

**POLICE TECHNIQUES & TACTICS**

# **Operational First Aid**

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## Background

Peacekeeping may involve an element of risk where officer may be injured in the line of duty. Whilst it is accepted that every FPU has its own Medical Unit, there may be occasions where the members of the unit are away from their HQ and do not have access to immediate medical care. If one of their members is injured in these circumstances, the knowledge of basic First Aid skills can make the difference between life and death.

The basic skills of First Aid included as part of this syllabus are aimed at giving the officer sufficient knowledge to stabilise a casualty until they can be handed over to health care professionals.

As FPU members are probably most at risk whilst engaged in crowd control activities, this module includes a section on evacuating a casualty from a crowd control situation and removal of a helmet.

## Aim

It is to provide FPU members with the basic First Aid skills to sustain a casualty until they can be handed to a medical professional.

## Learning outcomes

On completion of this module the participants will be able to:

- Carry out an assessment of a casualty
- Recognise levels of consciousness
- Demonstrate placing a casualty in the recovery position
- Demonstrate CPR
- Remove a crash helmet from an injured casualty
- Demonstrate the treatment for bleeding
- Explain the use of a tourniquet
- Explain the treatment for burns
- Demonstrate methods for evacuating a casualty in public order situations

## Training sequence

The material in this module is designed to be delivered over three 40 minute periods,

with a mixture of PowerPoint presentation and practical application. There is a further additional 40 minute period for revision and assessment. It is an option to consider that the FPU staff could all be trained by an external First Aid Provider (Red Cross, Red Crescent, St John Ambulance or other local provider) and each member would then receive a recognised First Aid qualification.

## Duration

Minimum Session time	Lecture/Presentation	Question/Assessment	Session Activities
2 Hours 40 mins	2 hours	40 mins	
Additional Options	Mission Specific	Optional film	Optional activity

## Methodology

This module contains three PowerPoint presentations which cover the main aspects of emergency first aid. The session should be interactive and there is a student involvement throughout, with the use of practical sessions using the EDIP method, (Explanation, Demonstrate, Imitate, Practice). There is a 40 minute period for assessment at the end of the module. First Aid scenarios can always be incorporated in any exercises used to practice the students on the Crowd Control and Firearms aspects of the course.

The instructor should inform participants of the content, format and timing. Knowing what to expect, participants can improve their ability to focus on the subject and benefit better from the session.

- Basic Principles of First Aid (40 minute classroom lesson)
- Bleeding & Trauma (40 minute classroom lesson)
- Emergency Casualty transport (40 minute classroom lesson)
- Assessment session (40 minutes)

Instructors are encouraged to add practical examples and mission specific information related to the specific deployment of participants, if known.

## Instructor Profile

This module is best presented by an instructor who has practical experience in peacekeeping operations and who has a recognised Medical or First Aid qualification. It may be that the FPU Doctor, Nurse or Medical Officer is used to deliver the training, or alternately the whole session could be delivered by a qualified external training organisation (see Training Sequence above).

## Instructor Preparations

### Required Readings

- Medical Support Manual for United Nations Peacekeeping Operations

### General Preparations

Equipment:

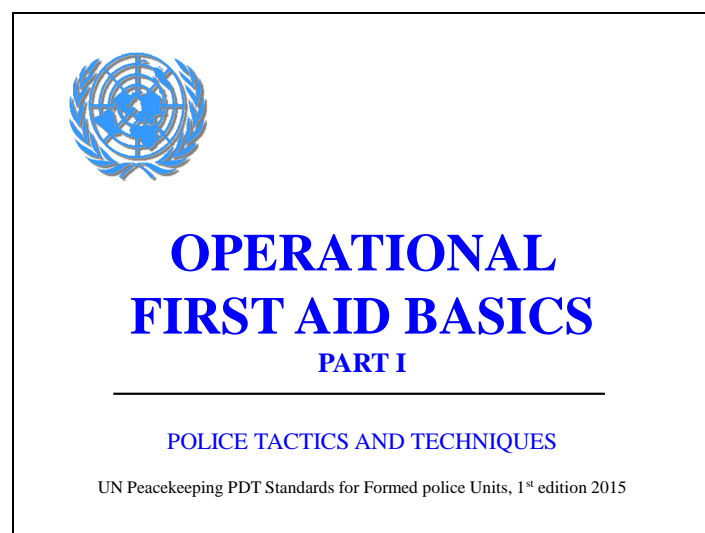
1. Computer, projector and PowerPoint slides
2. Whiteboard or flipcharts with pens
3. Resuscitation Dummies and face masks/face shields (Lesson 1)
4. Bandages, dressings and protective gloves (Lesson 2)
5. Helmets (Lesson 1)

Training Area:

The lessons should be carried out in the classroom. However, there needs to be sufficient room for the students to practice the Recovery Position in pairs and for them to perform Resuscitation on the Dummies, and to practice the emergency evacuation techniques.

### Session notes

## Lesson 1 – Operational First Aid Basics



Slide 1

## CONTENTS

- Aim
- Learning Outcomes
- Introduction
- Examination of a casualty
- Emergency CPR
- Levels of consciousness
- Recovery Position
- Removal of helmets
- Summary

Slide 2

## AIM

The aim of this lesson is to teach initial lifesaving techniques when encountering a casualty

Slide 3

## LEARNING OUTCOMES

At the end of this lesson the student will be able to:

- Demonstrate the examination of a casualty
- Demonstrate CPR
- Explain the levels of consciousness
- Demonstrate the Recovery Position
- Safely remove a helmet from a casualty

Slide 4

## Introduction

About 90 percent of combat deaths occur on the ground before the casualties reach a medical treatment facility. Many of these deaths cannot be prevented by you or the medic BUT, with quick reaction and simple techniques, lives can be saved.

Slide 5

Basic First Aid skills properly used can mean the difference between life and death for officers. Whilst the priority will always be to get casualties to a medical Treatment Facility with qualified personnel, sometimes this can be delayed due to the situation and the distances involved.

## **Examination of a casualty**

- Danger
- Response
- Airway
- Breathing
- Circulation

### Slide 6

The initial examination of a casualty is the key to life saving. Information obtained during this first assessment will not only guide the First Aider but will also provide valuable information to Medical professionals once the casualty is handed over to their care.

Of critical importance to the First Aider is to check for any element of danger, either to themselves or the casualty, or indeed other persons in the area. Before approaching any casualty, the First Aider needs to ensure the area is safe. In Road Traffic Collisions, that means ensuring that the vehicles engines have been switched off and the hand brake applied and that the risk of traffic aggravating the accident has been dealt with, (rerouting the traffic, warnings...). In the case of a shooting incident, the First Aider must ensure that they are not about to put themselves in the line of fire. Where incidents occur on electric railway lines, the power lines must be shut down, as high voltage electricity can 'jump' several metres. Whatever the danger, it must be neutralised first. Failing to do so, the First Aider may also become a casualty and prevent First Aid to be timely provided to the initial victim.

Having assessed that the scene is safe and the First Aider can approach the suspect, he must now check the casualty's level of response and call for medical assistance if this has not already been done. He will then need to ensure that the casualty's airway is open and he is breathing. Following that, the First Aider must check to see that the casualty's circulation is not interrupted and there is no major bleeding.

## Response – level consciousness AVPU

- A** The person is alert, knows who he is, the date, where he is, and so forth.
- V** The person responds to verbal commands, but is not alert.
- P** The person only responds to pain, not verbal commands.
- U** The person is unresponsive (unconscious).

