mistakes without mentioning specific learners or patrols

SIMULATION DETAILS	
Description of the situation	
Domestic violence case	
<p>Patrol gets information from Command Centre through radio communication about reported event – a domestic violence.</p> <p>Incident happened at the apartment, and has been committed by male person. Female reported that her husband is under the influence of drugs and alcohol and he has attacked her verbally and physically. Allegedly, he had argued with her and his father about not wanting to go to the addiction clinic.</p> <p>Two-member patrol unit goes to the appointed location, equipped with their duty belts and radio.</p>	

Instructions for trainers and actors
<p>In front of the apartment, female is waiting with an older man. She shows bruises and asks for help. She says that her husband, who fell asleep in the living room, had taken her documents and money. The older man, who is the suspect's father, wants to wake him up. Suddenly, his son turns around and stabs him in the leg with a big knife.</p> <p>Police officers should contain the suspect by taking him to the ground and using the appropriate coercive measures, in accordance with the principle of proportionality and avoiding injuries.</p> <p>Suspect will then collapse and seem to have a heart attack.</p> <p>Police officers should conduct all necessary tactical procedures and provide first aid to both men in order of urgency.</p>

MARKING RUBRICS		
Criterion	Satisfactory level of performance	Critical mistakes
Communication with the injured person, command centre and with each other	<p>Attempt to make contact with the victim</p> <p>There is a communication with command centre and it is short and clear</p> <p>There is a communication between team members and the instructions are short and clear</p>	<p>Command centre is not informed about the situation</p> <p>It isn't clear who is the main first aid provider</p>
Taking care of the security of injured person and themselves	<p>Follow security protocol CUF/TFC</p>	<p>Start first aid procedure without evacuation to safer zone</p> <p>Miss to put medical gloves when handling bloody wound</p>
Recognize and stop massive bleeding and other life threatening injuries	<p>Find all life-threatening injuries and apply the appropriate medical treatment</p>	<p>Inappropriate application of tourniquet – not high and tight enough</p> <p>Usage of the wrong medical treatment</p> <p>Missed to find injury</p>
Treating possible heart attack	<p>Provide CPR correctly</p>	<p>Did not place the person on the firm surface</p> <p>Did not check if the person is breathing</p> <p>Did not perform head tilt</p> <p>Chest compressions are not deep enough, the pressure is not fully released, rhythm is not appropriate</p> <p>The arms of the CPR provider are bending in the elbows</p>

Following the safety principles	Complied with safety principles when using handgun or other coercive measures. The weapon is not directed where it is not intended to be used, the finger is not held on the trigger until it is intended to shoot, shoot only at visible targets, treat the firearm as if it is loaded	Index finger on the trigger, "friendly fire/fire line" Flagging Applying restraint techniques with weapon in hands.
Control of handgun and other duty belt equipment	Properly controls the weapon and other duty belt equipment in detaining situation. Uses the most efficient and comfortable position of duty belt equipment and handgun. Quickly passes and reorganizes, choosing movement paths.	Unprepared duty belt Losing duty belt equipment
Communication in team	Understands and invokes the principles of teamwork. Transmits information to other patrol member. Communicates with Command Centre and other police officers, as well as with representatives of other institutions.	Not clear division of the roles. Not transmitting the key information.
Communication with perpetrator and other people involved in situation	Communicates with people involved in situation, interacts with offender. Verbally or physically moves people away from the threat, and attracts offender's attention from people to itself, searching for opportunity to decontaminate him.	Not giving clear commands or instruction. Not providing last warning before use of force.
Taking initiative and adapting to the situation	Takes the initiative from a colleague, changes roles (action, safety, communication).	Passive stance Not supportive behaviour Not understanding evolving situation
Situational awareness	Promptly identifies the source of the emerging danger, has the ability to maintain visual control while working in a team. Collects information from visual assessment of the situation, people involved in the situation, supporting police	Not capable to build situational awareness.

	officer or other police officers and other institutions.	
De-escalation techniques	Uses de-escalation techniques to suppress incidents and chooses the style and content of communication with the offender correctly. Does not demonstrate aggressive use of duty gun and other duty belt equipment.	Absence of attempt to use de-escalation technique Escalating situation by aggressive attitude or use of non-proportional measures
Preparing to use force	Quickly prepares to use force – the position is correct, everything is in the right place, readiness to use duty belt equipment or handgun is prompt.	Lack of readiness Wrong positioning
Tactics and techniques principles	Uses basic tactics and techniques principles in detaining situation: <ul style="list-style-type: none"> - changes one duty belt equipment with another or replaces it with gun and vice versa (transition) - changes position and variations depending on situation - correctly chooses shooting position (assessing whether is safe to shoot or there are people behind the offender) - chooses the right cover - actions under cover (reload handgun, regroup, medical help, movement) 	Using non-adequate techniques lack of synchronisation

ASSESSMENT SHEET			
Participant			
		(name surname)	
	Tested knowledge/skills in overcrowded city streets	Max amount of points	Acquired points
1.	Communication with the injured and with each other	1	
2.	Taking care of the security of injured person and themselves	1	
3.	Recognize and stop massive bleeding and other life threatening injuries	1	
4.	Treating possible heart attack	1	
5.	Following the safety principles	1	
6.	Control of handgun and other duty belt equipment	1	
7.	Communication in team	1	
8.	Communication with perpetrator and other people involved in situation	1	
9.	Taking initiative and adapting to the situation	1	
10.	Situational awareness	1	
11.	De-escalation techniques	1	
12.	Preparing to use force	1	
13.	Tactics and techniques principles	1	
	Total	13	
Trainer			
		(name surname)	
Notes/remarks:			

SIMULATION EXERCISE 2 Containing an armed suspect	
Learners are faced with the real-life situation, where they can demonstrate knowledge and skills gained during the training. Their performance is closely monitored and assessed with marking rubrics. Detailed feedback is given after the exercise.	
General aims of the exercise:	<ol style="list-style-type: none"> Learners have to demonstrate appropriate security procedures Learners have to ensure accurate first aid actions and communication
Learning methods:	Explanation during the briefing – introduction and preparation for the exercise; simulation; discussion during the debriefing and evaluation of the exercise
Training environment and facilities:	Simulation room or other appropriate indoor space
Training equipment:	Duty belt with standard police equipment – radio communication device, handcuffs, baton, pepper spray, flashlight, FX handguns and simmunition; IFAK, fake blood; rubber knife
Number of learners:	Two (one patrol) per two instructors – one for the use of force, one for tactical medicine As there are 24 learners in the training, 12 iterations will be needed
Number of actors:	1 adult male, one command centre officer. It is recommended for the actor to be one of the trainers, who knows how to adapt to the actions of learners – if they perform correctly, actor complies; if not, actor raises the level of his resistance. Command centre officer is trainer as well.
Duration:	2 hours overall

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
5 min.	Security inspection and distribution of training equipment of equipment	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and ammunition, OC gas.
5 min.	Learners are divided in pairs, acting as police patrol		
5 min.	Introduction – trainers present: <ul style="list-style-type: none"> - goals of the exercise - key criteria to be assessed - scenario of the exercise 	Listen and ask questions	
Main part			
60 min.	Learners perform the exercise in patrols of two	Learners have to perform regarding appropriate security procedures. Learners have to ensure accurate first aid actions and communication.	Trainers should interfere during the exercise only when really necessary.

Final part			
5 min.	Detailed feedback is given by the trainers to each group directly after the exercise	Learners listen and participate in discussion	Trainers encourage learners to share their opinion on the exercise before giving their suggestions on possible improvements of performance. Feedback is given in a constructive way – with sandwich or similar method. In other words, trainers start the feedback by identifying the things that are done right, continue with pointing out the mistakes and explaining the better course of the action, and finish with positive remarks.
10 min.	Group feedback is given <ul style="list-style-type: none"> - most common mistakes are identified - suggestions for improvements are made 	Participate in discussion, answer questions	Trainers talk about the mistakes without mentioning specific learners or patrols

SIMULATION DETAILS
Description of the situation
Containing an armed suspect
<p>Patrol gets information from Command Centre through radio communication about reported event – two male persons arguing in a hallway of an apartment building. A witness saw that one of the men had a knife in his hand. The building has only one entrance and currently there are no other people in the building as it is being reconstructed.</p> <p>Two-member patrol unit should go to the appointed location, equipped with their duty belts and radio.</p>

Instructions for trainers and actor
<p>After police officers enter into the building, one of the arguing man will stab another in the neck. Injured person will fell on the ground. Suspect will notice police officers presence and escape to the basement.</p> <p>Police officers should respond to the injured person, applying knowledge and skills of tactical medicine. After providing first aid, they should continue pursuit and contain the suspect safely.</p> <p>Regarding the first aid, police officers should secure neck wound and do the blood sweep. During the blood sweep, they should find another wound on the thigh and apply the tourniquet.</p> <p>Regarding the handling of the suspect, police officers should talk to him and try to convince him to drop the knife that he is still holding. The suspect will obey police officers' orders, but they should pay attention to their safety at all time, as the suspect also has a pistol that he will use if given a chance.</p>

MARKING RUBRICS		
Criterion	Satisfactory level of performance	Critical mistakes
Communication with the injured person, command centre and with each other	<p>Attempt to make contact with the victim</p> <p>There is a communication with command centre and it is short and clear</p> <p>There is a communication between team members and the instructions are short and clear</p>	<p>Command centre is not informed about the situation</p> <p>It isn't clear who is the main first aid provider</p>
Taking care of the security of injured person and themselves	<p>Follow security protocol CUF/TFC</p>	<p>Start first aid procedure without evacuation to safer zone</p> <p>Miss to put medical gloves when handling bloody wound</p>
Recognize and stop massive bleeding and other life threatening injuries	<p>Find all life-threatening injuries and apply the appropriate medical treatment</p>	<p>Inappropriate application of tourniquet – not high and tight enough</p> <p>Usage of the wrong medical treatment</p> <p>Missed to find injury</p>
Following the safety principles	<p>Complied with safety principles when using handgun or other coercive measures. The weapon is not directed where it is not intended to be used, the finger is not held on the trigger until it is intended to shoot, shoot only at visible targets, treat the firearm as if it is loaded</p>	<p>Index finger on the trigger, "friendly fire/ fire line",</p> <p>Flagging</p> <p>applying restraint techniques with weapon in hands.</p>

Control of handgun and other duty belt equipment	Properly controls the weapon and other duty belt equipment in detaining situation. Uses the most efficient and comfortable position of duty belt equipment and handgun. Quickly passes and reorganizes, choosing movement paths.	Unprepared duty belt Losing duty belt equipment
Communication in team	Understands and invokes the principles of teamwork. Transmits information to other patrol member. Communicates with Command Centre and other police officers, as well as with representatives of other institutions.	Not clear division of the roles. Not transmitting the key information.
Communication with perpetrator and other people involved in situation	Communicates with people involved in situation, interacts with offender. Verbally or physically moves people away from the threat, and attracts offender's attention from people to itself, searching for opportunity to decontaminate him.	Not giving clear commands or instruction. Not providing last warning before use of force
Taking initiative and adapting to the situation	Takes the initiative from a colleague, changes roles (action, safety, communication).	Passive stance Not supportive behaviour Not understanding of evolving situation
Situational awareness	Promptly identifies the source of the emerging danger, has the ability to maintain visual control while working in a team. Collects information from visual assessment of the situation, people involved in the situation, supporting police officer or other police officers and other institutions.	Not capable to build situational awareness
De-escalation techniques	Uses de-escalation techniques to suppress incidents and chooses the style and content of communication with the offender correctly. Does not demonstrate aggressive use of duty gun and other duty belt equipment.	Absence of attempt to use de-escalation technique Escalating situation by aggressive attitude or use of non-proportional

<p>Preparing to use force</p>	<p>Quickly prepares to use force – the position is correct, everything is in the right place, readiness to use duty belt equipment or handgun is prompt.</p>	<p>Lack of readiness and preparedness Wrong positioning</p>
<p>Tactics and techniques principles</p>	<p>Uses basic tactics and techniques principles in detaining situation:</p> <ul style="list-style-type: none"> - changes one duty belt equipment with another or replaces it with gun and vice versa - changes position and variations depending on situation - correctly chooses shooting position (assessing whether is safe to shoot or there are people behind the offender) - chooses the right cover - actions under cover (reload handgun, regroup, medical help, movement) 	<p>Using non-adequate techniques lack of synchronisation</p>

ASSESSMENT SHEET			
Participant			
		(name surname)	
	Tested knowledge/skills in overcrowded city streets	Max amount of points	Acquired points
1.	Communication with the injured and with each other	1	
2.	Taking care of the security of injured person and themselves	1	
3.	Recognize and stop massive bleeding and other life threatening injuries	1	
4.	Treating possible heart attack	1	
5.	Following the safety principles	1	
6.	Control of handgun and other duty belt equipment	1	
7.	Communication in team	1	
8.	Communication with perpetrator and other people involved in situation	1	
9.	Taking initiative and adapting to the situation	1	
10.	Situational awareness	1	
11.	De-escalation techniques	1	
12.	Preparing to use force	1	
13.	Tactics and techniques principles	1	
	Total	13	
Trainer			
		(name surname)	
Notes/remarks:			

SIMULATION EXERCISE 3	
Misdemeanour suspect	
Learners are faced with the real-life situation, where they can demonstrate knowledge and skills gained during the training. Their performance is closely monitored and assessed with marking rubrics. Detailed feedback is given after the exercise.	
General aims of the exercise:	<ol style="list-style-type: none"> Learners have to demonstrate appropriate security procedures Learners have to ensure accurate first aid actions and communication
Learning methods:	Explanation during the briefing – introduction and preparation for the exercise; simulation; discussion during the debriefing and evaluation of the exercise
Training environment and facilities:	Simulation room or other appropriate indoor space
Training equipment:	Duty belt with standard police equipment – radio communication device, handcuffs, baton, pepper spray, flashlight, FX handguns and simmunition; IFAK, fake blood; rubber knife
Number of learners:	Two (one patrol) per two instructors – one for the use of force, one for tactical medicine As there are 24 learners in the training, 12 iterations will be needed
Number of actors:	2 adult males – one suspect and one bystander who gets injured, one command centre officer. It is recommended for the “suspect” to be one of the trainers, who knows how to adapt to the actions of learners – if they perform correctly, actor complies; if not, actor raises the level of his resistance. Command centre officer is trainer as well.
Duration:	2 hours overall

TOPIC PLAN			
Time	Learning activities and content	Practice (learners actions)	Notes
Introductory part			
5 min.	Security inspection and distribution of training equipment of equipment	Learners sign up, follow the trainer's instructions, and listen to the safety briefing. Perform exercises.	Important: Make sure that learners do not have real guns and ammunition, OC gas.
5 min.	Learners are divided in pairs, acting as police patrol		
5 min.	Introduction – trainers present: <ul style="list-style-type: none"> goals of the exercise key criteria to be assessed scenario of the exercise 	Listen and ask questions	
Main part			
60 min.	Learners perform the exercise in patrols of two	Learners have to perform regarding appropriate security procedures.	Trainers should interfere during the exercise only when really necessary.

		Learners have to ensure accurate first aid actions and communication.	
Final part			
5 min.	Detailed feedback is given by the trainers to each group directly after the exercise	Learners listen and participate in discussion	Trainers encourage learners to share their opinion on the exercise before giving their suggestions on possible improvements of performance. Feedback is given in a constructive way – with sandwich or similar method. In other words, trainers start the feedback by identifying the things that are done right, continue with pointing out the mistakes and explaining the better course of the action, and finish with positive remarks.
10 min.	Group feedback is given <ul style="list-style-type: none"> - most common mistakes are identified - suggestions for improvements are made 	Participate in discussion, answer questions	Trainers talk about the mistakes without mentioning specific learners or patrols

SIMULATION DETAILS	
Description of the situation	
Containing an armed suspect	
<p>Patrol gets information from Command Centre through the radio communication about reported event –patrol officers are responding to a call about a disturbance in a pub/bar or public park.</p> <p>Patrol team consists of two officers.</p> <p>Upon arrival, the officers observe a suspect who is visibly intoxicated and causes a disturbance by yelling and disturbing other bar guests/park visitors. The suspect appears agitated and non-compliant with the officers' commands.</p> <p>The patrol officers must take the appropriate course of action to de-escalate the situation and ensure the safety of themselves, the suspect, and the public.</p>	
Instructions for trainers and actor	
<p>The suspect is in the process of committing a misdemeanour offense.</p> <p>After police officers enter into the bar/pub or public park, intoxicated man will start yelling and verbally assaulting officers, not responding to communication attempts. As the officers approach the suspect to assess the situation, the suspect becomes increasingly conflicting and refuses to cooperate.</p> <p>Tactical medicine part: One of the present visitors tries to run away and stumbles and falls, injuring his arm – a fractured forearm.</p> <p>Trainers will closely monitor the officers' responses to provocation, providing feedback and guidance on their decision-making process and tactical manoeuvres.</p> <p>Police officers should respond to the incident first and then to the injured person, applying knowledge and skills of tactical medicine.</p> <p>Extension of the scenario: As the patrol officers continue to engage with the suspect in the bar/park, the situation escalates further. The suspect, who is still behaving unpredictably, begins to make verbal threats towards the officers and nearby park visitors. It becomes apparent that the suspect may be carrying a concealed weapon, such as knife, which poses an increased level of danger to all involved.</p>	

MARKING RUBRICS		
Criterion	Satisfactory level of performance	Critical mistakes
Communication with the injured person, command centre and with each other	Attempt to make contact with the victim There is a communication with command centre and it is short and clear There is a communication between team members and the instructions are short and clear	Command centre is not informed about the situation It isn't clear who is the main first aid provider
Taking care of the security of injured person and themselves	Follow security protocol CUF/TFC	Start first aid procedure without evacuation to safer zone

