



# DALLAS POLICE DEPARTMENT

## LESSON PLAN COVER SHEET



**SUBJECT: Officer Down--High Threat Extraction**

**INSTRUCTOR(S):** Eastman Metzger

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**RECOMMENDED INSTRUCTIONAL LENGTH:** 2 Hours

**TARGET AUDIENCE:** SWAT Operators and Supervisors

**INSTRUCTIONAL MEDIA: STUDENT MATERIALS:** Full Kit

**PREREQUISITE EXPERIENCE OF THE LEARNERS:** Basic SWAT, Basic Self-Aid Buddy-Aid

**GOAL (PURPOSE OF THE COURSE):** To establish basic skills in the extraction of downed officers and civilians during tactical operations.

**DATE PREPARED:** January 3, 2010

**DATE REVISED:**

**PREPARED BY:** Eastman, #R298

**REVISED BY:**

**REVIEWED BY:** \_\_\_\_\_

**REFERENCES:**

Basic TEMS Course, TTPOA

SABA Course, TTPOA

High Threat Extraction, adapted from SM McKay, Asymmetric Combat Institute



## INSTRUCTOR LESSON PLAN

### II. PREPARATION (Student Motivation/Opening Statement/Instructor Introduction)

1) Show Lubbock SO SWAT AD/Downed Officer Video and subsequent disastrous officer rescue

-- Discuss need for officer down drills

--Acknowledge that we don't train to lose.



### III. LESSON OBJECTIVES (Specific points of information to complete the goal statement)

Objectives:

- Prior planning of officer down movements/rescue
- Incorporate medical plan into briefing
- Define LCC, Rally Point and Egress Route
- Demonstrate techniques for moving patients out of the tactical environment using various techniques and extraction devices.

Officer Down Plan:

Tactical teams train to win therefore, the majority of tactical elements rarely plan for officer down extrication.

\*\*It is the responsibility of the tactical medic/s and the Tactical team leader to have a well rehearsed rescue plan\*\*



IV. PRESENTATION (Implementation of Instruction) Key Topic Points	Elaboration of key Points
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## V. APPLICATION (Planning for student to practice or apply new knowledge)

Officer down plan must contain:

### MEDICAL THREAT ASSESSMENT

The tactical medic must prepare a medical threat assessment prior to every mission.

- Hospital services change on a daily bases
- Road construction may extend response times to Trauma Centers
- Weather conditions (Med-evac aircraft availability, environmental effects)
- Location of Medic Equipment (Where is the Medic Bag?)

### MEDICAL THREAT ASSESSMENT cont...

- Will there be multiple medics at the scene? If so who all has a medic bag and what is their position? (Rescue team, containment team, command post etc...)
- Defined role of Tactical Medic
  - fully integrated as operator/medic?
  - limited to command post or green zone only?
  - fully operational with SWAT Officer security
  - limited penetration into hot zone areas only after clearance performed by SWAT Officers
  - armed vs. un-armed medics-to be discussed in another lecture.

Officer Down Drills must be:

- Rehearsed on a regular basis during training sessions.
- Initiated spontaneously and continue through activation of EMS.
- Initiated with or without presence of the tactical medic/s.
- Some drills (most) should come as a surprise to everyone, operators and tactical medics alike. Only Tactical Team Leader should plan these drills.
- Occasionally include the medic as the "downed person". Your treatment and extrication to a safe environment will only be as good as the training you have delivered to your tactical officers! TRAIN THEM WELL!

### 1 Man Lifting and Moving Techniques

#### 1 Man Lift

- Rescue person gets behind victim and reaches underneath their arms
- Grab victims wrist
- Can either grab right hand to right hand or can criss cross grab for better hold for movement
- Able to lift with legs
- Keeps injured officer's arms in close to the body
- Consider additional weight of body armor and bulk of your/their gear.
- Airway Compromise could be a problem! If safe to do so, STOP and check their airway and breathing status.
- If it is NOT safe to do this, life over limb...get them to a safer location ASAP and secure their airway at that time.

#### 1 Man Body Drag Technique



## V. APPLICATION (Planning for student to practice or apply new knowledge)

- Rescuer lifts victims lower extremities and tucks them under his arms
- Head and arms of victim will drag ground (consider steps, curbs, etc)
- Possible airway occlusion because of body armor
- Re-evaluate airway & breathing status often!
- Utilize only if no other option

Is a 1 Man "Scoop and Haul Ass"

Technique acceptable

with infants and small children?