Re-check every 15 minutes

Slide 7

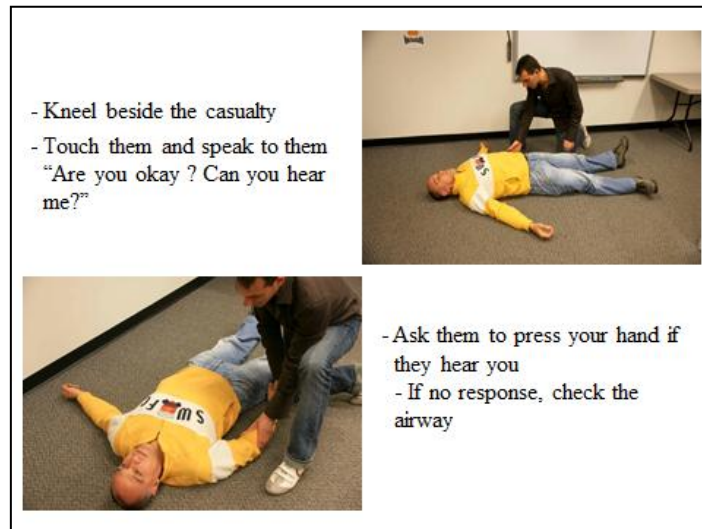
When assessing a casualty's level of consciousness, the AVPU scale can be used. If the casualty is alert, then he/she will be able to respond to questions from the first aider and it will be obvious that their airway is clear, they are breathing and that there is no major interruption in their circulation.

If the person only responds to verbal commands then their level of consciousness may be deteriorating. The above will still apply but the first aider must monitor them carefully.

The casualty may only respond to pain. This is when the first aider touches an area of his/her body which has incurred injury. He/she may moan or flinch but other than that they are unable to speak to the first aider and are clearly only semi-conscious.

If the casualty is not responding at all, then they are classed as being unconscious.





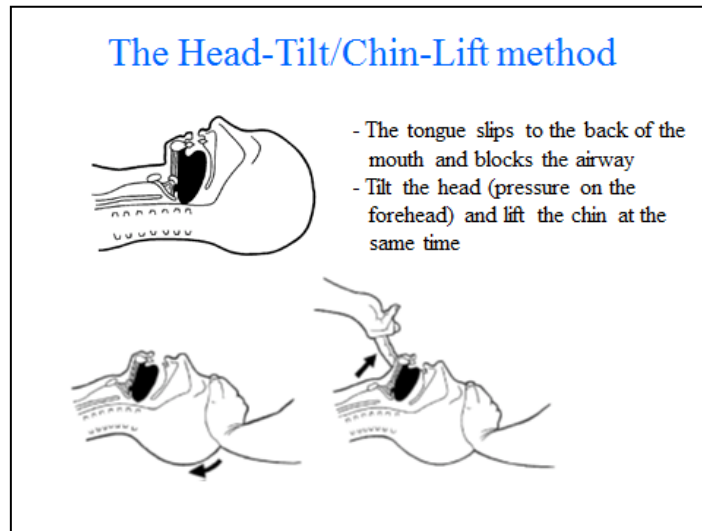
Slide 8

Try to approach the casualty from the feet if possible as this will be less threatening if he/she is only semi-conscious. Kneel beside him/her and ask if he/she is OK and if he/she can hear you. Speak loudly in case the casualty is asleep or only semi-conscious. Shake him/her by the shoulders or touch his/her hand. You can ask him to squeeze your hand if he can hear you to see if you get a response. If there is no response then you must quickly move on to check the airway.



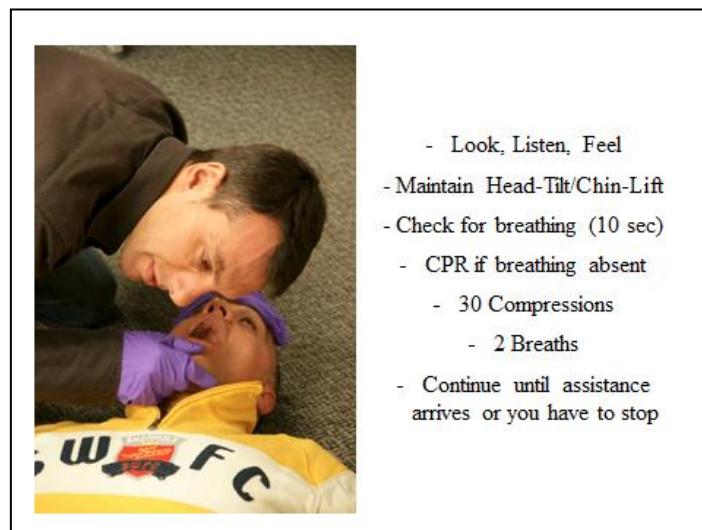
Slide 9

Open the airway by carrying out the chin lift and head tilt.



Slide 10

Once the airway is open, the first aider needs to check to see if the casualty is breathing. This is done by placing the side of the head next to the casualty's mouth so that he/she will feel any air being exhaled, whilst looking down the chest to see if it is rising and falling. At the same time, he/she should listen for the sound of breathing. If after 10 seconds of checking for breathing the first aider has not been able to see hear or feel anything he/she must assume that the casualty is not breathing and commence CPR, (Cardio- (heart) Pulmonary (breathing) Resuscitation).



Slide 11

The First Aider should kneel next to the casualty and place the heel of one hand on the centre of the chest, place the heel of the other over the top and link the fingers, pressing down about 5-6cm and releasing. Each compression should be given at a

rate of 100-120 per minute (about half a second each). After 30 compressions, the First Aider should tilt back the head and place two breaths into the casualty, watching the chest rise and fall to see that the air has gone into the body. He then carries on with another 30 compressions followed by another two breaths until the casualty recovers, Medical assistance arrives and takes over or the First Aider is so tired that if he continued he would also become a casualty.

### Activity – Practical Resuscitation

The purpose of this activity is to practice CPR

#### Time Required:

3 minute demonstration followed by 7 minute practice by the students

**Total time: 10 minutes**

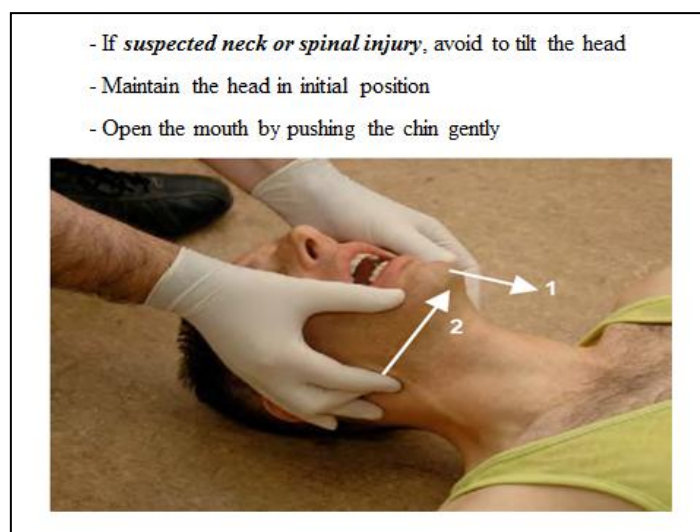
NB the fewer Dummies available the longer this session will take

#### Preparations:

1. Resuscitation dummies (where possible sufficient for one for each student)
2. Face masks or shields
3. Cleaning equipment for the dummies

#### Activity Guidelines:

1. The instructor will demonstrate the Resuscitation technique
2. Students will practice on the dummies
3. The Instructors will circulate and correct any mistakes



Slide 12

At this point the Instructor should explain that if there is the possibility of a spinal injury, the airway can be opened without moving the neck by the use of the jaw thrust which is illustrated in Slide 11. The jaw is moved up and forward to ensure that the tongue is off the back of the throat.

### The person is unconscious and spontaneously breathing

If the person appears to be unconscious, position the person in the recovery position

- When a casualty is unconscious, muscles relax. This relaxation may cause the tongue to slip to the back of the mouth and block the airway (most common cause of the obstruction)
- Body liquids/blood/objects can also block the airway
- Use of the recovery position will mean that the airway will remain open and liquids or objects will drain out harmlessly.