		Miss to put medical gloves when handling bloody wound
Recognize and stop massive bleeding and other life threatening injuries	Find all life-threatening injuries and apply the appropriate medical treatment	Inappropriate application of tourniquet – not high and tight enough Usage of the wrong medical treatment Missed to find injury
Following the safety principles	Complied with safety principles when using handgun or other coercive measures. The weapon is not directed where it is not intended to be used, the finger is not held on the trigger until it is intended to shoot, shoot only at visible targets, treat the firearm as if it is loaded.	Index finger on the trigger, “friendly fire/ fire line”, Flagging applying restraint techniques with weapon in hands.
Control of handgun and other duty belt equipment	Properly controls the weapon and other duty belt equipment in detaining situation. Uses the most efficient and comfortable position of duty belt equipment and handgun. Quickly passes and reorganizes, choosing movement paths.	Unprepared duty belt Losing duty belt equipment.
Communication in team	Understands and invokes the principles of teamwork. Transmits information to other patrol member. Communicates with Command Centre and other police officers, as well as with representatives of other institutions.	Not clear division of the roles. Not transmitting the key information.
Communication with perpetrator and other people involved in situation	Communicates with people involved in situation, interacts with offender. Verbally or physically moves people away from the threat, and attracts offender’s attention from people to itself, searching for opportunity to decontaminate him.	Not giving clear commands or instruction. Not providing last warning before use of force
Taking initiative and adapting to the situation	Takes the initiative from a colleague, changes roles (action, safety, communication).	Passive stance Not supportive behaviour Not understanding of evolving situation

Situational awareness	Promptly identifies the source of the emerging danger, has the ability to maintain visual control while working in a team. Collects information from visual assessment of the situation, people involved in the situation, supporting police officer or other police officers and other institutions.	Not capable to build situational awareness
De-escalation techniques	Uses de-escalation techniques to suppress incidents and chooses the style and content of communication with the offender correctly. Does not demonstrate aggressive use of duty gun and other duty belt equipment.	Absence of attempt to use de-escalation technique Escalating situation by aggressive attitude or use of non-proportional
Preparing to use force	Quickly prepares to use force – the position is correct, everything is in the right place, readiness to use duty belt equipment or handgun is prompt.	Lack of readiness and preparedness Wrong positioning
Tactics and techniques principles	<p>Uses basic tactics and techniques principles in detaining situation:</p> <ul style="list-style-type: none"> - changes one duty belt equipment with another or replaces it with gun and vice versa - changes position and variations depending on situation - correctly chooses shooting position (assessing whether is safe to shoot or there are people behind the offender) - chooses the right cover - actions under cover (reload handgun, regroup, medical help, movement) 	Using non-adequate techniques lack of synchronisation

ASSESSMENT SHEET			
Participant			
		(name surname)	
	Tested knowledge/skills in overcrowded city streets	Max amount of points	Acquired points
1.	Communication with the injured and with each other	1	
2.	Taking care of the security of injured person and themselves	1	
3.	Recognize and stop massive bleeding and other life threatening injuries	1	
4.	Treating possible heart attack	1	
5.	Following the safety principles	1	
6.	Control of handgun and other duty belt equipment	1	
7.	Communication in team	1	
8.	Communication with perpetrator and other people involved in situation	1	
9.	Taking initiative and adapting to the situation	1	
10.	Situational awareness	1	
11.	De-escalation techniques	1	
12.	Preparing to use force	1	
13.	Tactics and techniques principles	1	
	Total	13	
Trainer			
		(name surname)	
Notes/remarks:			

Learning material
TRAINING ON THE USE OF FORCE
AND BASICS OF TACTICAL MEDICINE
for first responding
police officers

About the learning material

The following material is meant to be used as the theoretical base for the practical exercises of the training. Therefore, it should be seen as pre-learning package, which goal is to refresh and balance the level of learners' knowledge, preparing them for the practical part of the training.

One of the ways to deliver it to the learners is through the presentations and quizzes via e-learning system, as can be seen at the following link: <https://e-obrazovanje.fkz.hr/course/view.php?id=1172>. Other ways include short online or face-to-face lectures, or the handouts for independent reading and learning.

Even though the training is focused mainly on skills improvement regarding the use of force in performance of everyday tasks as well as building up capacity in providing first aid to different sorts of injuries – it is important to underline the legal framework and refresh theoretical knowledge related to the mentioned skills.

The material follows the curriculum's topics of the independent learning phase:

Use of force	Core principles in the use of force Progressive sequences/use of force continuum Giving command/de-escalation techniques Entering rooms and buildings
Basics of tactical medicine	Basic life support Foreign body airway obstruction Hypothermia First responders tactical medicine

Each topic is followed by the key questions that can help learners self-assess their learning.

GENERAL PRINCIPLES GOVERNING THE USE OF FORCE

The main goal of this topic is to enable the learners to identify the principles in the use of force according to the national laws and EU standards, with full respect of fundamental rights principles.

The use of coercive means is prescribed in detail by national laws and international documents in order to prevent the disproportionate and unfounded application of police powers leading to possible inhuman or degrading treatment. The principles of proportionality and necessity are incorporated into legal provisions of all developed countries. Those provisions stipulate that – when using force – a police officer must use the mildest coercive measure that achieves the goal, and only to the necessary extent and until the end of the reasons for using it – that is, until a person who behaves violently and/or agitated is under control. In addition, it is necessary to respect the dignity, reputation and honour of each person, as well as other fundamental human rights and freedoms.

Therefore, police officer performing intervention should remember that the choice of the appropriate technique depends on the multiple factors, or core principles of **legality**, **necessity** and **proportionality**.

The use of force in police operations is mainly governed by **international human rights law**, which is applicable at all times (in peacetime as well as during armed conflicts), and by **national law** as well

The use of force in police operations has to be strictly regulated by **states**

In particular, states must ensure that **national legislation** is brought into **line with their international obligations** and sanction their officials if they have used force in an excessive or otherwise arbitrary way

The **European Charter on Human Rights** is the only human rights treaty that mentions in an exhaustive way the circumstances under which the use of force can result in deprivation of life without violating the right to life: **when absolutely necessary...**

Core Principles – Legality



when absolutely necessary means:

- a) in defence of any person from unlawful violence
- b) in order to effect a lawful arrest or to prevent the escape of a person lawfully detained

- c) in action lawfully taken for the purpose of quelling a riot or insurrection (ECHR, Article 2).

Core Principles – Necessity

Principle of necessity means that use of force:

- shall be exceptional
- shall only take place where it is strictly necessary to ensure the performance of the police service’s duties or in self-defence
- shall only be used as a last resort, after every reasonable effort has been made to resolve a situation using non-violent means
- shall never be arbitrary or abusive

„Law enforcement officials will even **have to consider** withdrawing and not continuing to pursue a legitimate objective if the negative **consequences** of the use of force would be **too serious** in **proportion to the reason** for the use of such force.

Core principles

In particular, the utmost attention must be paid to the protection of uninvolved people.”*

*International rules and standards for policing. International Committee of the Red Cross. 2015. p. 35. See also Use of Force: Guidelines for implementation of the UN basic principles on the use of force and firearms by law enforcement officials. Amnesty International. 2015. p 105.

Core Principles – Proportionality

Police officer shall:

- act in **proportion** to the **seriousness** of the situation and the legitimate objective to be achieved
- **not** use **more** force **than** is absolutely necessary to achieve the legitimate objective
- ensure that, if a firearm is used, such use causes the **least possible injury** and **minimises injury and damage** to the greatest possible extent

Police officer may **waive** the measure if it leads to unacceptable result.

Police officer should:

- fully **respect** and aim to preserve human life and human **dignity**
- **minimise** the **risk** of **injury** and **damage** during operations
- **give clear warnings** of their intention to use force, **unless** giving such a warning would **unduly place the members of the teams at risk or would create a risk of death or serious harm to others, or would be clearly inappropriate or ineffective in the particular circumstances**

Core principles

During the intervention, police officer must take into consideration **core principles** and **following factors**:

1. level of threat
2. behaviour of the controlled person
3. circumstances of the person’s detention
4. type of crime committed by the detained person
5. physique of the detained person and the intervening officer
6. police officer’s own skills in the assessment of the situation
7. safety of the police officer, their partner and bystanders, and the target person

8. possibility of ensuring fundamental rights safeguards
9. possibility of reducing the threat and avoid using force

REPEAT AND ASSESS

For patrol police officers, when is the use of force considered justified according to the principle of legality?

- a) When authorized by law
- b) When trying to assert dominance
- c) When the officer feels threatened

How does the principle of necessity apply to patrol police officers in the use of force?

- a) Officers should use force only when it is necessary and reasonable
- b) Officers should use force to intimidate suspects
- c) Officers should use force as a first resort

How does the principle of proportionality guide police officers in determining the appropriate level of force to use in a given situation?

- a) Officers should avoid using force altogether
- b) Officers should always respond with the highest level of force available
- c) Officers should use force that is proportionate to the level of resistance or threat faced

When evaluating the proportionality of the used force, which factor should police officers consider first?

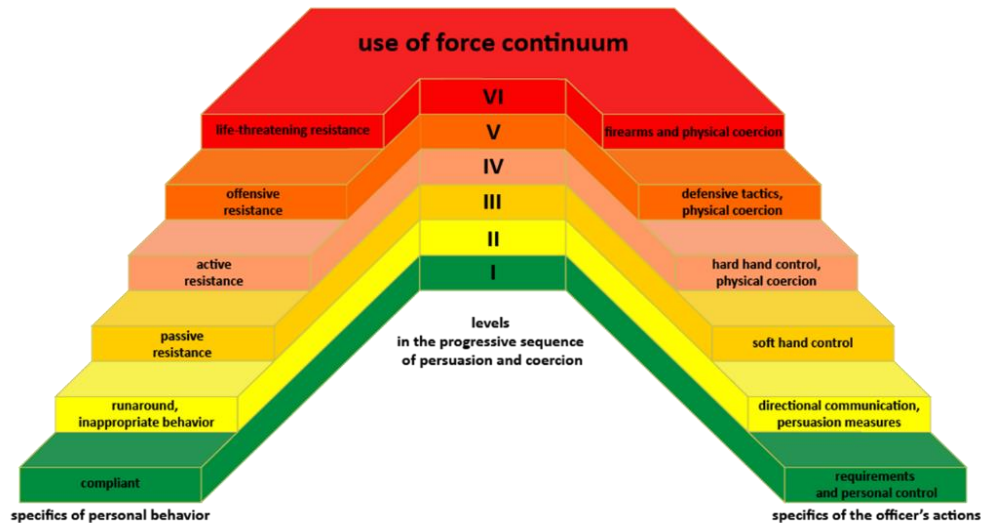
- a) Seriousness of the threat
- b) Time of day and environment
- c) Gender of the suspect

When faced with a potentially violent situation, what steps can police officers take to minimize the need for force?

- a) Yell commands loudly to assert and demonstrate their authority
- b) Immediately draw their weapon to establish dominance
- c) Maintain a safe distance, communicate calmly, listen actively and give clear commands

USE OF FORCE CONTINUUM

Police officers have a legal right to use the appropriate amount of force when necessary. The key is to decide what amount of force is appropriate and when it is necessary it. Police officer may find it useful to reflect on the use of force continuum or progressive sequence in persuasion and coercion.



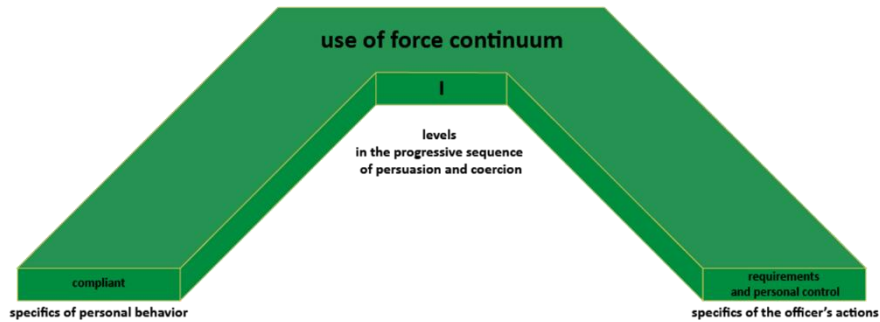
The goal of this topic is to enable learners to describe the use of force continuum according to the level of threat. Therefore, the emphasis is on those tactics and techniques that avoid or remove the need to use coercive measures and avoid making assessments and decisions lightly.

In all levels of threat, across the use of force continuum, this means that police officers should focus on:

- Distance management/positioning
- Effective communication with the person(s)
- Controlling/escorting techniques
- Core principles in the use of force – proportionality, necessity, legality.

Since police officers should adjust their conduct to the specifics of behaviour of the persons they encounter and the level of threat they face – in the following text those levels are described in details, along with the recommended actions of police officers.

DEALING WITH THE COOPERATIVE PERSON



**Level 1
of progressive
sequence**

A passive person **follows the instructions of a police officer**, does not argue and agrees with all requirements

Police officers must choose **safe position** and communicate with the person **friendly, politely and with respect** – briefly explain the reason of the request using verbal or non-verbal communication

It is important to **be prepared for an unexpected attack** by the person, to be able to react in time and arrest him

**Basic
safety
principles
in police work**

Dividing into tactical functions – **action, cover, radio communication**

The appropriate preparedness positions (tactical distance)

360 degree visibility

Appropriate communication with the person

Visible hands all the time

Quick reaction to changed situation

Distance management/positioning

**Specifics of ensuring
situational
control**

Keep the distance

Choose the right position of observation

Don't keep your weapon easily reachable

**Right
position of
observation**

Right position of observation is a **standing position** that ensures maximum safety. It allows you to defend yourself and your weapon from possible attack.

In this standing position:

- legs are in shoulder width, slightly bent
- the center of gravity is moved lower
- arms are slightly bent at the center of your body

The appropriate preparedness positions

Three main tactical positions of police officers



Relaxed



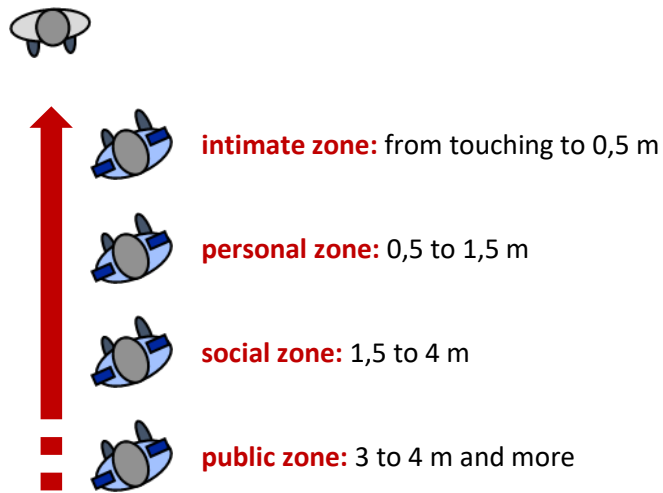
Communication



Information collecting and sending

Three main tactical functions of police officers





Specifics
of ensuring
situational
control

Zones/distances



Intimate zone:
from touching till 0,5
m



Personal zone:
0,5 till 1,5 m

Specifics
of ensuring
situational
control

Zones/distances



Social zone:
1,5 till 4 m

Specifics
of ensuring
situational
control

Zones/distances



Public zone:
3 till 4 m and more

Specifics
of ensuring
situational control

Triangles
rules

Variation 1

In front of the suspect

Watch the video:

<https://youtu.be/mr92C3HdMDw>



Variation 2

One police officer is watching the back side of the suspect

Watch the video:

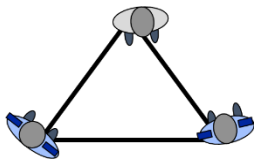
<https://youtu.be/6VZ8BWb2B6w>



Variation 1:
In front of the suspect (next to the wall)

Specifics of ensuring situational control

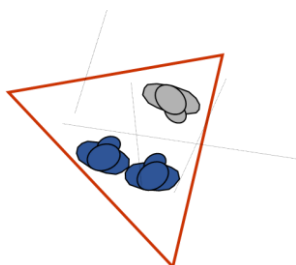
Triangles rules



Variation 2:
One police officer is watching the back of the suspect

Specifics of ensuring situational control

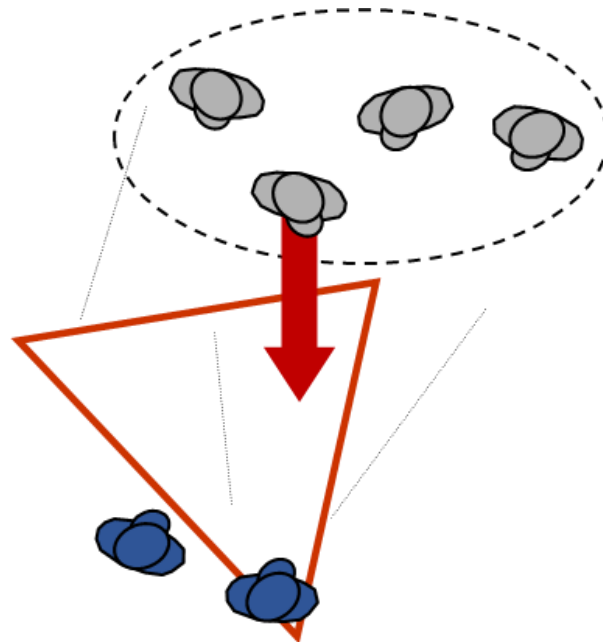
Triangles rules



One police officer is watching the back of the suspect and observing the rest of the group (it is important to invite the suspect and separate him/her from the group during communication)

Specifics
of ensuring
situational control

Triangles
rules



Verbal communication: common phrases

„Hello sir.“

„I am police officer _____.“

„Do you speak English?“

„Please, follow our requirements.“

„Speak more slowly, please.“

„Repeat, please.“

„Do you have an ID card or passport?“

„Your ID card, please.“

„What is your full name?“

„What is your date of birth and place of birth?“

„Where do you live now?“

„What is your mobile phone number?“

„I will check your personal information, stay here for a moment, please.“

„Please wait here, until the protocol is written.“

„Please explain the circumstances of the event.“

„Please sign here.“

„Here are your documents back.“

„Have a nice day.“

Non-verbal communication



STOP



COME HERE



TURN AROUND



ON THE GROUND



SHOW ME YOUR HANDS



Watch the videos:

<https://youtu.be/KAiS-MLKiA>



https://youtu.be/mEiuEuJZ_Vk



RAISE YOUR CLOTHES



GO THERE

When the person gives the documents,
„action” officer takes it with his weak hand



Specifics of
checking the
documents

After taking the documents, take a step back



If the person drops documents,
police officers must ask the person to pick them up