**ABSOLUTELY!**

2-Man Lifting & Extraction Techniques

2-Man Lift

- If the victim is prone (face down), **ROLL THEM OVER FIRST!**
- Person up front: grab hands/arms and sit the person up.
- Person behind: use your knee to help keep them up. Position arms and get a **GOOD HOLD** of them!
- Additional man power utilized. Takes 2 Rescuers at a minimum.
- Person holding upper body communicates commands such as "Lifting on 3" and "Ready....Moving"
- Make sure tactical element is aware that you are moving so proper weapons coverage can be provided
- Take time to announce over radio if able
- Both face forward
- Person at feet tucks both legs under one arm.
- Lead rescuer is able to utilize hands (i.e.-open doors, hold pistol and provide cover if necessary)
- Able to move as a unit and can move quickly.

2 Man Vest Drag

- Emergent Rescue Extrication Technique
- Should only be used for an Emergency Rescue to get a victim to cover ASAP
- Airway Compromise is a problem

2 Man Under Arm Drag

- Better technique than vest drag
- If patient unconscious or cannot hold up their own head airway closure is a problem
- Victim can be moved very quickly

Utilization of

Ballistic shield

- Requires more man power to be most effective, however can be performed by only 2 rescuers if necessary.
- Person with shield must move past victim to let other rescue person get in the drag-ready position
- Shield Person must keep coverage for everyone including himself.
- Rescuer who is dragging victim must communicate with shield person to keep good coverage over rescuer and victim.



## V. APPLICATION (Planning for student to practice or apply new knowledge)

### Multiple Officer Extraction with Shield

#### Commonly Used Extrication Devices

##### Long spine board

- This technique is very time consuming
- Difficult to maintain low profile where cover is minimal
- Looks pretty but not practical in the tactical environment
- Very difficult to perform quickly and safely while in an extreme hostile environment!

##### Fabric Litter

- Rapid Deployment Method
- Works best with 3-4 people
- Can support up to 500lbs
- Easy to use
- Preferred Method
- Can't effectively utilize C-spine precautions

##### Ranger Sked Sled System

- Affordable
- Easy to Use
- 1 or 2 man operation
- Can drag a victim a long distance in a short amount of time
- Recommended in Tactical Environment

##### Rope and Webbing

- Best utilized if person is injured out in the open
- Will only work if person is conscious and able to assist you
- Loop around legs or both arms
- Get victim to help you and move towards to you if at all possible
- Have good weapon coverage
- Ideal situation for an ambush

##### Ballistic Blanket

- VERY EXPENSIVE  
-each 4x4 section costs @ \$2400
- Heavy
- Usually leaves head or legs exposed of those who carry it
- Great Ballistic Protection

##### Rescue Platform

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##### Emergency Rescue Vehicles

- Expensive to purchase
- Maintenance expensive
- Excellent Emergency Rescue Vehicle

##### Extrication Under Cover of Smoke

- Wind direction consideration
- Limited concealment



## V. APPLICATION (Planning for student to practice or apply new knowledge)

- No ballistic coverage
- Short period of time
- Multiple canisters necessary for best results

### Equipment or Unit Specific Issues

- Hand signals
- Light discipline
- Gas Mask
- NVG

### Rescue

VS

### Recovery

- There may be a time where the decision has to be made to initiate a rescue on a downed officer, hostage, bad guy or hold your position and evaluate the circumstances.
- Depending on the situation, threat level and mortality of the victim (even if its an fellow officer) REALISTICALLY you may NOT be able to SAFELY perform a rescue to that person.
- In the event your findings show that the victim has suffered a mortal wound with signs incompatible with life, consider the possibility of a RECOVERY operation instead of a RESCUE.
- Realize when Dead is Dead.

### PRACTICUM--1 hour

- 1) One man lifts/carries
- 2) One man drags
- 3) Two man lifts/carries
- 4) Two man drags
- 5) Drag/extraction straps and devices
- 6) IAD's
- 7) Ballistic shields and blanket





## VI. EVALUATION (Final check of student's comprehension of material presented)