The casualty can then be monitored regularly until Medical help arrives

Slide 13

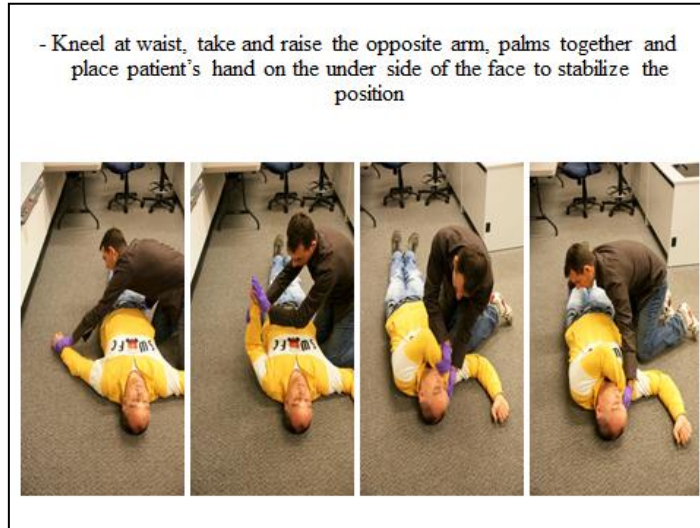
Where the checks have been done and the casualty is breathing but unconscious, he/she should be placed in the Recovery Position to maintain their airway.

The First Aider can carry out a more in depth check of the casualty to see if they can ascertain the cause of their unconsciousness, prior to putting them in the recovery position, and if they encounter any bleeding deal with it accordingly (This will be dealt with in more detail in lesson 2).

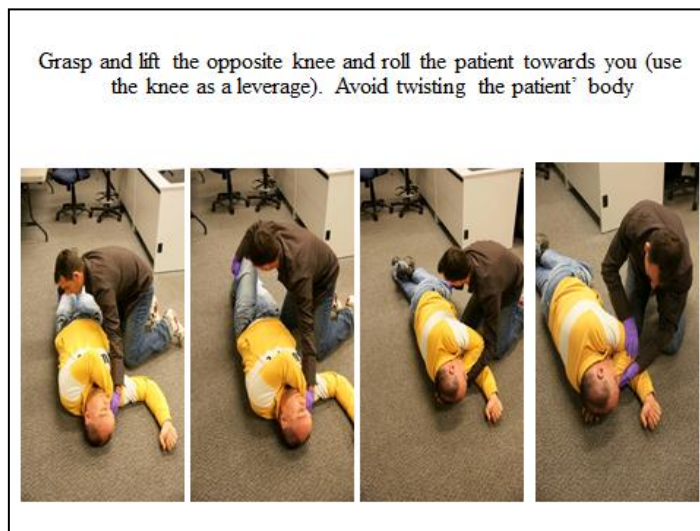
- Prepare the position (straighten legs, extend the arm out, bend arm up to his head), movements of the body are slow and appropriate



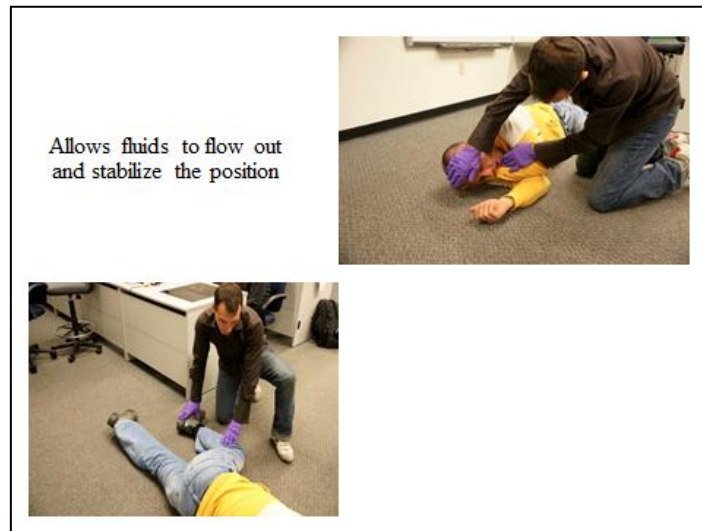
Slide 14



Slide 15



Slide 16



Slide 17



### Activity – Practical Recovery Position

The purpose of this activity is to practice the Recovery Position

- Time Required:**  
3 minute demonstration followed by 7 minute practice by the students

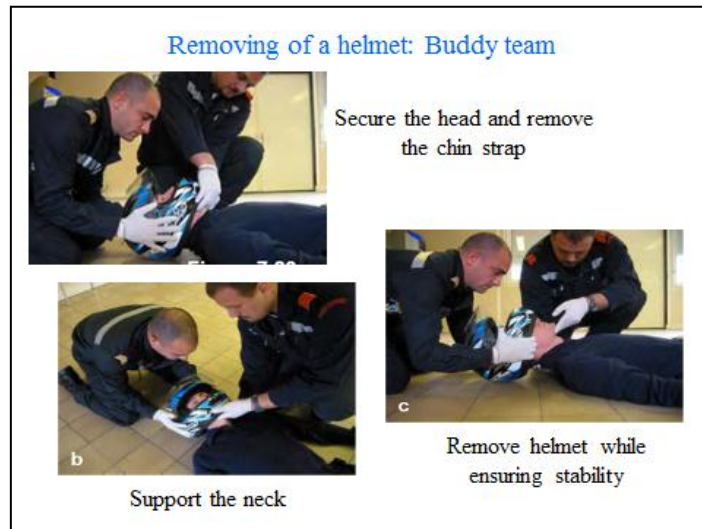
**Total time: 10 minutes**

**Preparations:**

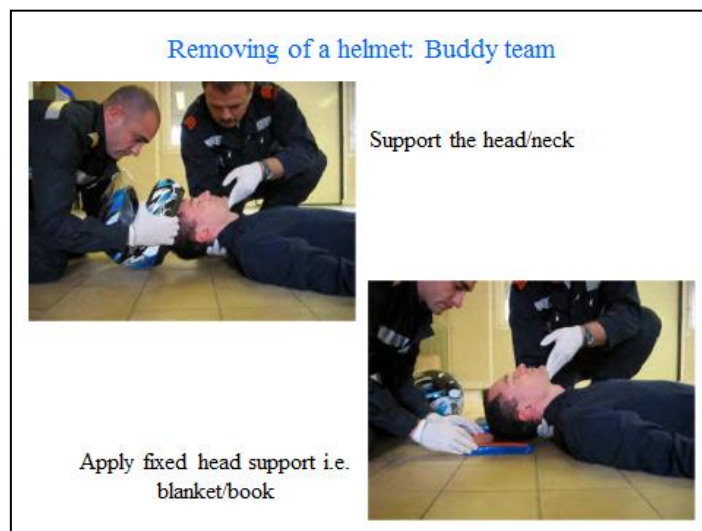
1. Sufficient space for the students to pair up and practice the recovery position
2. Mats or blankets

**Activity Guidelines:**

1. The instructor will carry out a full demonstration of the Recovery Position
2. The students will split into pairs and practice the technique on each other
3. The Instructors circulate the class, correct any mistakes and answer questions.