Specifics of
checking the
documents

If the person drops documents
and the person can't pick them up by themselves, police
officer must ask the person to move away and pick up the
document

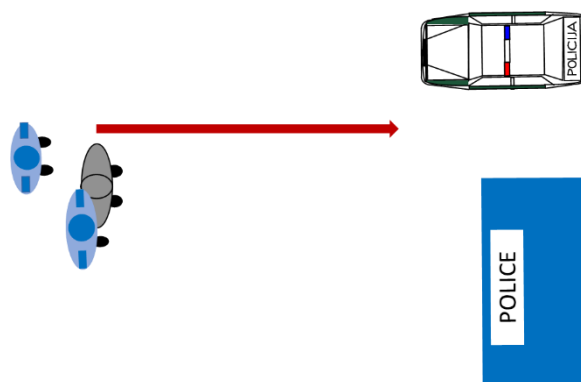


Escorting techniques

Position in open space when the person cooperates



Position in open space when the person cooperates



Position in facilities going through the door and showing direction

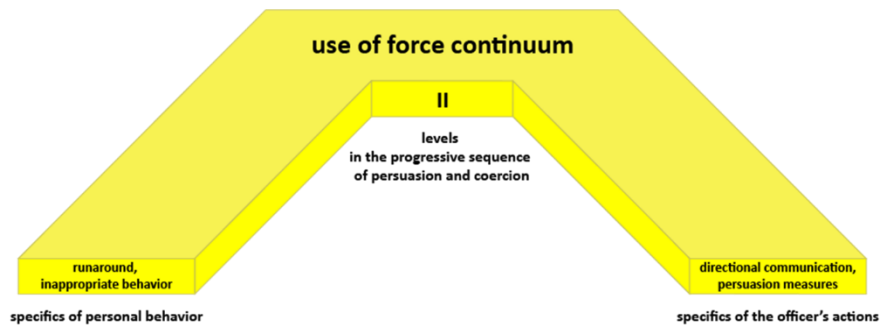


Soft hand control for helping to move (when the person is drunk etc.) and showing direction



DEALING WITH THE PERSON WHO IS NOT FOLLOWING ORDERS

**Level 2
of progressive
sequence**



Person who **does not agree with the lawful demands** of police officers and **does not comply with instructions**

Person is **arguing** and there is a high possibility of **resistance**

At this level, it is important to **communicate** with the person without provoking more conflict

It's important to **explain once again** to the person the reason for the detention and use the **persuasion measures**

If the person approaches – it's important to keep the safe distance by using weak hand



If the person calms down after using persuasion measures, the procedure continues as described in level 1 of progressive sequence



Verbal communication: common phrases

„STOP, police! Don't move!“

„Don't approach!“

„Keep the distance!“

„Do you understand me?“

„Calm down!“

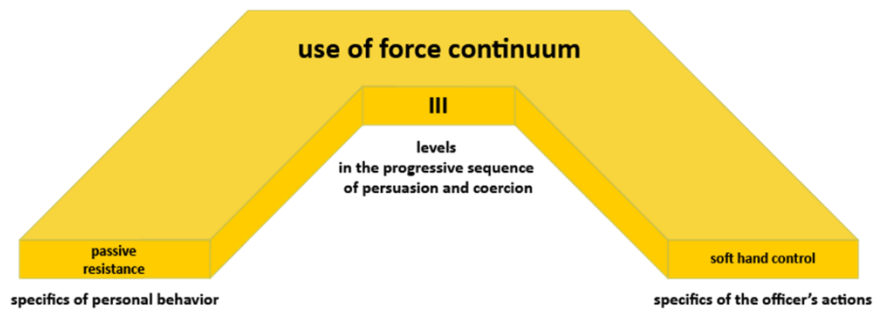
„Please follow our requirements. If you don't follow our requirements, we will use the force.“

„Please, look at me.“

„Please, cooperate with me.“

„Please, show your hands.“

USE OF COERCIVE MEASURES IN OVERCOMING PASSIVE LEVEL OF RESISTANCE



Level 3 of progressive sequence

At this level all possible **means of persuasion** have already been **exhausted** and are **ineffective**

In this case, the person is just **standing, sitting or lying down**

Police officers in such cases are recommended to do **“soft hand control”** in one action

Police officers must grip the persons **wrist** with one hand, the other hand takes control of the **elbow**

Correct requests/commands when dealing with non-compliant person(s)

First of all police officers should use **persuasion measures**

Recommended phrase “Please follow our requirements. If you don’t follow our requirements we will use the force”.

If the suspect person not following police officers requirements, recommended to use **„soft hand control“**

Hand blocking with coordinated actions

Placing the person in a suitable position for **body searching**

Block and **take control** of arms and legs

Types of passive resistance

Standing

Sitting

Lying

Techniques for overcoming passive resistance of a person



Taking the wrist

Soft hand control techniques



Control the elbow

Techniques for overcoming passive resistance of a person

Soft hand control techniques in standing position



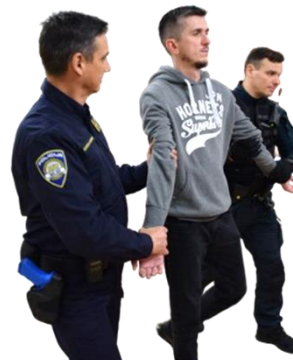
2 police officers standing in front of suspect



2 police officers standing in front of suspect



Blocking two hands



Escorting

Watch the video on soft hand control techniques in standing position:

<https://youtu.be/B2C-iMdPdOc>



Techniques for overcoming passive resistance of a person

Soft hand control techniques in sitting position



2 police officers standing in front of suspect



Approaching



Lifting



Escorting

Techniques for overcoming passive resistance of a person

Soft hand control techniques in laying position



2 police officers standing in front of suspect



Approaching the person and communicating

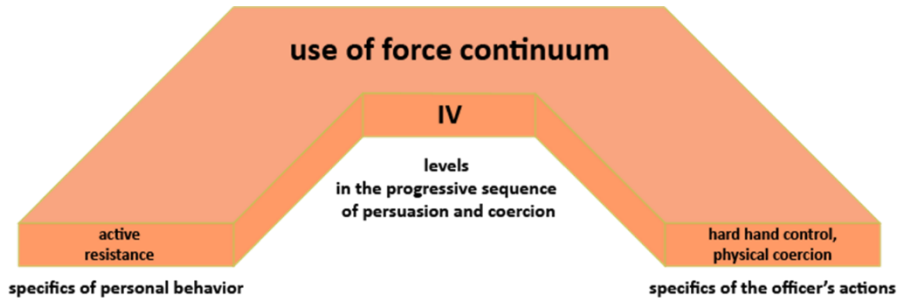


Lifting



Escorting

USE OF FORCE IN OVERCOMING ACTIVE LEVEL OF RESISTANCE



**Level 4
of progressive
sequence**

At this level the offender is tightening his hands, pushes police officers away from himself with **active action**

The offender pulls back actively while **avoiding detention**

Police officers use **“hard hand control”**, by controlling the wrist or elbow of the offender, using a gas sprayer or other coercive measures

When person is under control, police officers use **handcuffs**

**Techniques for
overcoming
active level
of resistance
of a person**

First of all we should use **persuasion measures**

Recommended phrase “Please, follow our requirements. If you don’t follow our requirements, we will use the force.”

If the person is tightening his hands, pushes police officers away from himself with active action, or actively pulls back while avoiding detention, it is recommended to use **„hard hand control“**

Correct requests/commands when dealing with non-compliant person(s)

Recommended phrases

„STOP, police! Don’t move!“

„Give your hands!“

„Don’t resist!“

„You must cooperate with us!“

„We will use force!“

„Follow the requirements!“

„Calm down!“

„Please, show your hands.“

Techniques for overcoming active level of resistance of a person

Locking trough armpits and lifting legs to put the subject down on the ground



2 police officers using soft hand control



The person is tightening hands

Pressure on the elbow joint and wrist control



Elbow joint lock



The person is tightening hands



Transition (I)

Elbow joint lock



Transition (bending arms, control on elbow and rist)

Watch the video on elbow lock:
<https://youtu.be/cFyESWMamEY>



Locking trough armpits and lifting legs to put the subject down on the ground



2 police officers using soft hand control



The person is tightening hands



Locking trough armpits



Locking through legs



Lifting legs



Detention

Locking trough armpits, taking backwards to put the subject down on the ground and locking wrists joints



2 police officers using soft hand control



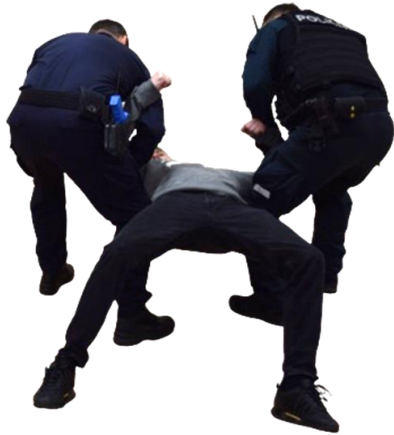
The person is tightening hands



Locking trough armpits and legs



Trip up



Putting on the ground



Locking wrists and elbow



Preparing to transition



Transition

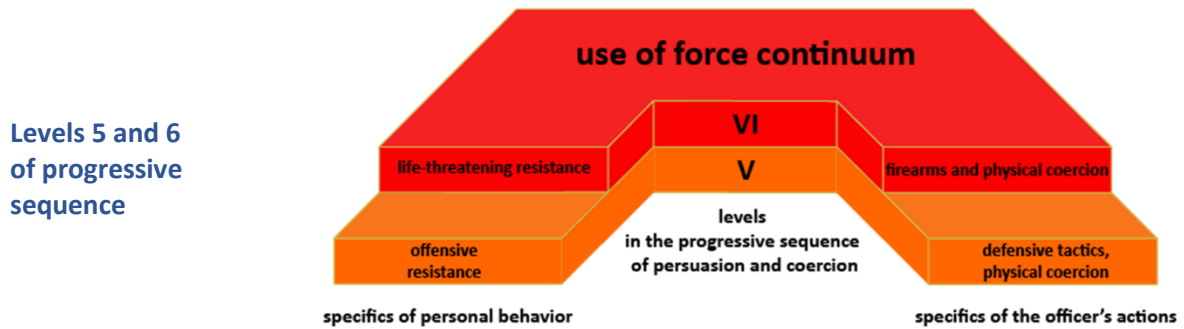


Transition (II)



Detaining

DEALING WITH THE THREATENING PERSON



Levels 5 and 6 of progressive sequence

At this level the offender **attacks** police officers and try to harm them with **active action**

Level 5 of progressive sequence

The attack may occurs by **hitting** with hand or leg, **gripping** to a uniform, trying to take the officer **down on the ground**

Depending on the person's actions, **officers block the blows, spray a pepper spray into the person's face, use an electric shock device, and in the case of a real, obvious and dangerous attempt – they hit him with their hands or legs, strike with police baton, take the person down to the ground, put handcuffs**

Level 6 of progressive sequence

At this level the offender **attacks police officers** or other persons with a **weapon** or **other dangerous items** (for example throws a brick, stone, pick up a stick etc.)

The offender **threatens to kill** and **approaches** officers or other persons with a **dangerous object**, or pulls out a firearm and points it to police officers or another person

Police officers have the right to make **destructive strike** with a police stick, to use an electroshock or gun.

Signs of possible attack

Aggressive, threatening behaviour

Breaking safe distance of police officer and starting attack

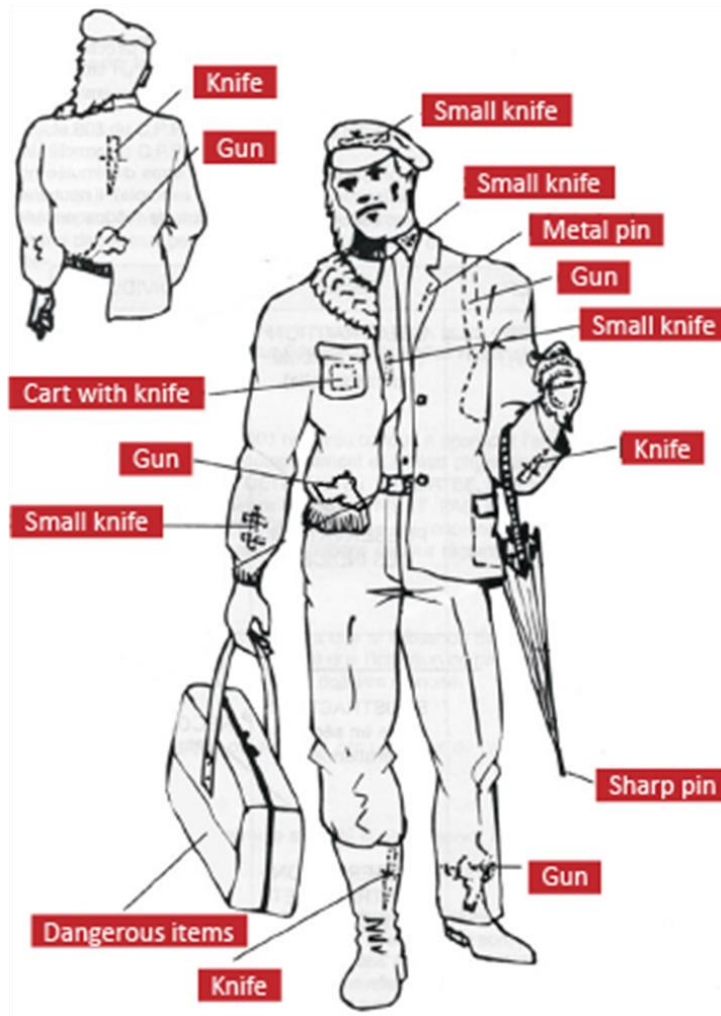
Searching item for possible attack

Changing of the stands position, taking the fight position, looking around for possible support

Previous information about suspects dangerous behaviour

Every abnormal/suspicious behaviour (drugs or alcohol influence, mental disease etc.)

Identification of dangerous items that could be used by person



Fighting positions: Defensive



Fighting positions: Offensive



Clinch positions: Symmetrical fighting



Clinch positions: fighting – hands up



Clinch positions: fighting – hands down



Clinch positions: fighting from the back



Pushing positions: push offender



Pushing positions: make distance



Pushing positions: after increasing distance possible
special measures to use



Pushing positions: after increasing distance possible
special measures to use



REPEAT AND ASSESS

Connect suspect's behaviour with the actions of police officers:

Life-threatening resistance	Soft hand control
Passive resistance	Hard hand control
Offensive resistance	Defensive tactics
Active resistance	Firearms and physical coercion

If the suspect is tightening his hands, pushes police officers away from himself, or pulls back, police officer will:

- a) Try to take the suspect down to the ground
- b) Use persuasion measures
- c) Threaten the suspect with a gun
- d) Use hard hand control

Type of passive resistance can be:

- a) Running
- b) Yelling
- c) Pulling back
- d) Sitting

What is the first measure that police officer should use in curbing passive-defensive level of resistance?

- a) Persuasion measures
- b) Threaten the suspect with a handgun
- c) Block and take control of arms and legs
- d) Taking the suspect down to the ground

When the suspect attacks police officer – for example, by hitting him with hand or leg, gripping to the uniform, trying to take him down to the ground – police officer will:

- a) Threaten the suspect with a handgun
- b) Use persuasion measures
- c) Call a backup and observe the situation
- d) Block the blows and take the suspect down to the ground

GIVING COMMAND AND DE-ESCALATION TECHNIQUES

As explained in the previous chapter, the use of force is permitted only when necessary to achieve the immediate goal of the lawful execution of the police task. Police officers, hence, have the obligation to attempt to resolve potentially violent conflict by persuasion, negotiation and mediation. Only after these attempts have been exhausted or proved unsuccessful, it is justified to use force.

Police officers, therefore, have to acquire special communication skills in stressful situations. They have to be able to avoid the use of force whenever possible, using different verbal communication techniques in critical situations such as persuasion, negotiation and conflict mediation techniques.

The need for effective de-escalation skills is increasingly present in police work. Understanding the escalation process in crisis situations can redirect police intervention in the direction of non-violent resolution of the situation. In the practical part of this training learners will exercise the skills of recognizing the so-called early signs of possible escalation during police intervention. Simulation exercises will enable them to act and communicate under stress and in stressful situations, and to use de-escalation techniques.

One of the key goals of those simulation exercises is to achieve the understanding of the importance of establishing quality communication with a person who is in a state of agitation or irritation, whereby good use of de-escalation techniques can resolve the situation without the use of force. This communication has several goals:

- first is trying to identify the reasons for the distress of the person, while taking care of his/hers safety and assessing the situation all the time
- second is to use the methods of active listening and showing empathy
- third is to try to explain the reason for the police action and further steps to be taken to the disturbed person through dialogue.

De-escalation techniques

De-escalation techniques aim to **reduce the intensity** of a potentially **violent** or confrontational situation, thereby **minimizing** the need for physical **force**

Why to use them?

Using de-escalation techniques can help police officers **prevent** situations from escalating into violence, protect the safety of **all individuals involved**, and maintain public **trust** in law enforcement

De-escalation techniques

Steps and Practices

Maintain Calmness and Composure

Officers should remain **calm, composed**, and in control of their **emotions** and **reactions**

This sets a **positive** tone for the interaction and can help to de-escalate the situation

Active Listening

Officers should **actively listen** to the concerns of the individuals involved in the situation

Showing **empathy** and **understanding** can help defuse tension and build relationship

Establish Relationship

Building a positive relationship with individuals involved in the situation can help establish **trust** and **cooperation**

This can be achieved through **respectful communication** and **body language**

Use Verbal Communication

Clear and effective communication is key to de-escalation!

- **Use simple and direct language!**
- **Avoid jargon and disrespect!**
- **Provide clear instructions!**

Individual will easier understand the situation and comply with your commands

Create Space

- Provide **physical space** between you and individuals involved in the situation
- It can help you to **reduce tension** and prevent escalation
- Be mindful of your **body language** and **positioning** to avoid appearing threatening

Offer Options and Solutions

- Provide individuals with **options** and **alternative solutions**
- It can help empower them to make **better choices** and **diffuse** the situation
- Try to work **collaboratively** with individuals to **find peaceful resolutions**

Seek Assistance

If the situation **escalates** or if additional resources are needed (medical assistance, negotiator), **request backup** or specialized units to help **manage the situation** effectively and **safely**

Non-Physical Tactics

Invest **efforts** and try to use non-physical tactics such as **dialogue**, **negotiation** and **conflict resolution techniques**
Effective communication plays a crucial role in de-escalating tense situations and fostering **positive interactions**

Some Tips

1. Clearly explain the reason for your actions in a respectful and non-confrontational manner
2. Provide clear and concise instructions on what is expected from the individual
3. Use a calm tone of voice and maintain eye contact to convey professionalism and establish rapport
4. Use neutral language and offer support to help resolve the conflict peacefully
5. Clearly communicate expectations regarding lawful behaviour and potential consequences for unlawful actions

To sum up, the task of police officer is to assess the situation, follow the steps in de-escalating process and select the proper command according to the level of threat. To help learners in this training perform in the simulation exercises, trainers made a list of basic commands (verbal and nonverbal) regarding the use of force and listed them according to the use of force continuum:

Common phrases when dealing with complying, cooperative person

Hello Sir/Madam.
I am police officer

Do you speak English?
Please, follow our requirements.
Speak more slowly, please.
Repeat, please.
Do you have an ID card or passport?
Show me your ID card, please.
What is your full name?
What is your date of birth and place of birth?
Where do you live now?
What is your mobile phone number?
I will check your personal information, stay here for a moment, please.
Please, wait here, until the protocol is written.
Please, explain the circumstances of the event.
Please, sign here.
Here are your documents back.
Have a nice day!

Common phrases when dealing with the person who is not following orders

Sir/Madam, please remain calm!
We are here to help you, please pay attention.
Please, follow our instructions for everyone's safety.
We want to resolve this peacefully.
Sir/Madam, please stay here.
You are not allowed to walk away.
Do not approach, please keep the distance.
If you do not follow our instructions, we will use a force!
STOP, police! Don't move.
Don't approach.
Keep the distance.
Do you understand me?
Calm down.
Please follow our requirements. If you don't follow our requirements, we will use the force.
Please, look at me.
Please, cooperate with me.
Please, show me your hands.
Please open your fists and spread your hands.
Sir/Madam, keep your hands visible at all times.
Please do not make any sudden movements.

Common phrases when curbing active level of resistance

STOP, police! Don't move
Don't resist.
We will use force.
Calm down.
Give your hands.

You must cooperate with us.
Follow the requirements.
Don't tighten your hands.
Sir, if you will not follow our instructions, we will use a force!
We want to resolve this peacefully, please follow our commands
Stop resisting! We do not want to hurt you!

Common phrases when dealing with the threatening person

Stop where you are!
Drop the weapon!
Put your hands up!
Get down on the ground, now!
Step out of the vehicle, very slowly, with your hands up.
You are under arrest. Stay still!

Useful phrases when clearing rooms

Back away slowly!
Get out into the open (visible) place.
Come to my voice. / Slowly move backwards to us.
Face to the wall.
Turn your head to the left.
Don't move, do you understand?
Do not resist, do you understand?

REPEAT AND ASSESS

De-escalation techniques are applicable in all situations and may be effective in contact with all types of individuals.

True or false?

Which of the following is an example of a verbal de-escalation technique?

- a) Ignoring the individual's concerns and repeating commands
- b) Using offensive language and clear commands to assert authority
- c) Active listening and demonstrating empathy

Which of the following is an example of a non-verbal de-escalation technique?

- a) Maintaining calm body language and tone of voice
- b) Pointing a weapon at the individual and showing direction to move
- c) Standing aggressively with hands on hips or on duty belt

What is the primary goal of de-escalation techniques in law enforcement?

- a) To escalate the situation
- b) To intimidate the individuals to start cooperating
- c) To calm the situation and reduce the need for force

ENTERING ROOMS

This topic is dedicated to the following goals:

- Recognizing different types of facilities and explain their characteristics
- Describing movement formations
- Listing rules of avoiding friendly fire
- Describing entry and clearing techniques

Depending on the current circumstances, there are two methods of access to the facilities: **slow scan** (when police officers have time) or **dynamic intervention** (when it is required)

Risk assessment/
potential
threats and
vulnerabilities

- Control zones must be **secured 360 degrees**
- In order to be safe of potential danger, it is necessary to use **existing covers**
- It is necessary to **handle gun safely**, always assessing the possibilities to use it
- It is essential to move and communicate in **silence mode**
- **Quick reaction** to the changing situation
- If you confront with one person, don't forget – **there could be one more**

Types of
facilities

- Staircases
- Corridors
- Rooms

Usually, staircase has a large empty space where any **sound** emitted is much better heard than in other rooms

Staircase is a type of facility that consists of spaces on different levels that are placed at different angles

Because of that, the principle „I see the one who sees me“

Specifics of checking
the staircases

does not apply in the staircase

When checking the staircase, team members need to move about **a meter away from each other** to have space to perform the necessary actions

Offender on the top step can **lean over the railing** so that he can see the feet of the officers when he is invisible to them

Climb without crossing your legs and take steps in such a way that your position is as **stable** as possible and allows you to move **comfortably**

There are two main ways of moving in corridors: **in line** and **in row**

The choice of the way of movement depends on the **size**, **layout**, **length**, **lighting** and **other features** of the corridor

Specifics of checking the corridors

Moving in line **increases the angle of vision**

When moving parallel, it is important to move at the **same speed**

When approaching a corner, you should position yourself **against the wall opposite the corner**, because of better visibility

All preparatory steps at the door should be done **quietly**

Before opening the door, it is necessary to **check on which side it opens**

Specifics of checking the rooms

Don't stop in front of the door

It is necessary to take a position in which it is possible to **secure a wide field of visibility** without endangering ourselves

Opened doors must be crossed as soon as possible when entering the room

Movement formations and communication

Communication methods are chosen depending on what information needs to be transmitted and how

When using **silent mode**, officers can choose multiple communication methods

Here are some ways to communicate:



Non-verbal signs



Radio communication device



Touch

Here are some ways to communicate:



Voice

Rules of avoiding friendly fire

Ensure gun safety individually and in the team

Timely communication between colleagues and officers

Identify yourself as a police officer

Avoid fast movement against other officers

Entry and clearing techniques

- **slow scan**
- **dynamic entry**

Facilities checking methods

Slice the pie



Quick look



Using special equipment (mirrors, drones, cameras etc.)



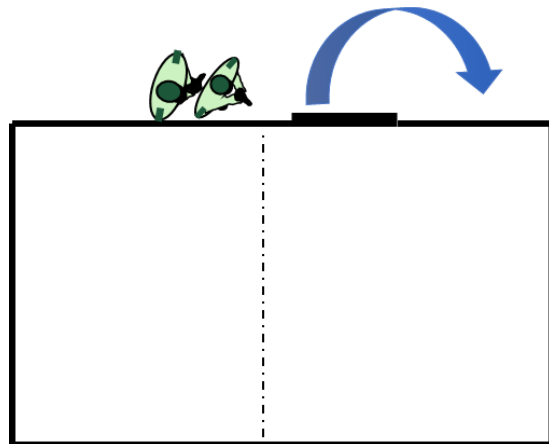
Searching rooms without gun

It is up to police officer to decide if there is the need to prepare duty gun or not. In a lot of cases police officers clear rooms without duty gun. When facing the threat – guns, shooting sounds, dangerous objects etc. - police officers should prepare the gun.



Method of positioning at room-type premises

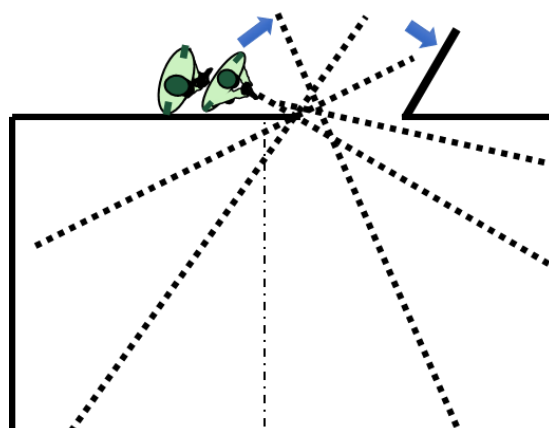
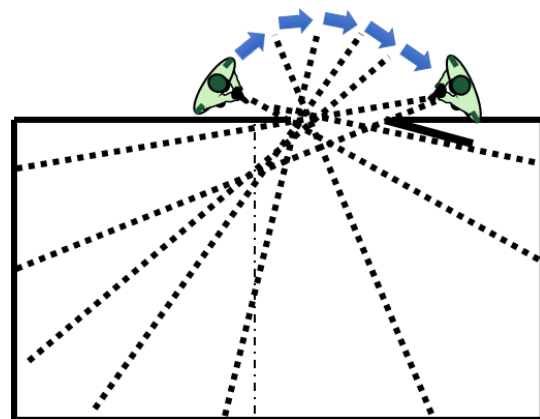
1. When the door opens inside, officers should be located at different sides of the door if possible
2. When the door opens outwards, officers can arrange themselves in a row. In this case, the officer at the rear must point the weapon in a safe direction



Slow scan

You need to **be ready when opening the door**, because there is a wide area from which the officers could be seen

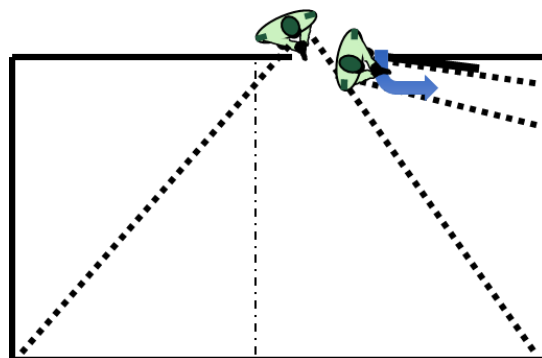
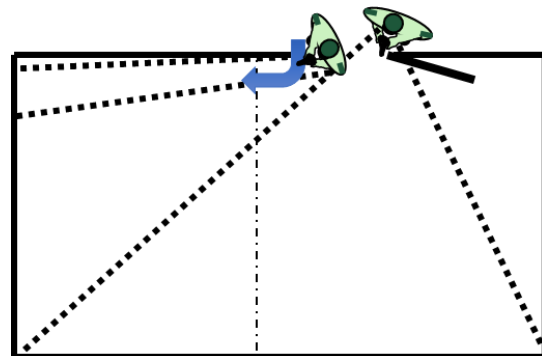
- A **slow scan** is the safest way to check a room
- In pie-slicing method, one officer stands about **one step away from the door and moves slowly** to assess the situation in the room
- This officer's body must be bent over and visible to the offender only by the **smallest part of face and weapon**
- Another officer **covers his control area** at that time



Quick look

After slow scan, the **nearest corners** of the premises remain **unchecked**

- A **quick look** is recommended in order to be completely sure that there is no danger
- This method is performed from **behind the doorframe** by checking the area of responsibility **with a quick look** (possible on the knee)
- While one officer is taking a **quick look**, another officer can **cover** him by watching for possible danger from further unchecked areas



Slicing the pie and quick look technique
https://youtu.be/m_w8rm38_r0

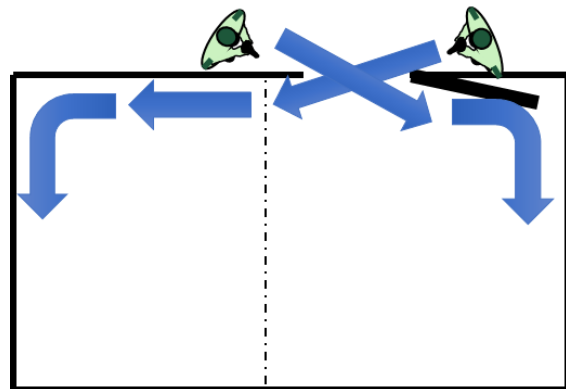
Watch the video:



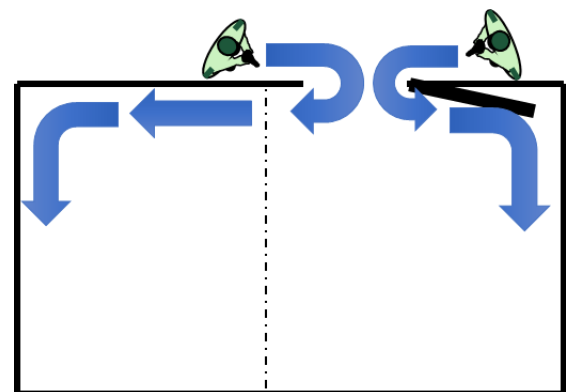
Dynamic entry

Dynamic entry is used when it is necessary to **detain offender** very quickly and unexpectedly

- Entry to the room can be done by using a **cross method**, where each officer moves in the opposite direction
- When the officers are inside, each of them moves to **his control zone's** corner that is closest to him
- During the checking, **three corners** in the direction of movement must be in the officer's control zone
- In the **hook method**, both officers run into the room and control their side of the room first



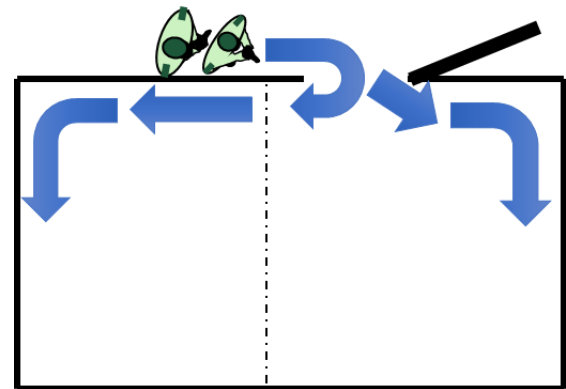
Cross method



Hook method

When the door opens to the outside and there is no way for officers to position themselves on different sides of the door, a **mixed entry method** can be used

- In this case, officers stand **in the row**
- After the agreed signal, both officers enter almost **at the same time**
- The second officer puts his hand on the first officer's **shoulder** to **signal** when to start the entry



Mixed entry method

Watch the videos:

Dynamic entry technique

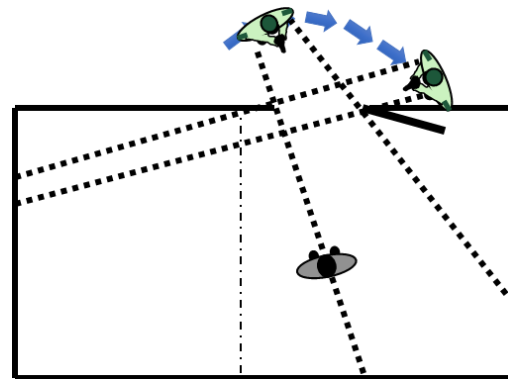
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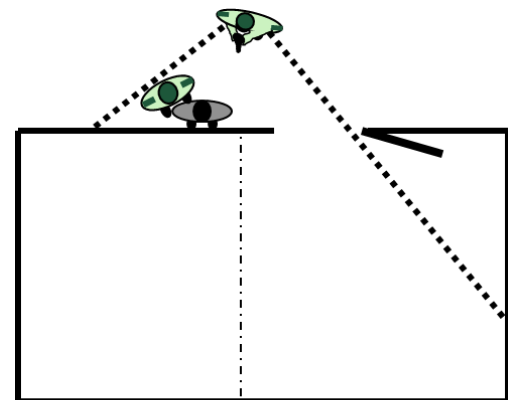
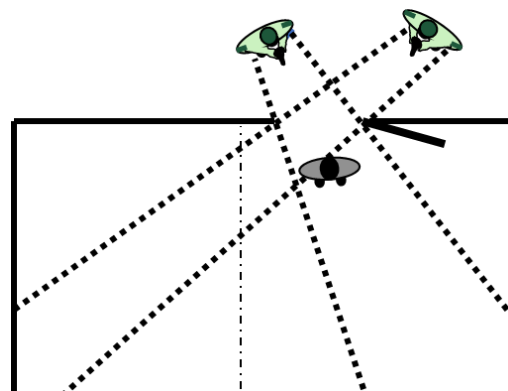


Specifics of the detention of dangerous and armed persons



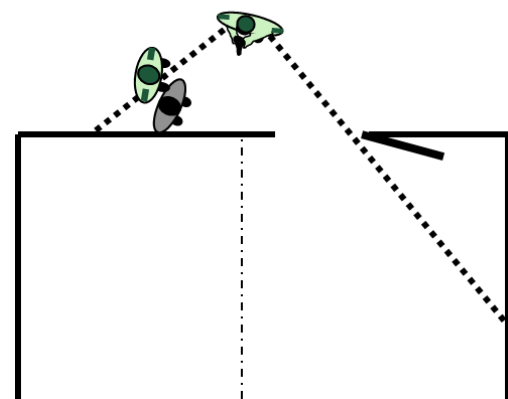
When a **person** is detected during a **slow scan**, **commands** are given:

- „Police!“
- „Spread the arms!“
- „Back to me!“
- „Get out into the open (visible) place!“
- „Come to my voice!“ (or „Slowly move backwards to us!“)
- „Face to the wall!“
- „Turn your head to the left!“
- „Don't move, do you understand!“
- „Do not resist, do you understand!“



If the person is detained in a secure area, the cover officer ensures **control** of the **detained person** and the **uncleared room**

When a partial checking of the person's **right side** is done, the person's other side is checked (it is not allowed to enter the line of fire)



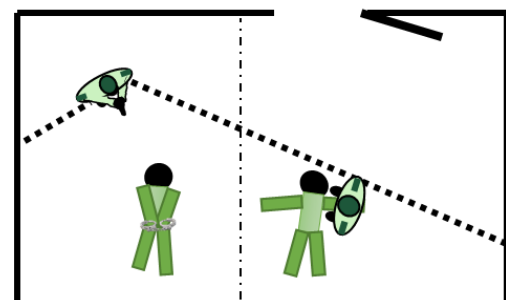
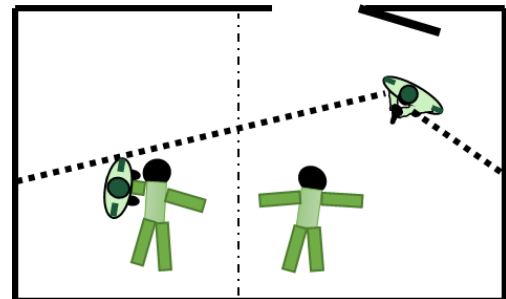
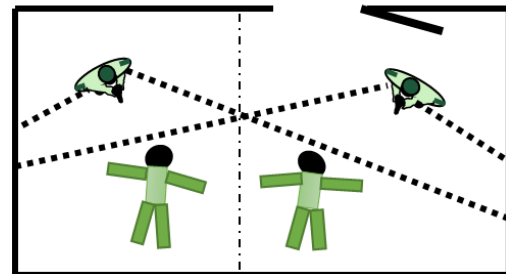
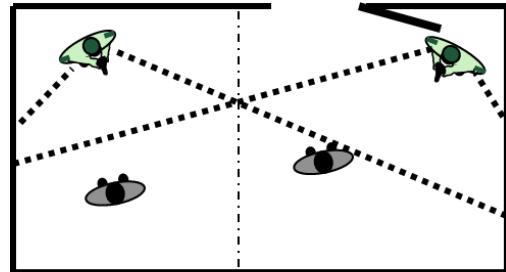
Features of the detention of dangerous and armed persons

When **two offenders** are detected during a **dynamic entry**, each officer in their control area gives **commands**:

- „Police!“
- „Spread the arms!“
- „The person in the grey sweater three steps to the left!“
- „Spread the arms!“
- „Turn your head to the left!“
- „Don't move, do you understand!“
- „Do not resist, do you understand!“

During detention, it is necessary to place the persons in a way that enables police officers to **control them**

- One officer provides the **cover function**, while the other one moves towards the **first detained person** and **puts handcuffs**. It is important for detaining officer to choose the side where he will not enter the line of fire
- When the first person is detained, the detaining officer **backs off** and takes over the **cover function**, by saying: „I'm covering.“ The second officer **handcuffs** the second person, avoiding the line of fire



REPEAT AND ASSESS

Specifics of the staircase that police officer should have in mind is:

- a) It is easy to shoot in the staircase
- b) The view is very clear in the staircase
- c) Principle "I see the one who sees me" does not apply in the staircase

When entering rooms, it is essential to move and communicate:

- a) self-confidently
- b) quickly
- c) in silent mode

You and your partner approach the door and see it opens outwards. You will position yourself:

- a) In line in front of the door
- b) In a row from the side where hinges are
- c) At both sides of the door
- d) In a row from the side that opens, opposite of hinges

When approaching a corner, you should position yourself against the wall opposite the corner, because of better visibility.