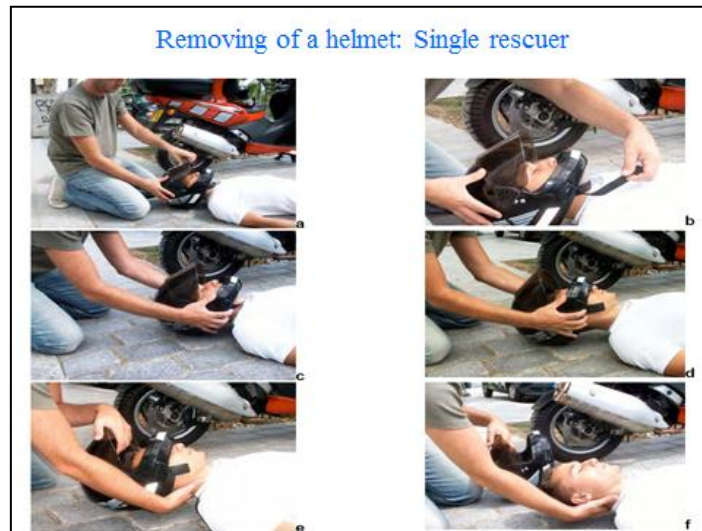
Slide 18



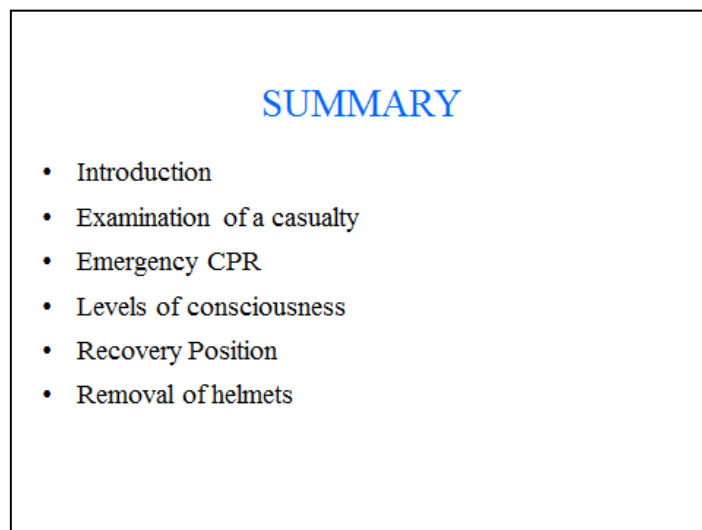
Slide 19

Officers involved in Crowd Control situations are likely to be wearing helmets, whilst these may differ in type to the motor cycle crash helmet the principles of removal are the same. As a general rule, it is normally safer to leave the helmet on the casualty until Medical help arrives unless there is a problem with the airway or it needs to be removed in order to control bleeding.

👉 **Instructors note:** *The methods shown in slides 17 – 19 should be used, however it must be stressed that removal by an lone First Aider is difficult and should only be carried out if necessary and not as a matter of course.*



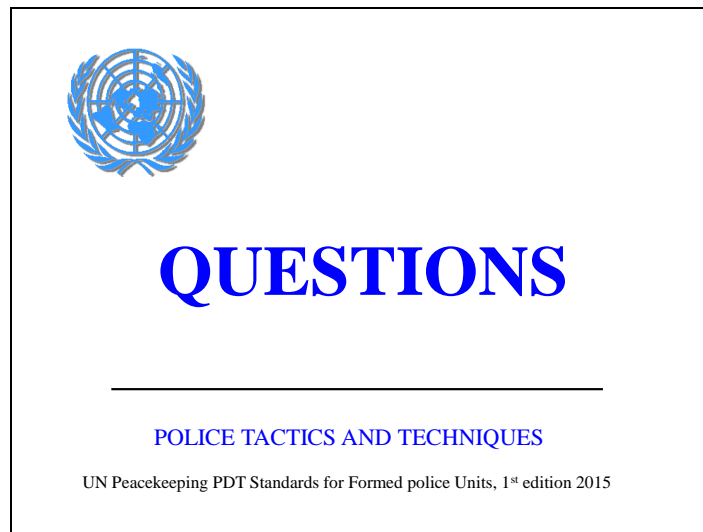
Slide 20



Slide 21

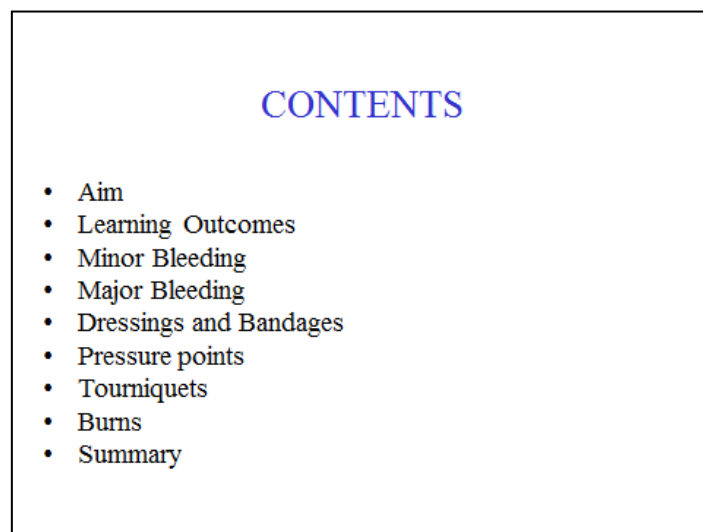
The officers should be given a summary of the key points of the lesson before being asked if they have any questions.





Slide 21

## Lesson 2 –Bleeding & Trauma



Slide 1

## AIM

The aim of this lesson is to teach the unit about bleeding and burns

Slide 2

## LEARNING OUTCOMES

At the end of the lesson the student will be able to:

- Demonstrate the application of dressings to wounds
- Demonstrate the application of Indirect Pressure
- Explain the application of a Tourniquet
- Explain the patient treatment positions
- Explain the treatment for burns

Slide 3

**Bleeding**

Contact with or handling of blood or body fluids  
may be hazardous to your health.  
Wear gloves, use barriers (plastic bags or others)

**Minor bleeding**

- Wash your hands
- Clean the wound with water and soap if you don't have sterile compresses or antiseptic solution
- Clean from the centre to the edge of the wound
- Protect with a small bandage
- Check vaccination records

Slide 4

Minor bleeding is simple to deal with and is included in the lesson for the benefit of the individuals so that they can deal with any minor injuries to themselves as well as others. If administering first aid to another person with a minor bleed then it is important to ensure that your hands are clean first, also to apply a pair of disposable gloves.


The wound should be cleaned with water and soap or antiseptic wipes. Start by cleaning the centre of the wound and then move out to the edges.

Once the wound has been cleaned, apply a plaster or small bandage to prevent infection entering the wound.

Check the casualty is up to date with their tetanus vaccinations as that can enter the wound through small cuts.

**Sources of bleeding**

- **Arterial**  
Rapid, profuse and pulsating; bright red in color
- **Venous**  
Steady flow; dark red or maroon in colour
- **Capillary**  
Slow and oozing; often clots spontaneously



Slide 5

Bleeding is classified by the type of blood vessel that is damaged.

Arteries carry oxygenated blood under pressure from the heart. If an artery is damaged bleeding will be profuse. Blood will spurt out in time with the heartbeat. If a main artery is severed, the volume of circulating blood will fall rapidly. Blood from veins, having given up its oxygen into the body is darker red and under less pressure, although if a large varicose vein is broken it can gush profusely. Bleeding from capillaries occurs with any wound. At first bleeding may be rapid but blood loss is usually slight. A blow may rupture capillaries under the skin causing bleeding into the tissue which will show in the form of a bruise.

#### **Bleeding - General**

- About 15 percent of the casualties that die before reaching a medical treatment facility can be saved if proper measures are taken.
- Bleeding from an arm or leg can usually be controlled by manual pressure and elevation
- Serious Bleeding that cannot be controlled in that way can be stopped with the use of a tourniquet
- Patients suffering from serious bleeding will almost certainly start to suffer from shock
  - Watch for a pale, cold, & clammy skin
  - Rapid pulse
  - Rapid, shallow breathing

#### Slide 6

Casualties with bleeding injuries can be stabilised prior to evacuation, provided the basic steps are taken with any bleed the casualty's chance of survival increases.

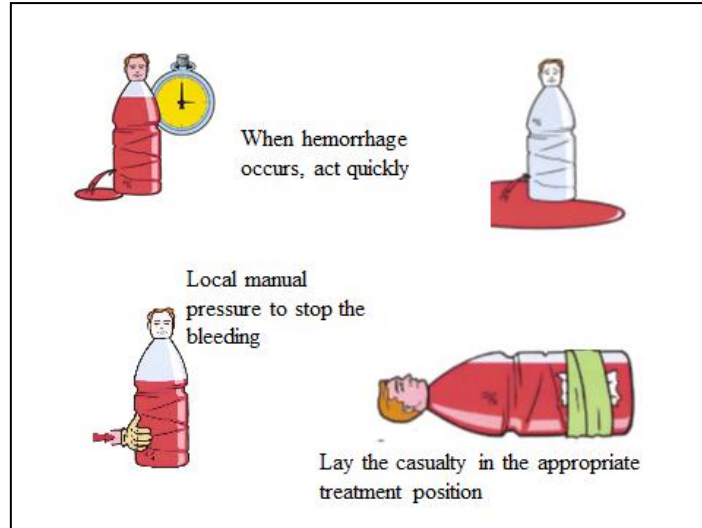
Bleeding from a limb can easily be controlled by applying direct pressure to the wound and elevating the limb above the heart. This can then be reinforced by a bandage to maintain the pressure.