True or false?

When approaching the door, you will position yourself in front of the door.

True or false?

ADDITIONAL SUPPORTIVE MATERIAL

SITUATIONAL AWARENESS RISK INDICATORS COORDINATION IN TEAMS

It starts with situational awareness. If you don't know what's going on around you, the bad guys have a distinct advantage... the element of surprise. It typically takes two to five seconds for someone to realize that a dangerous situation is unfolding and begin to react to it. Those few seconds provide the opportunity to take control of the situation.

If you are aware of the situation around you; chances are you'll be aware that something is about to go wrong, even if you aren't exactly sure what's going to happen.

Situational awareness

The **ability to defend** yourself/others in a **life-threatening situation** starts long before touching a weapon.

It usually takes **two to five seconds** for someone to realize that he/she is in a dangerous situation and begin to react to it.

Situational awareness (definition)

Situational awareness is the ability to **perceive, understand, and estimate potential changes** of one's situation.

It involves comprehending a given circumstance, gathering relevant information, analysing it, and making informed decisions to successfully address any potential risks, hazards, or events that might occur. (Wikipedia) Situational awareness is about what there is, what can happen next, and how can the situation develop.

Situational awareness is the most important skill required by police to effectively assess and respond to encounters, including critical incidents. Incomplete or insufficient SA strategies can lead to errors in judgement, decision-making, and action, including tactics and use of force (UOF). Errors in UOF, in training or operational field settings, have severe consequences for public safety (article Springer)

Four levels of alertness

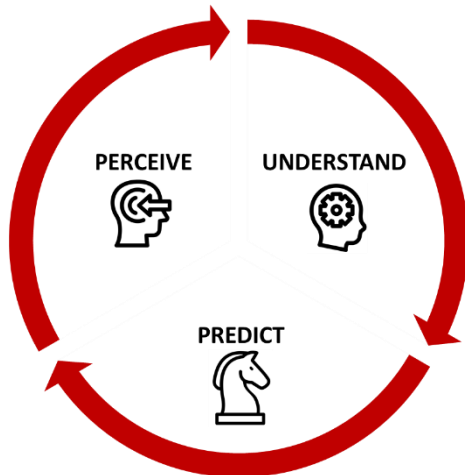
<p>White</p> <p>Unaware of what is going on around us.</p>	<p>Yellow</p> <p>Aware of what is going on around us and constantly scanning for potential threats.</p>
<p>Orange</p> <p>A potential threat is spotted and we are watching to see if it develops further.</p>	<p>Red</p> <p>The threat is real. We are ready to react to it.</p>

When it comes to perceiving and understanding the situation, we can use model developed by Col. Jeff Cooper, a former Marine and firearms instructor—which consist of colour codes. Known as Cooper's Colour Code, the different levels are meant to identify your mindset regarding the level of danger present and how you react to it. The levels can be seen as mental models to help you determine your cognitive readiness for any situation.

**Situational awareness
(in police work)**

- Police officer needs to do **two things**:
- make it a **habit** to be in condition Yellow
 - participate in situational awareness **training**
(to a point where he/she subconsciously see "strange" things)

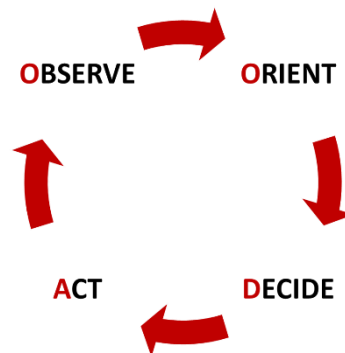
Situational awareness training has to bring police officers to a point where they see things that are out of the ordinary, without having to actively think about them.



Situational awareness is a critical step in deciding which **tactical approach** officers will use in any given situation.

This ability to perceive, understand and predict – in other words situational awareness – is the first step and precondition for police actions. By assessing the situation correctly, police officers are in a position to effectively respond to it, by using their tactical skills. Situational awareness informs subsequent decision-making, tactics, and actions of police officers.

Having less competence and relying on fewer tactical options will limit useful information gathering and situational awareness, further limiting potential alternatives for action.



OODA Loop

Military strategist Colonel John Boyd created what is known as the OODA Loop. It is a four-step approach to decision-making that focuses on filtering available information, putting it in context and quickly making the most appropriate decision, while also understanding that changes can be made as more data becomes available. The approach explains how agility can overcome raw power in dealing with human opponents. The OODA loop has become an important concept in litigation, business, management education, military strategy and law enforcement. According to Boyd, decision-making occurs in a recurring cycle of "observe, orient, decide, act".

Situational awareness is combination of observation and orientation - knowing what it is that you need to be looking for AND selecting the right point from which to observe. In other words, observation needs to have context. Looking just to be looking can overwhelm our senses. But when we are looking for specific things, we can filter out what doesn't matter and focus on what does. Selecting the right vantage point from which to observe is an important part.



Image: Icon by rukanicon

What it is that we should be looking for?

RISK INDICATORS

Anomalies that should trigger our attention

Behaviour conscious and unconscious

- unpleasant behaviour
- unusual actions
- covering hands
- aggressive or erratic behaviour
- avoiding eye contact by covering the head

External appearance

- outfit – clothes heavily damaged, incomplete, cut, torn or do not fit the person
- bulges in clothing
- personal data
- visible traces of wounds, infections, scars, skin changes after a fresh shave, signs of belonging to an organization or militia
- tattoos – e.g. identifying membership of a specific dangerous group

Communication (verbal and non-verbal)

- incoherent speech, nervous answers
- too few or too many details
- excessive sweating, feeling cold (cold hands)
- body language

Key situational elements and coordination in team



Key situational elements and coordination in team

Key situational elements that police officers must keep in mind at all times:

1. distance/time
2. partner roles
3. profiling the suspect
4. surrounding environment and conditions
5. tactical options and opportunities
6. ongoing assessment of own tactical activities and outcomes
7. dangerous objects

Distance/time

It includes distance **between the subject and police officers**, as well as distance **between police officers**.

- Distance is directly related to police officers judgements of how much time they had to respond. It also affects what behavioural response they could use (e.g. verbal instruction, command, and use of force). For example, the estimated distance indicates whether officer could cut the distance for quick and surprising apprehension or be able to get between a subject and bystanders to protect them. The distance is also directly related to the evaluation of the speed with which the subject could attack and whether there would be opportunities to react if the distance was not actively increased by the officer.

Primary/leading role: doing the work

Secondary/supporting role: supporting the leading officer

- **intervention**
- **safety**
- **connection**

Partner roles

The most important is to establish primary and secondary roles and tasks, which may change during the situation. Thus, both patrol members can perform different functions – one provides support while the other can work. Officers can facilitate the overall patrol’s common understanding of the situation through their verbal orders to the target person (e.g. “drop the knife and stand still”) so that even if another patrol member does not see the situation, they would be able to form their own situational assessment through the content of the order (in policing often referred to as “communication through the subject”). Therefore, roles are aimed at better assessment and control of the situation, making so-called 360-degree perception and action more efficient. Roles are tightly tied to tactics as well and are used to ensure the most safe and effective use of force (if necessary).

- suspect’s mood (e.g. angry, aggressive)
- suspect’s functional capacity
- suspect’s dress
- surrounding environment inform the officers about their suspect’s profile

Police officers should pay special attention to suspect’s behaviour – whether he/she is angry, aggressive etc.

Profiling the suspect

Functional capacity of the suspect is related to the assessment of how strong, fast, or possibly skilled and therefore dangerous he/she might be.

How he/she is dressed might influence the officers’ use of force and what they should be especially careful about. For example, suspect’s heavy shoes may pose a danger as he/she can possibly kick the officer or bystander.

Surrounding environment can say a lot about the suspect. For example, the way an individual maintains his/hers apartment (e.g. messy or tidy) says something about their functional capacity.

The reality created by the surrounding environment **inform police officers’ situational assessments** (for instance, whether there are “dark” corners hidden from the officer’s sight, the size of a room/place, the placement of furniture relative to possible activity, hallways or doors that could be seen as either supporting or impairing safe operation).

Surrounding environment and conditions

Ambient environmental conditions such as lighting or weather also impact SA and subsequent tactical decision-making, such that an officer might not use OC spray in windy conditions or in a housing unit with many apartments. The perspective of one officer alone may not be sufficient such that assessing the environment requires active engagement and shared knowledge between members of the patrol. In this way, information related to the environment is continuously updated during the operation and forms a more complete picture of the situation. This includes assessing the +1 rule, a common concept in police tactics that refers to the possibility of an unknown or additional threat including target persons or items.

Tactical options and opportunities are **directly related to other elements**, especially partner roles, profiling the suspect, estimation of distance and time, and the surrounding environment.

Tactical options and opportunities

At a general level, tactical options include verbal instructions, orders, or having a conversational interaction to de-escalate or resolve the situation. Another part of tactics is the evaluation of opportunities and possibilities for various UOF techniques or equipment. For instance, if a suspect is seated, it dictates which tactical options were possible for the officer to take control of the situation. Therefore, tactical options and opportunities are directly related to other situational elements, especially partner roles, profiling the suspect, estimation of distance and time, and the surrounding environment (including the presence of bystanders).

Assessment of tactical activities

- Assessment of own tactical activities and outcomes should be ongoing.
- Apply OODA Loop at any step of your activity.
- **Whoever makes the loop fastest – wins.**

Assess how your own tactical decision-making could affect the behaviour of the target person and how these actions could affect the safety of bystanders. The element of self-evaluation also includes consideration of the selection and effectiveness of various UOF tools, including physical force techniques. In other words, the goal is to predict the effects of your own action alternatives on the overall development of the situation. Self-assessment of the consequences of your own actions is also partly based on confidence in your own abilities and competencies. This, in turn, can affect the tactics and techniques chosen by you, either increasing or limiting potential options.

- weapons (e.g. knives, firearms)
- objects that could be used to cause harm to the officer or bystanders (e.g. chair, bottles etc.)

Dangerous objects are:

- either **directly visible** and thus immediately impact the situation and tactical options
- or their **possible presence** and impact on the situation is assessed on the basis of assumptions (e.g. there are always knives in the kitchen; there may be something in the target’s other hand that is out of sight etc.)

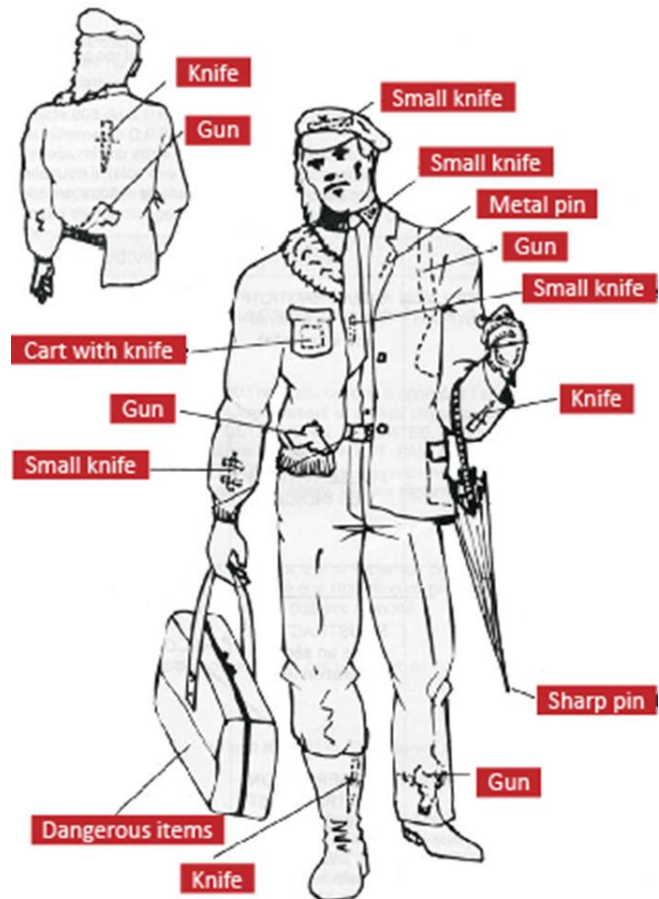
Dangerous objects

Situational awareness training has to bring police officers to a point where they see things that are out of the ordinary, without having to actively think about them.

Remember the +1 rule:

- if one weapon is visible, another may be hidden somewhere close by.

Dangerous objects



References:

Good Practices in the training of use of force, firearms and tactical procedures - TRAINER'S MANUAL for Basic Training of Category 1 Frontex Standing Corps

Juha-Matti Huhta, Paula Maria Di Nota, Tony Hietanen, Eero Ropo (2023) Deriving Expert Knowledge of Situational Awareness in Policing: a Mixed-Methods Study, Journal of Police and Criminal Psychology, <https://link.springer.com/article/10.1007/s11896-023-09574-6>

Situational Awareness Training: 14 Ways to Improve Your SA, <https://tacticalhyve.com/14-ways-to-improve-your-situational-awareness/>

BODY SEARCH

- Use tactical or medical gloves!
- Always be precise and follow the established procedure!
- Don't hurry and beware!
- Use your fingertips!
- First look then continue (use flashlight)!
- Ensure safety of the found item!

A **safety check** is necessary always when the person has been taken under the control, to ensure that the subject does not have anything that could pose a danger to themselves or others.

Team members make the decision to conduct the safety check **together** or **individually**, depending on the characteristics and behaviour of the subject. The important thing is to ensure the safety of the officers and maintain control.

Body search
in standing
position



Approaching the suspect



Positioning in safety triangle

When the person is without the handcuffs (spread arms)



Searching one side

Start by performing a **visual inspection** and ask the subject whether they have any dangerous objects before searching them. Then proceed to the **physical search**. Take care to frisk the whole body and also pay attention to the genital area.

Body search in standing position

General rules:

- safety check of a person is directly connected with techniques of handcuffing
- depending of the person's behaviour, you must do it with your partner standing by or together
- proceed consistently from the head to the legs or the legs to the head
- be mindful of intimate places

Body search in standing position



When the suspect person is without the handcuffs (spread arms)



When the suspect person is without the handcuffs
(switching side and block other hand)



When the person is without the handcuffs with hands behind the head (crossed fingers)



Controlling the hand of the suspect



Controlling the hand of the suspect

Body search in standing position



When the person is with handcuffs on the wall



Safe position – blocking the leg



Searching from top to the bottom (both sides)

When the person is with handcuffs on the wall



Searching pockets with flashlight

Detailed searching from head to the feet



Control and body searching one side



Detailed searching both sides

USE OF THE HANDCUFFS

Handcuffing

Handcuffing is always necessary when **violent behaviour** occurs or is expected, or when there is a reason to believe the subject may attempt **escape**.

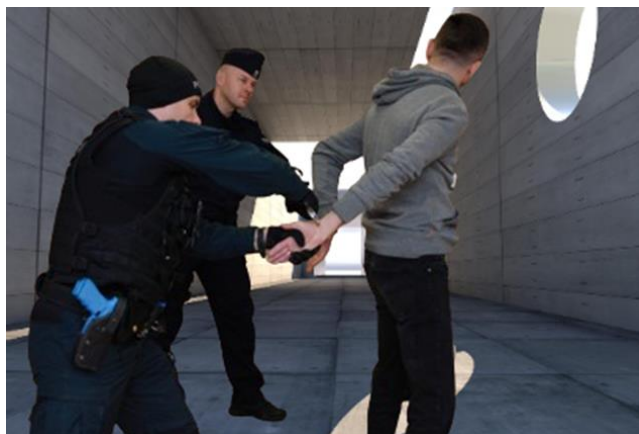
When the hands of the person are behind the back

Preparing handcuffs



Handcuffing in standing position in open spaces

Partial control of the wrist



When the hands of the person are behind the back

Preparing handcuffs/
Partial control of the wrist



When the hands of the person are behind the back

Putting first ring



Putting first ring



Putting second ring



Putting second ring



Adjusting the handcuffs – Securing/Locking the handcuffs



Watch the video:

<https://youtu.be/tCydiKH55wA>



Important

Do not release the handcuffs before both hands of the person are tied!

When the hands of the person are behind the head

Preparing handcuffs



Putting first ring



Partial control
of the wrist



Putting the
second ring



Watch
the
video:



<https://youtu.be/UdvE25tTld8>

When the arms of the person are spread

Handcuffing in standing position using vertical barriers

Partial control of the wrist



Putting first ring



Partial control of the wrist



Putting second ring



Adjusting the handcuffs



Securing/Locking the handcuffs



Watch the video:

<https://youtu.be/WSSfArVwUeE>

When the arms of the person are spread

Preparing handcuffs



Putting first ring



Handcuffing in lying position



Putting second ring

Adjusting the handcuffs



Securing/Locking the handcuffs



When the arms of the person are spread

Approaching the suspect



Removing the handcuffs

Removing the first ring from the weaker hand



While preparing to remove the second ring, the person must put the weaker/free hand on the back of the head and direct his look in the opposite direction from the one on which the policeman is



Watch the video:



Removing the second ring from the stronger hand



ESCORT TECHNIQUES

When the **subject cooperates** and does not pose any danger, the subject can be escorted from one position to the other by one or both team members, and with or **without handcuffs** – depending on the subject's behaviour.

Escort techniques

Available options for controlling the person are:

- visual control
- showing direction using touch to the person
- hand control etc.

Standing position when the person cooperates



Visual control, showing direction with hands

Contact control on elbow in standing position when the person cooperates



Contact with one hand on elbow and wrist joint – one police officer



**Contact with one hand on elbow
– two police officers**



Control point – C clamp two officers

Contact control on elbow in standing position when the person does not cooperate



**Contact control on joint wrist in standing position
when additional level of control is required**

Escort technique – joint wrist with one police officer



Escort technique – joint wrist with two police officers



Escort technique of handcuffed persons with one or two police officers



BASIC LIFE SUPPORT

The goal of the other area that this training tackles – tactical medicine – is to provide police officers with basic knowledge and techniques necessary for the safe and effective provision of emergency medical assistance in high-risk situations. The focus is on decision-making, identifying and stopping critical bleeding, and treating other life-threatening injuries or conditions.

In order to achieve this goal, the training focuses on developing and improving skills through series of exercises. However, learners need to have a certain level of theoretical knowledge in order to start gaining skills. Most of this knowledge can be gained through the following learning material, divided in four topics: **basic life support, foreign body airway obstruction, hypothermia and first responders' tactical medicine.**

The first topic within tactical medicine unit deals with basic life support, and the goal of this theoretical introduction is to enable learners to:

- Recognize the importance of early start with basic life support
- Define the most common indicators of cardiac arrest
- Describe the purpose and advantages of the use of AED.

Topic content is based on the International Liaison Committee on Resuscitation (ILCOR) 2020 Consensus on Science and Treatment Recommendations for BLS.

5 top messages

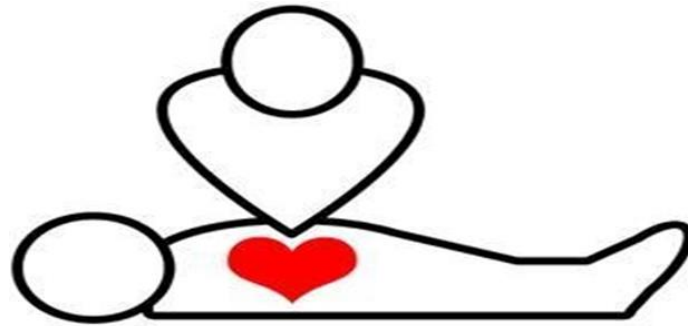
Every first responder has to be aware of the five important issues that can significantly contribute to saving human lives.

1. recognize cardiac arrest and **start CPR**
2. **alert** emergency medical service
3. start **chest compressions**
4. get an automated external **defibrillator** (AED)
5. **learn** how to do CPR

Basic life support (BLS)

Basic life support is a set of activities including **non-instrumental** maintenance of airway patency and maintaining **breathing** and **circulation**.

Your knowledge and skills can contribute to correctly recognizing the threat and performing resuscitation.



Important definitions:

Sudden Cardiac Arrest is a condition in which the mechanical activity of the **heart stops**.

In the **process of dying** we distinguish periods:

Clinical death

The period from the moment of cardiac arrest manifested by loss of consciousness, lack of breathing and circulation. This is a transitional stage that lasts for approximately four minutes. Providing first aid during this period of time, restoring vital functions by the rescuer has the biggest chance of success. After four minutes, the process of dying of the cerebral cortex begins.

Biological death

The period of progressive dying process after clinical death, which leads to irreversible loss of function of brain structures and the body as a whole.

Resuscitation and reanimation

Resuscitation

is a set of **rescue** activities involving the restoration of spontaneous **heart activity** and spontaneous (or assisted) breathing.

Reanimation

is a set of **rescue activities** that restore life symptoms, including **the return of consciousness**.

Chain of survival



Sudden cardiac arrest

may be reversible if **BLS** is implemented immediately

Symptoms of sudden cardiac arrest

- **loss** of consciousness
- shortness **of breath or gasping** - shallow, irregular breathing
- **convulsions** may occur
- pale or **cyanotic skin**
- **lack** of muscle tension

CPR training

Algorithm for cardiac arrest in adults (BLS-AED)

Ensure the safety of **yourself**, the **injured party** and **witnesses** of the incident.

1. Safety

If you have gloves, put them on. If you don't, do not delay rescue procedures. Pay attention to the possible threats – e.g. oncoming cars, unprotected high-voltages cables, unsecured structural element, a dog protecting his injured owner etc.

2. Response

Assessment of consciousness

Check if the injured person responds. Approach the injured person, kneel down, grab their shoulder and gently shake them, saying: "Hello, do you hear me?"



3. Airway

If the person does not respond, **open the airway** by using head tilt manoeuvre. Grab the jaw with one hand, the forehead with the other and tilt the head back while leaning over the injured person's mouth.



4. Breathing

Watch if the chest is moving. Try to feel and hear the injured person's breathing. **Look, listen** and **feel**. Do not spend more than 10 seconds on this. If at least **two normal breaths** do not appear during this period or the breathing is abnormal, call for help. If you are not sure whether the injured person has vital functions, perform chest compressions.



5. Call the emergency medical team

If you are alone, **turn on the speakerphone** or another hands free mode, and start CPR immediately.



6. Send someone for AED

If there are other people present, designate someone to call for help and **bring AED** if one is available nearby.



Uncover chest. Place the heel of one hand in the centre of the victim's chest – to the lower half of the victim's breastbone. Place the heel of your other hand on top of the first one and interlock your fingers. Keep your arms straight. Position yourself vertically above the victim's chest and press down on the sternum at least 5, but no more than 6 centimetres. After each compression, release all the pressure on the chest without losing contact between your hands and the victim's sternum.

7. Circulation

Chest compressions should be started as soon as possible, at a depth of **at least 5 cm**, but not **deeper than 6 cm**, at a rate of **100-120 per minute**. **Whenever possible**, compressions should be performed on a hard surface.



8. Combine rescue breathing with chest compressions

Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead. Take a normal breath and place your lips around the victim's mouth, making sure that you have an airtight seal. Blow steadily into the mouth, taking about 1 second as in normal breathing. Take another normal breath and blow into the victim's mouth to achieve a total of two rescue breaths. Then return to chest compressions.

If you **are trained** and can do it, combine **30** chest compressions with **2** rescue breaths – **30:2**.

Continue with chest compressions and rescue breaths in a ratio of 30:2.



9. Compression only CPR

CPR with compressions only **should be** performed without interruption.

If you are not trained or cannot perform rescue breaths, perform CPR with chest compressions **only**.



10. When AED arrives

Turn on the AED and connect the electrodes. **Follow the voice/visual instructions**. If **defibrillation** is indicated, perform the shock. If more than one rescuer is on the scene, continue CPR while placing electrodes.



CPR can be stopped when vital signs return. If the person is breathing normally **but is still unresponsive**, place them in the recovery position.

Remember:

11. Recover position

- A **visibly pregnant woman** should be positioned on the left side.
- **Control** ABC constantly at least 1-2 minutes.
- Take care of the thermals.



Automated external defibrillator (AED)

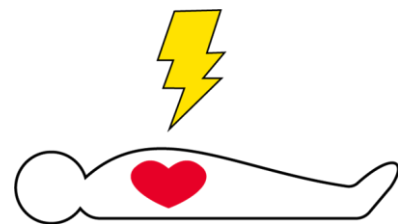
AED

AED is a device that delivers **an electric shock** to a victim with **cardiac arrest**.

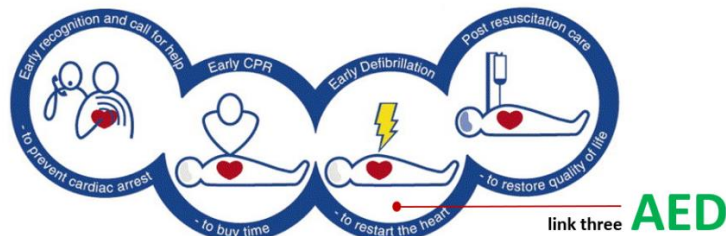


Defibrillation

Defibrillation is a **procedure** that involves delivering an electrical impulse to the heart muscle in order to interrupt cardiac arrhythmias (**ventricular fibrillation and pulseless ventricular tachycardia**) with the aim of restoring the proper functioning of the heart muscle using a **defibrillator**.



Defibrillation is the third link in the **chain of survival**.



Early defibrillation CPR combined with defibrillation within 3-5 minutes of loss of consciousness can increase the survival rate to 49-75%. Each minute of delay in defibrillation reduces the probability of survival to hospital discharge by 10-15%.

Types of defibrillations

There are different types of defibrillators around the world, but they have a common operating principles and common features. All of them are constructed very simply and intuitively. They have a power button and defibrillation button. Each device also has instructions for use, either audible or visual.



The set always includes dedicated electrodes for adults with graphic instructions indicating where to place them on injured person's body.



For infants and **children** under eight years of age, **use a pediatric electrodes** if possible.

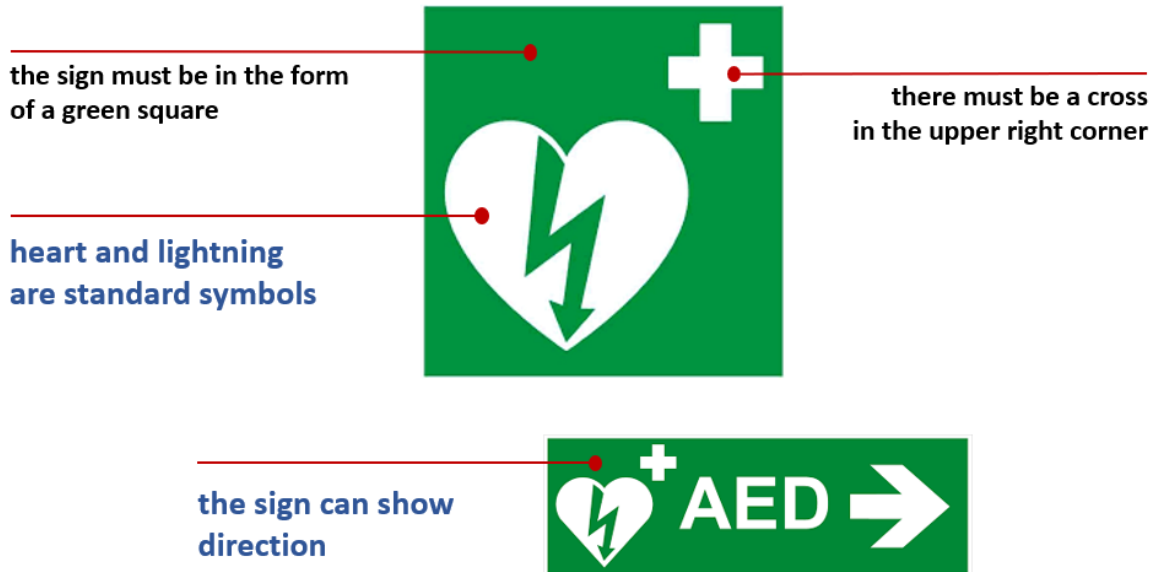
There are semi-automatic defibrillators that require the rescuer to press the defibrillation button, and automatic ones that after analysis and appropriate indication will perform defibrillation themselves.



Remember: After defibrillation, immediately start CPR!

Signs for Automated External Defibrillator (AED)

The sign was approved by the International Liaison Committee on Resuscitation (ILCOR) in 2007 and it is a universal symbol informing about the availability of AED.

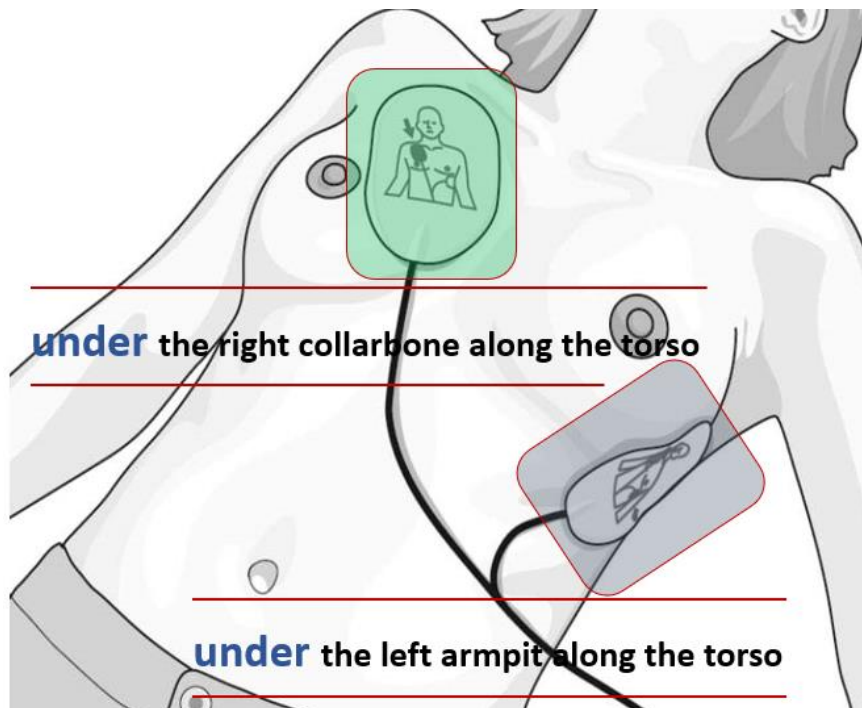


Correct placement of electrodes

Correct placement of electrodes

- Uncover
- Patch it on

Apply the electrodes to the victim's exposed chest according to the directions on the electrodes. Dry the chest if necessary.



In short: Algorithm for cardiac arrest in adults (BLS-AED)

Unresponsive with
absent or abnormal
breathing

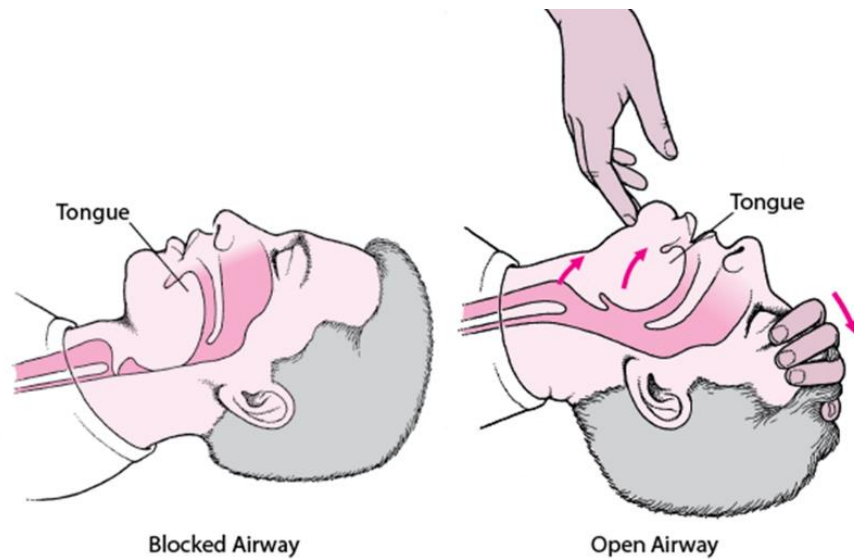
Call emergency
services

Give 30 chest
compressions

Give 2 breaths

Continue CPR 30:2

As soon as AED
arrives – switch it on
and follow
instructions.



If an **AED is not available**, continue **CPR**

Watch the video:



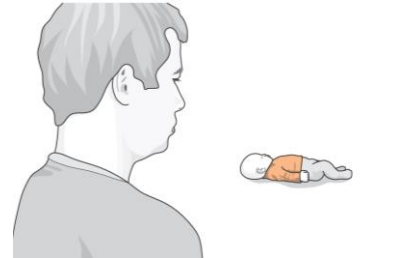
https://www.youtube.com/watch?v=s9SBR12MT_4&t=3s

PAEDIATRIC BASIC LIFE SUPPORT

All children up to the age of 18, except new-borns, should be treated according to the paediatric basic life support guidelines.

Safe?

The first step is to ensure that **you**, as a rescuer, and the **child** are safe.



Approach the child and check its **awareness of the vocal stimulus**.

“Hello, can you hear me?”

Then **gently shake the child’s shoulders**.

In the case of the **baby**, you can additionally gently squeeze the **hand** and the **foot**.



Unresponsive?

If the baby or child is unconscious, ask for help from people present at the scene.

Second rescuer:

- call EMS/ALS team (**speaker function**)
- collect and apply AED (if accessible)



Spend **10 seconds**, but not longer, to assess child breathing. Lean over the child’s mouth, listen and feel the movement of air from the nose, observe the movements of the chest.