Where the injury is more serious and so large that it is difficult to apply direct pressure then indirect pressure can be applied to a pressure point. In the case of a serious, multiple wound or amputation it may be controlled through the use of a tourniquet.

Any patient that is subject to blood loss will start to exhibit the signs of shock. He will become pale and the skin will feel cold and clammy. He/she will often be confused, dizzy and possibly nauseous. His heart rate will be rapid and weak and their breathing will become rapid and shallow and as the situation becomes worse may

become gasping. He may show cyanosis in the lips and skin (grey/blue colouration). Eventually he/she will fall unconscious and if left untreated will die.

Treatment for shock is simple, treat the cause, which in this case is bleeding, where possible lie the casualty down (although see treatment positions later) and raise the legs covering them in a blanket to keep them warm, loosen tight clothing and keep them calm and still until medical assistance arrives.




Slide 7

Slide 7 illustrates the basic treatment, if left untreated (top right) the blood will flow out and the heart will have insufficient blood to keep it working therefore the casualty will become unconscious and die.

**Manual pressure**

- Push or cut away loose clothing
- Do not remove clothing that is stuck to the wound
- Check for exit wound
- Direct pressure over wound. To protect yourself, use gloves or barriers (plastic bag for example)
- Lay the patient down
- Apply bandage
- Use the appropriate treatment position



Slide 8

For a serious bleed the clothing around the wound should be removed so that the

whole wound is exposed, if there is clothing or a foreign object in the wound do not attempt to remove it but apply pressure around the object.

In the case of stabbing or gunshot wounds, always check the casualty for any exit wounds as they may not be obvious.

Provided there is not foreign object in the wound, apply direct pressure over the wound, with a pad or bandage. Always wear protective gloves or if you do not have any some form of barrier to reduce the possibility of infection.


Lay the casualty down and keep them still to negate the effects of shock.

Apply a bandage to the wound and raise it above the level of the heart where possible.

Put the casualty in the appropriate treatment position (see later).

**Manual pressure**

- If blood soaks through, apply another dressing on top and bandage in place (use an Emergency Trauma Dressing if available)
- If ineffective start again and maintain direct pressure
- The pressure has to cover the entire wound in order to be efficient and strong enough to stop the bleeding
- The pressure must be permanent



Slide 9

Once the bandage has been applied, if blood soaks through, then apply another on top. If the blood soaks through the second bandage then remove both bandages and apply a fresh one trying to apply sufficient pressure to stop the blood flow.

If direct pressure is not working consider indirect pressure (see later).

If the pressure is not applied over the whole surface of the wound then it will continue to bleed from the parts where there is no or little pressure, that is why it is important to see the whole wound so that the bandage can be applied across all of it.

If the pressure is not kept permanently on the wound it will start to bleed again.



Slide 10

Slide 10 shows a selection of bandages available for dressing wounds.



### Activity – Practical Wound Dressing

#### Time Required:

3 minute demonstration by the instructor followed by 7 minute practice by the students

**Total time: 10 minutes**

#### **Preparations:**

1. Sufficient bandages for each student
2. Disposable gloves


#### **Activity Guidelines:**

1. The Instructor will demonstrate applying a bandage to a serious bleeding wound
2. The students split into pairs
3. The students imitate the Instructor and practice
4. The instructors circulate the class, correct any mistakes and answer questions

**Instructors note:** *Particular mistakes to look out for will be that the bandage is applying sufficient pressure across the wound and that it has been tied off on the opposite side to the wound.*

### Apply Pressure Points

- Applying indirect pressure to "pressure points" is another method of controlling bleeding
- This method uses pressure from the fingers, thumbs, or the heel of the hand applied to an artery supplying the wound
- Direct manual pressure must always be tried first



- Temporal
- Carotid
- Brachial
- Radial
- Femoral
- Posterior/ Anterior Tibias



Slide 11

There are a number of pressure points around the body, this is where an artery crosses close to a bone and pressure can be applied with the hand on top of the artery pressing it against the bone and stopping the blood flow.

Direct pressure must always be tried first and only if that is not working, should indirect pressure be attempted, once the pressure has been applied the bleeding should stop, the pressure must then be released after 15 minutes to allow the blood to circulate to the limb otherwise other damage may be caused to the limb.

### Tourniquet

- Where the injury is severe a tourniquet may be applied as other methods will not control the bleeding. A constricting band is placed around a limb to stop arterial bleeding.
- Only used on an arm, forearm, thigh or leg when there is no time to control bleeding or there are several serious casualties can be used for amputation of the arm, forearm, thigh or leg
- Write a "T" and the time of application on the casualty's forehead with a pen, the casualty's blood, mud or other substance

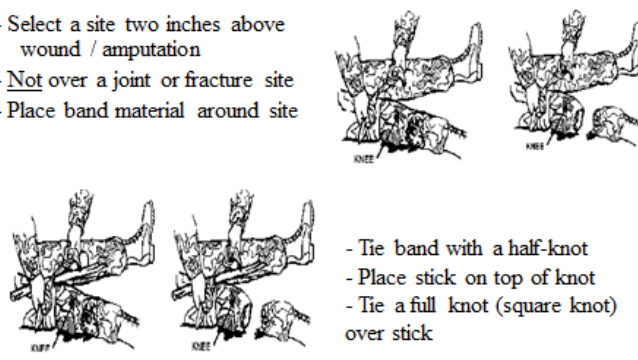
Slide 12

Where there is a major multiple bleeding injury and direct and indirect pressure are not sufficient to control the bleeding, a tourniquet may be applied. These can only be applied to a limb and it is imperative that it is made obvious to medical professionals that one has been used as there may be other effects on the body as a result.



### Applying an Improvised Tourniquet

- Select a site two inches above wound / amputation
- Not over a joint or fracture site
- Place band material around site



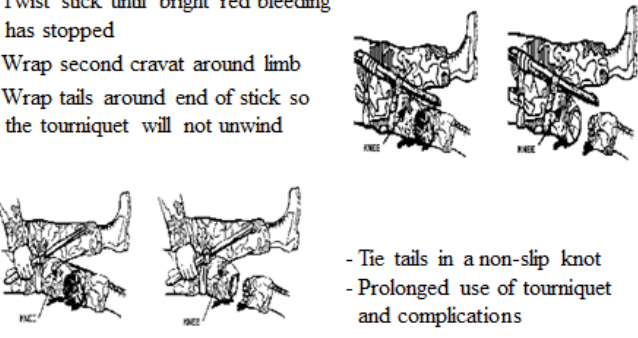
- Tie band with a half-knot
- Place stick on top of knot
- Tie a full knot (square knot) over stick

Slide 13

It is important that the tourniquet is above the wound and it must not be applied over a fracture (broken bone) as that will make the injury worse.

### Applying an Improvised Tourniquet

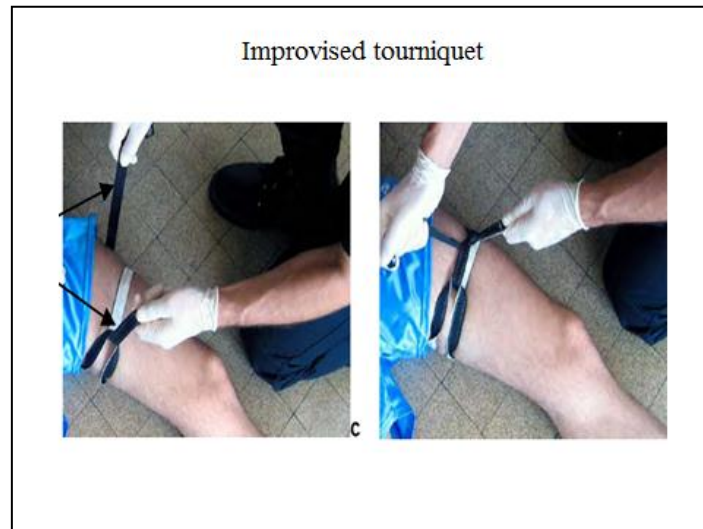
- Twist stick until bright red bleeding has stopped
- Wrap second cravat around limb
- Wrap tails around end of stick so the tourniquet will not unwind