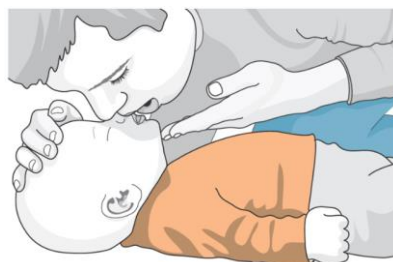
Open airway

A child may have infrequent, irregular gasps in the first few minutes of cardiac arrest.

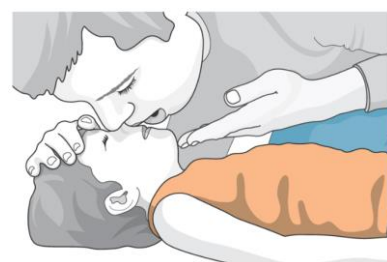
If you have any doubts about whether the child is breathing properly, act as if the child is not breathing.



Absent or abnormal breathing



5 rescue **breaths**



unless clear signs of life

Blow air steadily into the child's mouth or mouth and nose in case of an infant, for about **one second**, enough to **visibly lift** the child's/baby's chest.

If it is difficult to achieve effective inhalation, the airway may be obstructed.

Remove any visible obstruction.

Do not pick up the foreign body without seeing it!

Tilt the head back again or adjust the method of opening the airway.

If you are alone, and you have a mobile phone with you, after performing the first rescue breaths, **call the emergency number**. Activate the speaker function.

If you do not have immediate access to the phone, **perform CPR for one minute** before calling for help.

After giving **5 rescue breaths**, immediately give **15 chest compressions**.

Important: If you are **not trained** or willing to do rescue breaths, **focus on chest compressions only**. They should be continuous.

15 chest compressions

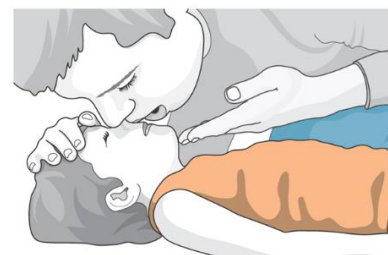
Consistent and good quality compressions should be:

- Rate: **100-120 per minute** for both infants and children
- Depth: depress the lower half of the sternum by at least one third of the anterior–posterior dimension of the chest (which is **approximately 4 cm for an infant and 5 cm for a child**). Compressions should never be deeper than the adult 6 cm limit (approx. an adult thumb's length).
- Release all pressure on the chest between compressions to allow for complete chest recoil and avoid leaning on the chest at the end of a compression.
- Allow adequate time for chest recoil to occur (**approximately 50% of the whole cycle should be the relaxation phase**, i.e., from the start of one compression to the next).
- Chest compression pauses should be minimized so that **80% or more** of the CPR cycle is comprised of chest compressions.

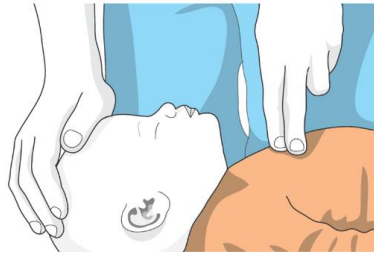
No clear signs of life



15 chest compressions



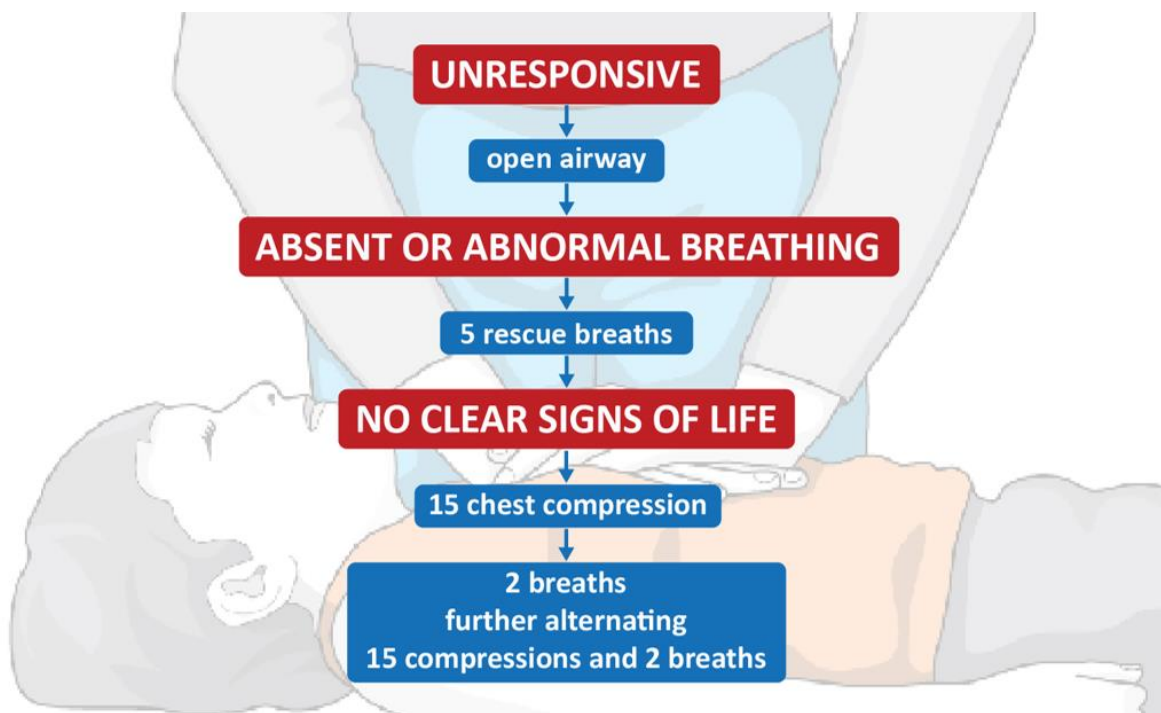
2 breaths



further alternating with 15 compressions and 2 breaths

If you are on your own, **call for EMS after 1 minute of performing CPR**
 Perform CPR until **vital signs return**, or until **EMS arrives** and takes over the injured child or baby.

In short: Algorithm of Pediatric BLS

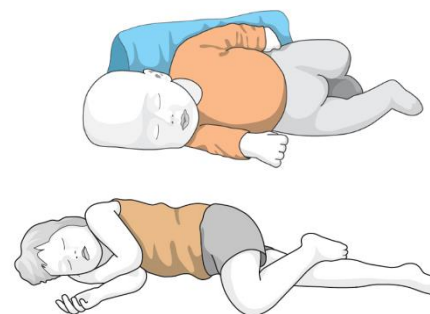


Recovery position

CPR can be stopped when the injured child's **vital functions return**, e.g. it starts moving, breathing or opening eyes.

Recovery position

If you are sure the victim is **breathing normally** but is **still unresponsive**, place him or her in **the recovery position**. **Control ABC** constantly **at least 1 minute**/take care of the thermals.



REPEAT AND ASSESS

How deep is the chest compression during CPR on adult?

- a) 7-10 cm
- b) 3-4 cm
- c) 1-2 cm
- d) 5-6 cm

What is the correct tempo of chest compressions?

- a) 60-80 compressions per minute
- b) 130-150 compressions per minute
- c) 100-120 compressions per minute
- d) 80-100 compressions per minute

What is the ratio of chest compressions and rescue breathing in CPR if there is just one life saver?

- a) 30-1
- b) 15-1
- c) 30-4
- d) 30-2

While you are walking the street, you find adult person who has collapsed. No one is available to help. After you ensure that the scene is safe, what should you do next?

- a) Call EMS and wait for help
- b) Perform CPR for one minute and than call EMS
- c) Check for unresponsiveness; if the victim is unresponsive and not breathing, call EMS, start CPR and get AED if available
- d) Open the airway with jaw thrust and perform two finger sweep to check if something is blocking the airway

You are responding in emergency case where a person is found unresponsive in the bed with no sign of trauma. How should you open the airway?

- a) Pull the persons tongue forward
- b) Do the head tilt manoeuvre
- c) Tilt the persons head and put two fingers in the mouth to find obstructions
- d) Place your fingers in the persons mouth and pull forward on the lower jaw

FOREIGN BODY AIRWAY OBSTRUCTION

This topic’s goal is to enable learners to define airway obstruction caused by a foreign body and to describe the algorithm in dealing with airway obstruction in three age categories.

Choking is the **obstruction of the airway by a foreign body** (food, toys etc.).

It is a life threatening condition that can cause death, and can be encountered every day.

We distinguish **partial (mild)** and **complete** airway obstruction.

Choking

Partial obstruction occurs when the airflow into and out of the respiratory tract is possible. Injured person is able breathe. A **characteristic symptoms** of the partial obstruction are:

Diagnosis

It most often occurs during **eating or drinking**.

- panicked and distressed behaviour,
- inability to talk in complete sentences or at full volume,
- frantic coughing,
- unusual breathing sounds, such as wheezing or whistling,
- clutching at the throat,
- watery eyes,
- red face.

In the case of complete airway obstruction, the person **cannot breathe** at all, they **cannot speak or cough**.

The algorithm in the case of airway obstruction is simple.

Safety first

If you assessed situation as safe, act quickly and effectively.

Call for help

Ask the person

Ask the person: Are you choking?
Encourage the person to **cough** on their own.

If **severe** airway obstruction occurs, and person cannot speak, cough or breathe, **you should:**



Step 1

Bend the person well forward and **give up to five back blows** with the heel of your hand between their shoulder blades.

Check if the blockage has been removed.

**Step 2**

If this is unsuccessful, **perform up to five abdominal thrusts**.

Make a fist with one hand and grab it with the other. Place your hands just above the belly button and below the ribcage. Pull inward and upward on the diaphragm to force air out of the lungs to expel the blockage.

Check if the blockage has been removed.



Watch the video:



<https://www.youtube.com/watch?v=P7zFWXJr6is&list=PLoIW3NO77kcBg-70nIZysFTfc4DJYmyMw&index=2>

FOREIGN BODY AIRWAY OBSTRUCTION IN A CHILD

Keep in mind the difference between the following categories of children:

- | | |
|---------------|----------------------------------|
| Infant | Child up to 1 year of age. |
| Child | From 1 year old to 18 years old. |

If you suspect the foreign body airway obstruction, the following algorithm will help produce an artificial cough to remove the foreign body by increasing the pressure inside the chest.

SAFETY

Ensure safety and act quickly.

ASSESS: PARTIAL OR COMPLETE AIRWAY OBSTRUCTION

If the child is coughing, no action is needed. Just encourage it to continue coughing and constantly observe.

CALL FOR HELP

If the coughing becomes ineffective, call for help immediately.

ASSESS THE STATE OF CHILD'S CONSCIOUSNESS**UP TO 5 BACK BLOWS**

If the child is conscious, but is not coughing or coughing is ineffective, perform five back blows to the interlobar region.

UP TO 5 CHEST COMPRESSIONS

If back blows are ineffective, perform up to five chest compressions in infants and up to five epigastric compressions in children.

Technique

Technique: Blows in the area between the shoulder blades in children over 1 year of age

Back blows are more effective if the child is positioned head down.



Technique: Abdominal pressure in children over 1 year of age

Stand or kneel behind the child.

Wrap your arms around its torso and place your arms under the child's shoulders.

Place your fist between the belly button and the ribcage.

Pull inward and upward on the diaphragm to force air out of the lungs to expel the blockage.

Repeat this process up to **five times**.

Make sure you do not pressure the rib cage, as this may cause abdominal trauma.

If the child becomes unconscious, proceed to the PBLS algorithm.



Technique: Blows to the interscapular area in infants

Place the infant on its stomach on your forearm, with its head down to help remove foreign body using gravity.

Seated or kneeling rescuer should be able to safely support a child in his/her lap.

Support the infants head by placing the thumb on the corner of the jaw on one side, and on the other side put one or two fingers of the same hand in the same spot. Do not press on the soft tissues under the jaw as this may worsen the airway obstruction!

Give up to **five** back blows between the shoulder blades with the wrist of your hand.

Technique of chest compression in choking infants

Turn the baby with its belly up and its head down.

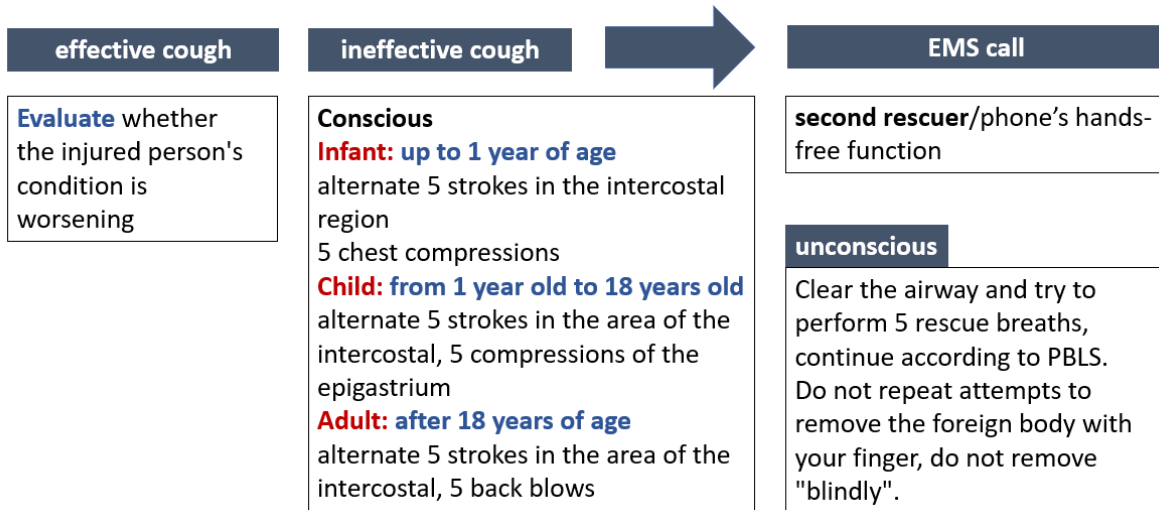
Place the child on your forearm and wrap your hand around the back of its head.

Find the lower half of the sternum.

Perform up to **five** chest compressions similar to CPR, but with more force and less frequently.

If the infant losses consciousness, start PBLS.





Watch the video:



<https://www.youtube.com/watch?v=U34k9pUQLtM&list=PLoIW3NO77kcBg-70nIZysFTfc4DJYmyMw&index=3>

REPEAT AND ASSESS

After multiple thrusts on the abdominal cavity and failing to remove the obstruction in the airway pass the person lost consciousness and fell down. What should you do?

- a) Call for help
- b) Run for help then start CPR
- c) Call for help and start CPR
- d) Do nothing because the person is dead

What is the first rescue action for an infant with a blocked airway?

- a) Place the infant face down on your arm and give back blows
- b) Run and seek for AED
- c) Use abdominal thrusts, but gently
- d) Place the infant on its side and gently press on its breastbone

What to do if it seems to you that an adult is choking on a piece of food and coughing?

- a) Encourage the person to continue coughing
- b) Reach into person's mouth and try to clear the airway
- c) Perform powerful back blows
- d) Place the person in lateral position

A person is choking but is conscious. You should instruct him/her to cough, and if the coughing is not effective, you should perform back blows.

True or false?

The purpose of chest pressures in a case of infant choking is to give heart massage.

True or false?

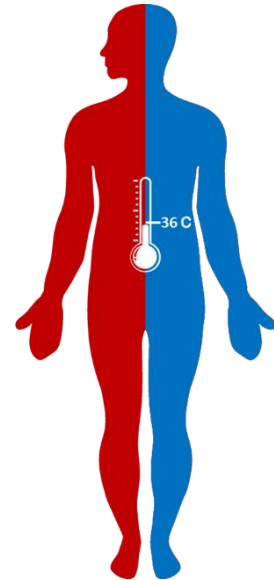
HYPOTHERMIA

The goal of this topic is to enable learners to:

- Describe causes and symptoms of hypothermia in adults and infants
- Define factors increasing the risk of hypothermia
- Define the steps in preventing hypothermia.

Hypothermia: definition

Hypothermia **is a medical emergency** that occurs when your body loses heat faster than it can produce it, causing a dangerously low body temperature. Normal body temperature **is around 36 °C**. Hypothermia occurs as your body temperature falls below **35 °C**.



Causes

Primary hypothermia caused by exposure to the **cold**.
Secondary hypothermia is caused by disease or other external factors.

Factors that may lead to hypothermia

low ambient **temperature**
 being in **cold water**
injuries – it could reduce the blood clotting
burns

Classification of hypothermia

There are four degrees of hypothermia. In the course of hypothermia, vital functions gradually slow down and eventually cause cardiac arrest.

Classification of hypothermia

I° mild hypothermia

- victim is conscious
- has tremors
- body temperature is **35-32 °C**

II° moderate hypothermia

- disturbances of consciousness
- chills may disappear

- temperature **<32-28 °C**
- victim unconscious
- signs of life present
- temperature **<28 °C**
- no or imperceptible signs of life

III° severe hypothermia

IV° cardiac arrest

evacuation from a cold environment

place the injured person on his or her back

control vital functions

Procedure

remove wet clothing in **a place where you do not expose the injured person to further hypothermia**

use passive heating - putting on a regular blanket

if you have one, use chemical heating packs

Remember

Do not give the injured person alcohol!

REPEAT AND ASSESS

How can hypothermia be prevented?

- a) Minimize casualty's exposure to the cold ground, wind and air temperatures.
- b) Encourage casualty to talk and stay alert
- c) Administer casualty to take hot beverages
- d) Administer casualty to take alcohol

What is hypothermia?

- a) Low body temperature
- b) High body temperature
- c) Loss of consciousness
- d) Severe blood loss

Why is hypothermia dangerous for humans?

- a) It permanently changes skin colour
- b) It leads to permanent tremor
- c) Blood clotting is reduced
- d) Person becomes unconscious

Sleepiness and slow, slurred speech are two symptoms of hypothermia.

True or false?

FIRST RESPONDERS TACTICAL MEDICINE

On completion of this topic, learners will be able to:

- Describe proceedings in three threat zones of tactical combat casualty care (TCCC)
- Describe MARCH protocol.