- Tie tails in a non-slip knot
- Prolonged use of tourniquet and complications

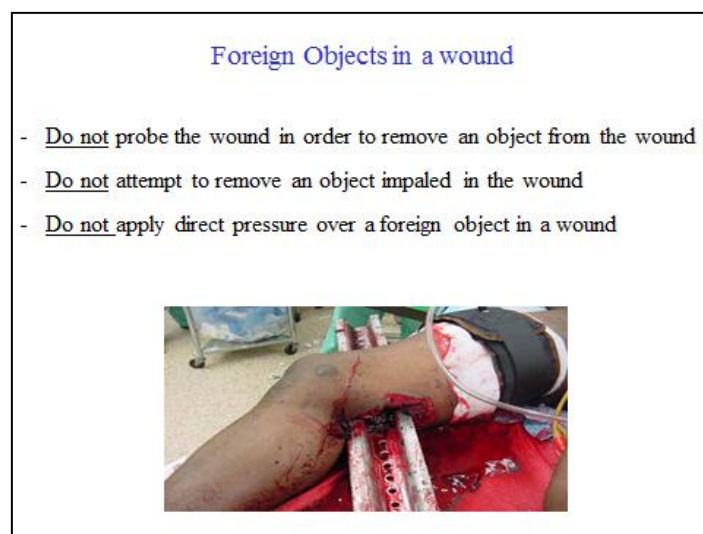
Slide 14

The reason why tourniquets must be identified is that if they are left on for a length of time they may have a detrimental effect on the limb or internal organs (shock and kidney failure). It is vital that the appropriate information with regard to them is passed on to the medical treatment facility the casualty attends. This should include, where possible, when the tourniquet was first applied.



Slide 15

If there is no tourniquet available they can easily be improvised using ties, belts and straps.



Slide 16

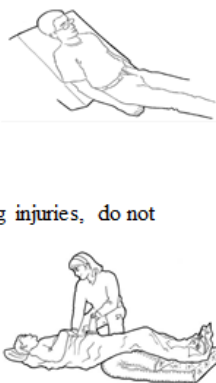
Where there is a foreign object in the wound the first aider should not attempt to try and remove it, in this case they should apply pressure around the object to try and control the bleeding, never apply pressure on or over the object and if applying a dressing padding must be built up around the object to ensure that the bandage does not push the object further into the wound. The basic treatment remains the same in that pressure should be used to control the bleeding and where possible the limb should be raised above the heart.

**Recommended casualty treatment positions**

- Place the casualty in the sitting position if wounded on the chest.
- Place the casualty in a prone position, legs elevated if wounds to the abdomen or the casualty is in shock

**CAUTION:** If suspected head, neck, back or leg injuries, do not elevate legs

- Allow the blood to flow out of the body in case of bleeding from natural orifices



Slide 17

When dealing with casualties suffering from bleeding there are certain positions in which they should be placed to assist recovery. If the casualty has an injury to the chest then he should be placed in the sitting position. If a lung is affected, he should be inclined to the injured side.

If there is a wound to the abdomen, then the casualty should be laid on their back with the legs slightly raised. The same position should be adopted for a casualty with bleeding to the limb with the appropriate limb being raised above the level of the heart. Casualties suffering from shock should also be placed in this position.

Should the casualty be thought to have suffered spine or neck injury then they should be left in the prone position and the legs should not be raised.

If there is blood flowing from any of the body orifices (nose, ears, mouth), then the casualty should be put in a position where it can drain out naturally without affecting the airway. A casualty with a nose bleed should be placed in the sitting position bent forward so that the blood does not fall down the throat and affect the airway.

All unconscious casualties should be placed in the recovery position.


## BURNS

**Signs & Symptoms:**

- Pain
- Color of the skin - red/black dependent on depth
- Shock
- Difficulty breathing

**-Action of the first aider**

- Immediate application of water, on the area, until the pain disappears



Slide 18

Burns are classified according to the depth of the skin damage, superficial, partial thickness and full thickness. Superficial burns only affect the outermost layer of the skin and are normally characterised by their redness, swelling and tenderness. Partial thickness burns are red and raw and blisters will form over the skin due to fluid being released from the damaged tissue. Full thickness burns affect all layers of the skin there may be damage to nerves, fat tissue, muscles and blood vessels.

Apart from the colour of the injury and pain the casualty may be suffering from shock and if they have inhaled heat or smoke their breathing may be affected.

The immediate action should be to cool the burn; normally this is best done with cold running water for at least ten minutes or until the pain is relieved, although it should not delay the evacuation of the casualty to a Medical Treatment Facility.

**Potential consequences:**

- Infection

**Serious burns:**

- Cut away loose clothing
- Do not remove clothing that is stuck to the wound
- Do not cover the area
- Do not apply any medication
- Running water if possible
- Lay patient down
- Treat for shock
- Use of Kitchen film to protect from infection

Slide 19

The most serious consequence for a burn victim is infection entering the wound. Once the burn has been cooled, kitchen film can be used to protect it as this can be easily applied and removed and it will not stick to the wound.

As with bleeding, any loose clothing around the burn should be removed. However, if clothing has been burnt onto the wound then it should be left in place.

Burn medications are only suitable for very minor burns and they should not be used on serious cases. Only cold running water should be applied to cool the burn.

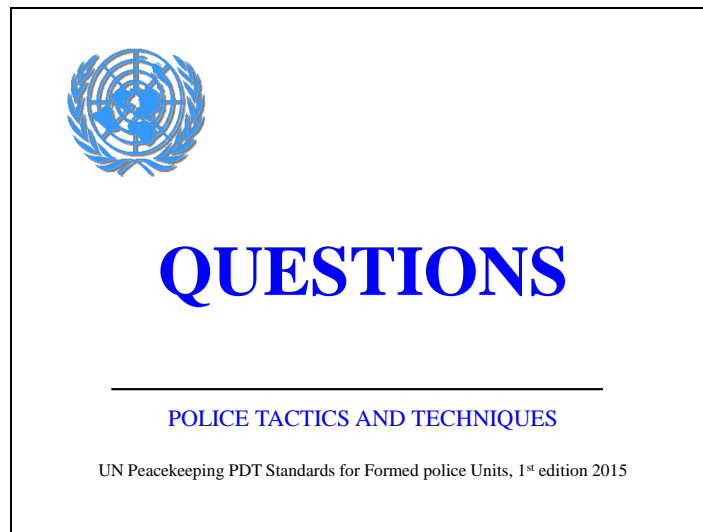
Lay the casualty down to assist in the treatment of shock, although it is important that the burn does not come into contact with the ground.

## SUMMARY

- Minor Bleeding
- Major Bleeding
- Dressings and Bandages
- Pressure points
- Tourniquets
- Burns

Slide 20

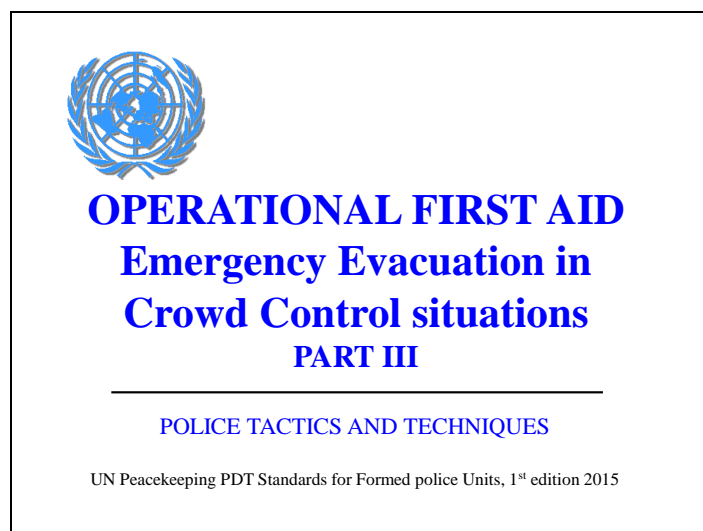
The officers should be given a summary of the key points of the lesson before being asked if they have any questions



Slide 21

### Lesson 3 – Emergency Evacuation in Crowd Control situations

#### Contents:



Slide 1

## Contents

- Aim
- Learning Outcomes
- Emergency Casualty Evacuation
- Techniques
- Use in Crowd Control situation
- Summary

Slide 2

## Aim

To teach FPU members the methods and techniques of  
Emergency Evacuation in Crowd Control situations

Slide 3

## Learning Outcomes

At the end of the lesson the student will be able to:

- Demonstrate the Emergency Evacuation techniques
- Explain the system for evacuation during a crowd control situation

Slide 4

## Emergency Casualty Evacuation

- Emergency casualty evacuation is only recommended in exceptional circumstances.
  - The casualty is in danger. The danger is real, immediate and uncontrolled.
  - The evacuation has to be operated as a priority.
- Medical personnel and equipment must be pre-staged and available when the unit is engaged in a public order operation

Slide 5

Emergency casualty evacuation is only to be carried out in certain circumstances. When there is no danger present, a casualty should be dealt with normally following the procedure outlines in lesson 1 (DR ABC). However police officers are often in dangerous situations where it may be necessary that the casualty is evacuated to a safe location, for the benefit of both the casualty and the first aider.

Therefore Emergency casualty evacuation should only be carried out where there is immediate clear and present danger to both the casualty and first aider and the evacuation has to be carried out as a priority due to the injury.

It is also a reason why officers deployed on Public Order crowd Control situations should have medical back up available, at the site of deployment where possible.



## Emergency Casualty Evacuation

- Ensure the casualty can be reached, without danger to the first aider
- Use the safest route to evacuate
- Quickly remove the casualty to a secure place
- Ensure that a strong grip is maintained on the casualty's body during the evacuation

### Slide 6

The first priority in First Aid must still be maintained. The casualty must be able to be reached without danger to the First Aider. In a crowd control situation, there is the potential for any member of the FPU being hit by missiles thrown by the crowd, which should be minimised by the use of shields for protection.

Once the casualty has been reached they must be evacuated via the safest route.

They should be removed to a safe and secure location, which, where possible, should already have been predetermined as a casualty holding area.

When using any of these techniques it is vitally important to keep a firm grip on the casualty, as failure to do so, may result in a delay in the process exposing both the casualty and the rescuer to additional danger.

## Different Methods of E.C.E.

### Slide 7

In this lesson we will look at nine different techniques of emergency evacuation:

Arm drag, Leg drag, Belt drag, Piggy back, Fireman's lift, double under arm drag,

Shoulder drag, Single under arm drag, Wrist hold under arm drag.

Some of these can be done on an unconscious casualty, some require the casualty to assist in some way by holding onto the rescuer, it will be for the rescuer to decide at the time which is the most appropriate dependant on the circumstances and the condition of the casualty.



Slide 8

Figure 1 shows the 'Arm drag', the rescuer takes a firm grip of the casualty's wrists and drags them along the ground to safety. Clearly, this can be carried out on an unconscious casualty.

Figure 2 shows the 'Leg drag', in this case the rescuer takes hold of the casualty's legs and drags, and once again this can be carried out on an unconscious casualty. In both cases care must be taken with regard to the head, however in crowd control situations the casualty is likely to be wearing a helmet which should aid protection.



Slide 9

Figure 3 shows the 'Belt drag' method, this requires the casualty to take hold of the

rescuers belt and therefore to be conscious and not have any serious upper limb injury. It allows the rescuer to use a shield to protect the two of them or to use their arms for any other purpose.

Figure 4 shows the 'Piggy back' method, the casualty is picked up and held on the rescuers back by placing their arms around the neck and the rescuer holding on to the casualty's thighs. This is difficult to perform on an unconscious casualty as it requires assistance from the casualty to get them onto the rescuer's back.



Slide 10

Figure 5 shows the 'Fireman's lift'. In this technique the rescuer takes hold of the casualty's arm and lifts them up on to their shoulder holding the arm with one hand whilst the other arm is placed between the legs, this can be performed on an unconscious casualty.

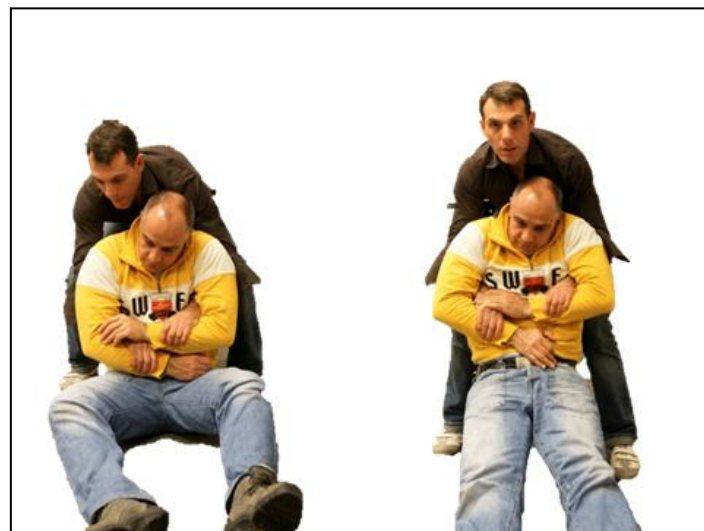
Figure 6 shows the 'Double under arm drag'. This is performed by two rescuers placing their arms under the casualty's armpits and dragging the casualty along. They can raise the casualty so that they are able to move at speed with just the casualty's feet dragging on the floor. This can be carried out on an unconscious casualty.



Slide 11

Figure 7 shows the 'Shoulder drag'. The rescuer takes a firm grip on the clothing around the shoulders of the casualty and drags them along the ground; once again this can be carried out on the unconscious casualty.

Figure 8 shows the 'Single under arm drag' the rescuer wraps their arms under the casualty's armpits and links their figure then dragging the casualty to the rear. This can be carried out on an unconscious casualty and protects the head, unlike many of the other 'drag' methods.



Slide 12

This shows the 'Wrist hold under arm drag'. The rescuer places their arms under the armpits of the casualty and folds up the casualty's forearms taking hold of them just above the wrist. He then removes the casualty by dragging him along the ground; Again this method give protection to the head and can be used on an unconscious casualty.



## Activity – Practical Evacuation

### Time Required:

5 minute demonstration by the instructor followed by 10 minute practice by the students

**Total time: 15 minutes**

### Preparations:

1. Area large enough for the students to carry out all the techniques (where possible a location with a soft floor or gym mats)

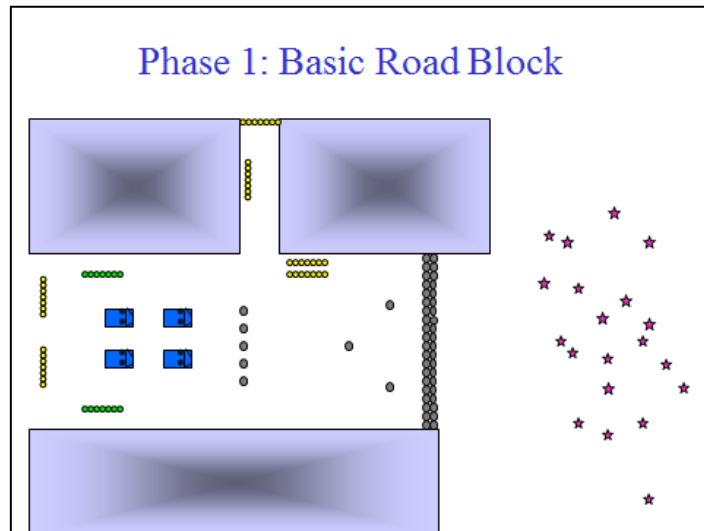
### Activity Guidelines:

1. The Instructor will demonstrate the various techniques
2. The students split into pairs
3. The students imitate the Instructor and practice
4. The instructors circulate the class, correct any mistakes and answer questions

**Evacuation of an injured  
officer during a  
demonstration**

Slide 13

Later during the practical element of the crowd control module the students will get the chance to practice the evacuation of a casualty, but to enable them to do so, they need to understand the theory of the subject.