Basics of
Tactical
Combat



TCCC provider must be able to perform these
LIFESAVING skills

Rapid
Casualty
Assessment

Tourniquet
Application

Haemostatic
Dressing

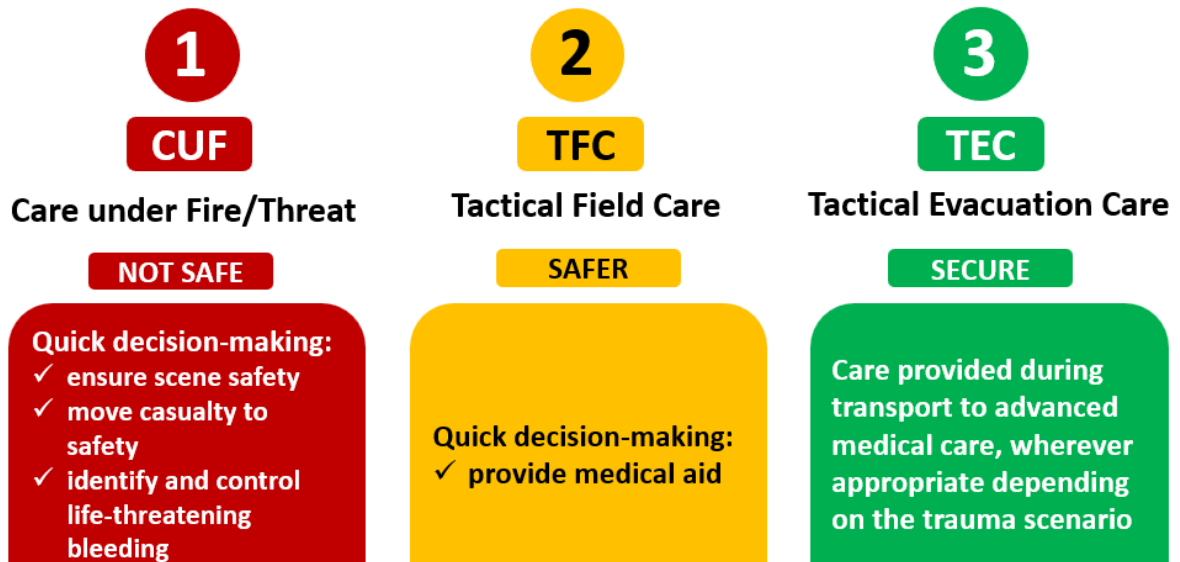
Pressure
Dressing

Airway
Maneuvers

Bleeding
control

Airway
& breathing

Three Phases of TCCC
are born out of years of war and lives lost:



Tactical Field Care

use the **MARCH** sequence to guide you through a **Rapid Casualty Assessment**

M.A.R.C.H.



- M** Massive Bleeding
- A** Airway
- R** Respiration/Breathing
- C** Circulation
- H** Hypothermia

...then, tend to other injuries...

First Aid Kits

These are the **medical supplies** you will need to provide aid when dealing with massive bleeding:

- Tourniquet
- Haemostatic Dressing
- Pressure Bandage
- Emergency Trauma Dressing

Police officers are limited with medical equipment they can bring to the scene. Therefore, they have kits that are called JFAK (joint first aid kit) and IFAK (individual first aid kit), which are designed to provide essential medical supplies for initial care and treatment of injuries at the spot. They include items for addressing common combat related injuries such as bleeding, airway management and basic trauma care. The content may vary, but it typically includes items like bandages, haemostatic agents, airway devices and other medical supplies needed for immediate first aid.



**Personal
Individual First Aid Kit
(IFAK)**

sequence

MARCH

MASSIVE BLEEDING

How to Recognize Massive Life-Threatening Bleeding

Recognizing massive bleeding is crucial for providing timely assistance.

In order to recognize massive life-threatening bleeding, it is important to look for signs like the following:

Bright Red Blood

is pulsing, spurting or steady bleeding from the wound

This indicates that there is a damage to the arterial blood vessels – arterial blood is brighter because of the high level of oxygen carrying by the haemoglobin to the cells in the body. That bleeding is also harder to control because of the stronger pressure than in the veins, where the blood is darker and the flow is steadier.



Overlying clothing or ineffective bandaging is becoming **Soaked with Blood**

However, just because we don't see the blood, that doesn't mean that there is no massive bleeding. Clothes have tendency to soak up fluids, so a person that has clothes, boots, and jacket – should be carefully examined. The surface that the person is lying should also be taken into account, because sand, for example, can soak up all the blood and hide massive bleeding.

Amputation of the arm or leg



✓ **IMPORTANT:** casualties with **the arm or leg** severe injuries can bleed to death in **as little as 3 minutes**

Haemorrhage

Haemorrhage **is severe bleeding**, rapid loss of circulating blood in its full composition as a result of injury to blood vessels or as a result of disease, **resulting in the death of the injured person.**

We distinguish:

- external (visible) haemorrhage: **bleeding that can be stopped**
- internal (invisible) haemorrhage: **bleeding that cannot be stopped**

Three tools in the first aid kit can be used to control massive bleeding



Tourniquet

Effective for controlling bleeding from extremities when applied correctly. It is important to use them only when necessary, i.e. there is massive bleeding. Do not use them if there is no need, as they can cause bigger damage to the tissue due to the lack of blood in that area and over time they are painful and put the person in bigger stress.



Haemostatic Dressing

It is a specialized type of wound dressing designed to promote blood clotting and control bleeding.



Pressure Bandage

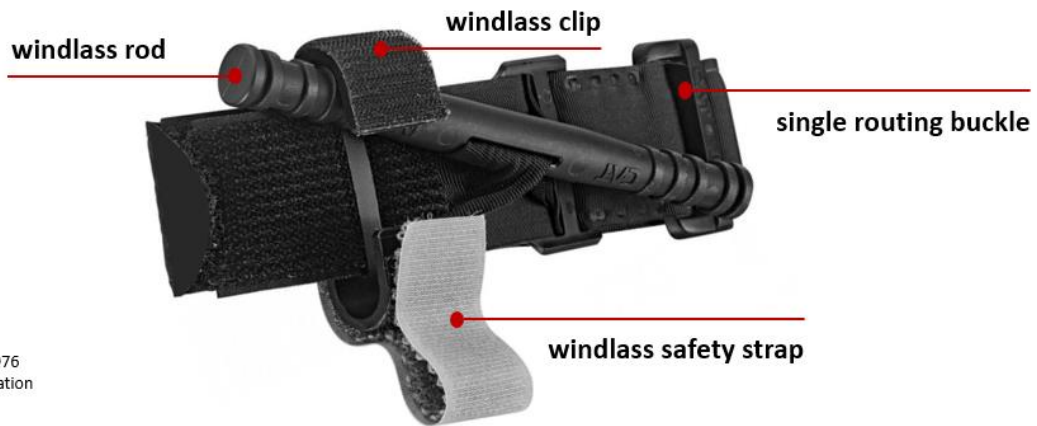
It is a sterile dressing designed to apply direct pressure to the wound. It often have features that allow for the effective compression aiding the control of bleeding.

Most common Combat Application Tourniquet (C-A-T)



Image downloaded from: <https://www.survivenature.com/best-tourniquet/>

C-A-T gen. 7



C-A-T® G7 NSN
6515-01-521-7976
(Combat Application
Tourniquet)

**Tourniquet
Application**

A tourniquet cuts off blood flow to an arm or leg past the application site; this is the best method to control massive bleeding.

A tourniquet should be applied and bleeding stopped within **1 minute**.

When and how to apply a tourniquet (TQ):

- **Care under Fire/Threat**
Hasty tourniquet application “High and Tight” on the wounded extremity or when the bleeding source is uncertain

- **Tactical Field Care**
Deliberate tourniquet application applied 5-7 centimetres above the wound

Apply a **Second tourniquet** if bleeding is not stopped with one properly applied tourniquet.

(Note: A severe bleeding wound to the thigh frequently requires a **second tourniquet application**)

Common errors when applying tourniquet

Common errors

Self-adhering strap is **not pulled tight enough** at onset of application. In this case, there is too much free space and not enough pressure to constrict blood vessels and stop the bleeding.

Windlass rod is **not twisted tight enough** to stop the bleeding.

Windlass rod is the key feature of the tourniquet, which builds up most of the pressure to stop the bleeding.

Tourniquet **not applied fast enough** (bleeding stopped at 1 minute; fully secured at 3 minutes).

Time really plays a huge role in massive bleeding situation, where every second counts.

Improvised tourniquet

Improvised tourniquet

When to consider the use of an improvised tourniquet?

If no tourniquet is available, pack the wound and hold direct pressure over the main source of bleeding.

Risk associated with improvised tourniquet:

- damage may occur to skin if the band is too narrow
- bleeding may worsen
- bleeding may not be completely controlled
- an improvised tourniquet may likely loosen over time from not being properly secured

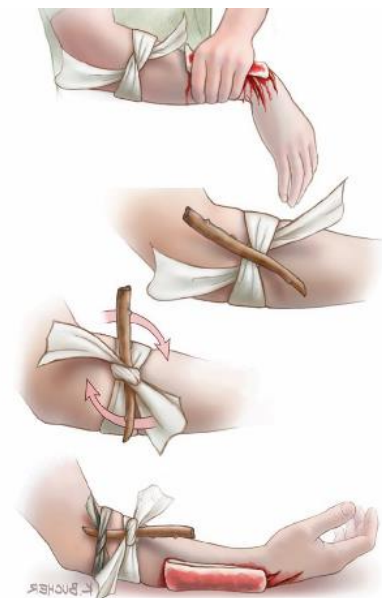


Image from:

<https://twitter.com/bulgercot/status/853410607718031360>

Wound Packing and Pressure Bandage

apply direct pressure and pack wound



pack tightly using a **haemostatic dressing** that contains a special agent that promotes blood clotting or a clean cloth, if dressing not available

apply firm, direct pressure for at least 3 minutes or until the bleeding stops

wrap bandage tightly around injured extremity



apply using short tugs evenly around the extremity while maintaining continuous tension on the bandage so pressure is maintained

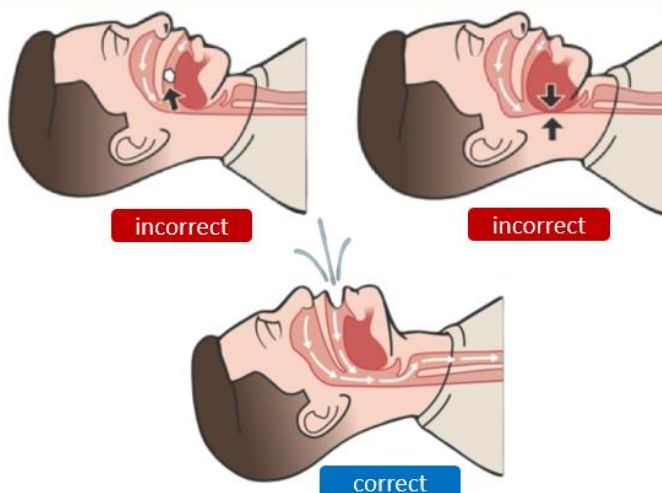
sequence

MARCH

AIRWAY

Clearing Airway

ensure airway is not blocked



Signs and Symptoms

Airway may be Blocked:

- ✓ casualty is in distress and indicates they can't breathe properly
- ✓ casualty is making snoring or gurgling sounds
- ✓ visible blood or foreign objects are present in the airway
- ✓ severe trauma to the face

Image from: <https://indico.un.org/event/1000917/attachments/341/1187/Mod%2007%20FMAC%20Didactics%20V1.pdf>

Airway Manoeuvre

In a **casualty** without an airway obstruction, you can perform the following maneuvers:



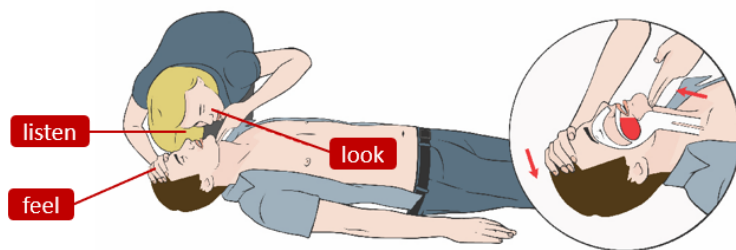
Image from: <https://testbook.com/question-answer/airway-maneuver-to-open-airway-recommended-in-trau--619cfd0b022ce36cd5b4831>

sequence

MARCH

RESPIRATION/BREATHING

Assess for respiratory distress



Signs of Respiratory Distress include:

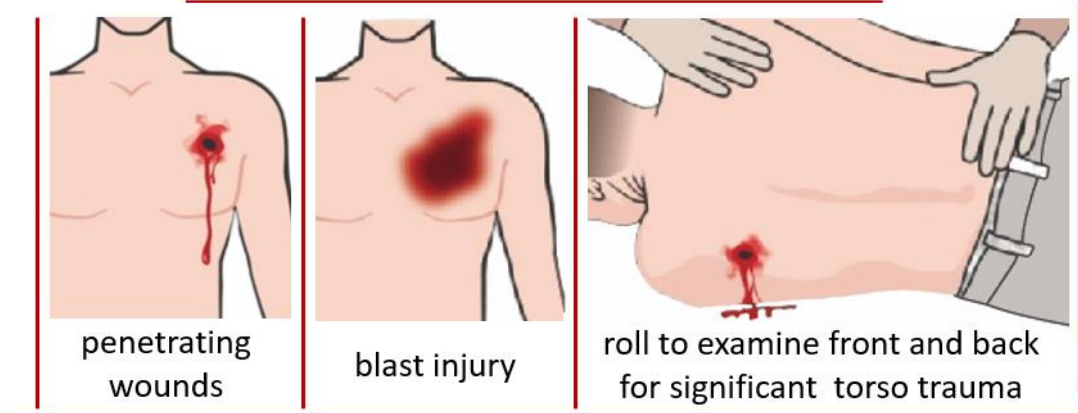
- ✓ difficulty breathing
- ✓ struggling to get air in and out
- ✓ breathing is too weak to be effective (less than 6 times per minute)
- ✓ rapid breathing (greater than 20 times per minute)

IMPORTANT: Report findings of **Respiratory Distress** to medical personnel at the scene

Image downloaded from: <https://www.mycprcertificationonline.com/cpr-steps>

Assess for potential life-threatening chest injuries

Types of Chest Injury



IMPORTANT: do not pack chest wounds with a haemostatic (or other) dressing
report a severe chest injury to medical personnel immediately

sequence

MARCH
CIRCULATION

Prevent shock by controlling bleeding



Reassess all bleeding control measures are still effective.
Ensure tourniquets remain tight.

Signs and Symptoms of shock include:

- ✓ rapid breathing
- ✓ losing focus and having difficulty engaging
- ✓ sweaty, cool, clammy skin,
- ✓ pale/gray skin

sequence

MARCH

HYPOTHERMIA

prevent/address hypothermia worsened by **massive blood loss**

Signs of hypothermia:

- 1 Slurred speech or mumbling
- 2 Slow breathing and drowsiness
- 3 Shivering

Prevent hypothermia:

- ✓ keep clothing on the casualty unless it is extremely wet, then remove
- ✓ cover the casualty with blankets, poncho liners, sleeping bags, or anything that will retain heat
- ✓ keep casualty off the ground (increases loss of body heat)

Remember: Hypothermia does not have to be caused by cold weather. Massive blood loss can cause it as well.

sequence

MARCH - E

EVERYTHING ELSE

ADDITIONAL LETTER E

the additional letter in the MARCH Protocol, letter E, refers to **secondary injuries**:

- 1 eye trauma
- 2 head injury
- 3 burns
- 4 fractures

Limitation in performing medical interventions in this fields:

- ✓ due to lack of equipment and knowledge
- ✓ some of these injuries require hospital treatment

The best thing to do in the case of such injuries is to recognize it and report it, so that the qualified personnel can prepared themselves and their equipment for the medical intervention.

REPEAT AND ASSESS

In case of massive bleeding in the CUF zone, the only thing you cannot do is:

- a) Apply modular bandage
- b) Self-apply tourniquet
- c) Start blood sweep
- d) Apply tourniquet on other injured person

What would you first do in a Care-under-Fire situation from the things listed below:

- a) Gain fire advantage
- b) Open airway of injured person
- c) Start CPR
- d) Call emergency medical service

The Tactical Field Care (TFC) zone is a situation were

- a) you have to reassess injured person and complete MARCH algorithm
- b) measure the temperature of injured person
- c) you can leave injured person and focus on protection of evidence
- d) you can relax and wait for help

What does the acronym MARCH stand for?

- a) Algorithm used in emergency combat and tactical medical interventions
- b) Algorithm for checking the safety of access to the accident site
- c) Protocol for reanimation of the person
- d) Protocol for the evacuation of an injured person

What does the letter R represent in the MARCH algorithm?

- a) Respiration
- b) Radiation
- c) Reanimation
- d) Reassessment

What is the primary task in a Care under Fire (CUF) situation?

- a) manage airway obstruction
- b) prevent hypothermia
- c) ensure scene safety
- d) deal with non-life threatening breathing

When solving the letter M in the MARCH algorithm, we stop the bleeding by:

- a) lifting the person's legs in a vertical position
- b) placing the person in a lateral position
- c) applying a tourniquet or haemostatic gauze
- d) giving fluids to replace lost blood

If your colleague is shot and still under direct fire, you should establish contact and tell him/her to take cover.

True or false?

In case of massive bleeding in the CUF zone in the active shooter situation, the only first aid you can provide to somebody is applying tourniquet and leave the person in a recovery position.

True or false?

The complete MARCH algorithm is used in care under fire/treat situation.

True or false?

The MARCH algorithm should not be followed as indicated by the letter order.

True or false?

Haemostatic dressing is used for:

- a) wound packing injuries in chest or belly
- b) keeping the airway open
- c) massive junctional bleeding control in the groin
- d) massive bleeding during the direct fire

When a limb tourniquet cannot be used, you will:

- a) use Combat Gauze – haemostatic dressing
- b) call an ambulance and wait
- c) lift the persons legs
- d) use any dressing to cover the wound

Which statement is correct?

- a) Tourniquet should never be applied over the persons clothes or uniform
- b) Tourniquet should be applied high and tight
- c) Tourniquet should always be applied over knee or elbow

Haemostatic dressings should be applied with at least 3 minutes of direct pressure (optional for XStat).

True or false?