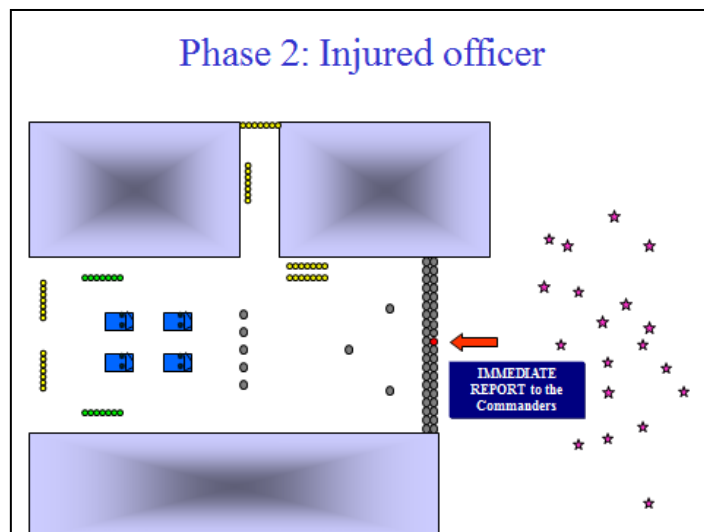


Slide 14

This slide shows the basic deployment of an FPU during a crowd control deployment with a line of officers facing a crowd.

There are support vehicles to the rear and the flanks and rear of the FPU are protected by either buildings or reserves.

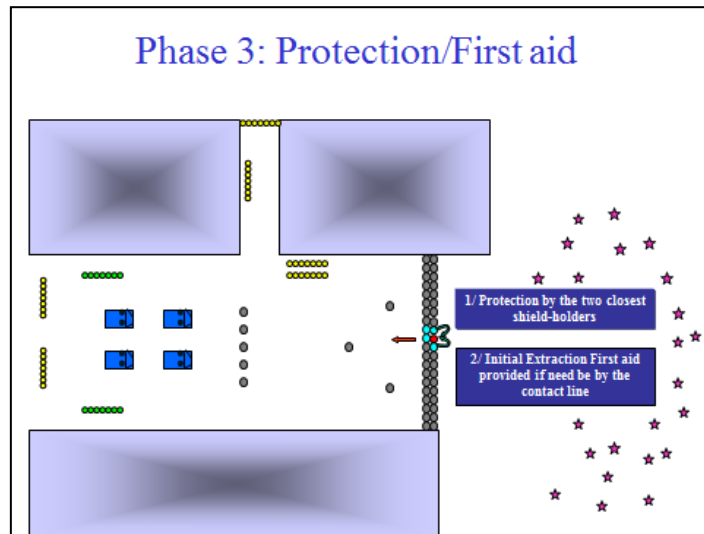
Among the reserves would be the medical element.



Slide 15

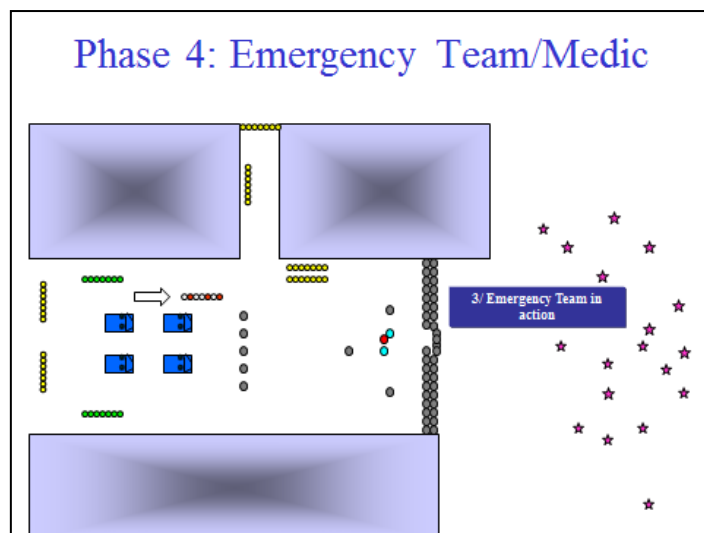
An officer in the front line is injured and falls to the ground, the matter is immediately reported into the control so that the Commander is aware and Medical assistance

can be alerted.



Slide 16

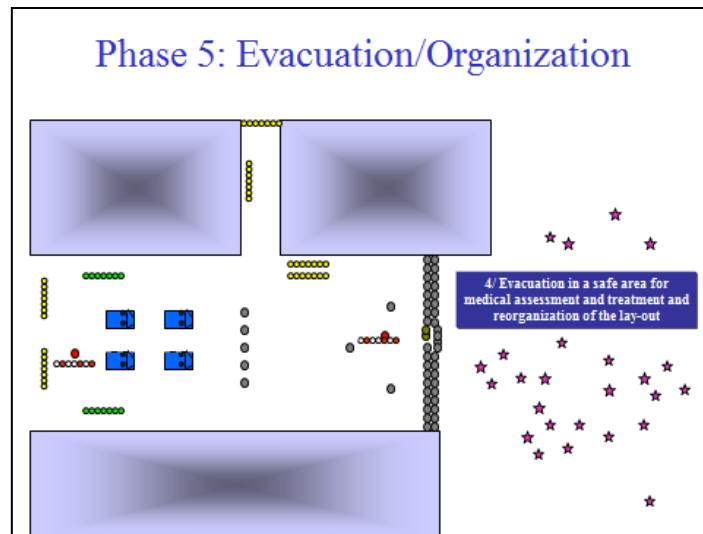
The officers either side of the casualty immediately move around to cover the casualty with their shields, the rear rank officers evacuate the casualty away from the front line using an appropriate evacuation method.



Slide 17

The casualty is now in a safe position where initial emergency first aid can be given and the casualty stabilised pending the arrival of the medical team; the cordon is

reformed by the officers on either side closing in.



Slide 18

The casualty can now be dealt with by the Medical team and following triage, evacuated to the appropriate facility if necessary. The rescuing officers return to take their place on the cordon. The Commander makes any necessary rearrangements to the deployment.

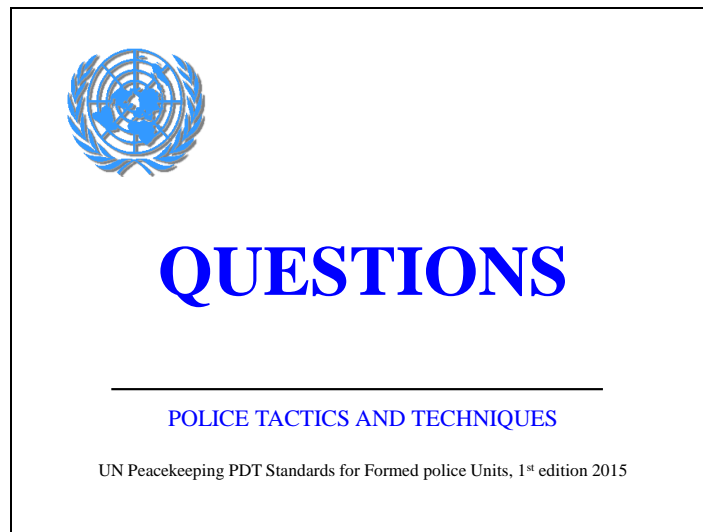
### SUMMARY

- Emergency Casualty Evacuation:
  - Arm drag
  - Leg drag
  - Belt drag
  - Piggy back
  - Fireman’s lift
  - Double under arm drag
  - Shoulder drag
  - Single under arm drag
  - Wrist hold under arm drag
- Use in Crowd Control situation

Slide 19

The officers should be given a summary of the key points of the lesson before being asked if they have any questions





Slide 20

#### **Lesson 4 – Further Practice & Assessment**

This lesson is at the discretion of the instructor. It can be in the form of further practice or it could take the format of a series of scenarios or it could be a straight forward assessment of all the techniques in front of the instructors. It is for the team of instructors to decide on which is the most appropriate dependant on the standard of the students.