

# COMBAT FIRST AID

For the Patrol Officer

**Combat First Aid is down and dirty first aid that you can use during combat to stay in the fight or save another's life.**

**COMBAT FIRST AID** is specific to Law Enforcement and is pertinent to Patrol Officers and SWAT Operators.

Specifically, SWAT teams have an advantage over the Patrol Officer. They have better body armor, safety in numbers, the element of surprise, and usually have a Paramedic on the team. *The Patrol officer is typically alone, has minimal body armor and could be a long way from medical help. Also, transition time from a traumatic incident to a "safe scene", where EMS is allowed, can be critical to whether necessary lifesaving treatment will be administered. This gap in time is often the deciding factor whether an injured person lives or dies.* Proper combat care administered by the SWAT Operator or Patrol Officer will save lives and offers a mitigation strategy to a problem that has historically been unaddressed. Most importantly it allows the officer to stay in the fight and not lay there helplessly bleeding out.

The **COMBAT FIRST AID** class teaches the Patrol Officer to administer lifesaving treatment to themselves, a fellow officer or a citizen that has sustained a life threatening injury. *The class covers the three preventable causes of combat death and the treatment for all three.* The training provided by COMBAT FIRST AID is developed from Tactical Combat Causality Care (TCCC) – the newest curriculum. The TCCC class is specific to Paramedics and EMT's but I have adapted the training so it is relevant to the Patrol Officer/SWAT Operator and non-medical first responders.

**"Patrol Officers NEED this training"**

**"Great training for officers in the field"**

**"Great training scenarios!"**

**"A grim part of our job, but so relevant in today's policing"**

**"I'm looking forward to the refresher!"**

**"I hope I will never need to use this training on one of our own. I'm glad you are opening officer's minds to Combat First Aid"**

**"Excellent, long overdue, very relevant training!"**

**"Great presentation and directly applies to law enforcement work"**

**"Great class! Good information to have. We should have this at least annually"**

**"I would like to see more of this training in the future"**



#### **INSTRUCTOR:**

Jennifer Foreman  
Paramedic 10 years  
Tactical Paramedic for 8 years

#### **TRAINING SITE:**

SCSO Training Center  
10319 E. Appleway  
Spokane Valley, WA 99206

#### **CLASS DATE:**

April 8th, 2013 9am to 5pm

#### **COST:**

\$100/student

#### **REGISTRATION:**

Please complete the attached SCSO Registration form and return by fax or email to Deputy John Oliphant. (509)1477-6975 or jroliphant@spokanesherriff.org.

Make checks payable to *Combat First Aid* and mail to:  
SCSO, ATTN: Dep. John Oliphant,  
1100 W. Mallon, Spokane, WA 99260.

Payments other than check need to be arranged with the company by calling (509) 670-7906.

*Payment must be received on or before class date.*



# Spokane County Sheriff's Office – Training Unit

## GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

### 1. GENERAL INFORMATION

Applicant's Name:			(Last)	(First)	(Middle)
Title/Rank:	Applicant's Personnel Number:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Duty Assignment:			Agency:		
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address:			
Agency Mailing Address:		(Street or PO Box)	(City)	(Zip)	

**IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.**

### 2. COURSE INFORMATION

Course Title:	Location of Course:
Course Dates:	

### 3. **MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION**

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

\_\_\_\_\_  
\_\_\_\_\_

### 4. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!) →

@

**Confirmation is sent via email, please make sure this section is complete.**

### 5. AUTHORIZATION

Agency Representative Authorizing Attendance:		
Name	Title	
Signature	Date	

Return completed application form to: Spokane County Sheriff's Office Training Unit, 1100 W Mallon, Spokane, WA 99260  
Attn: Deputy John Oliphant. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to [jroliphant@spokanecounty.org](mailto:jroliphant@spokanecounty.org). For more information regarding the application process, please call (509) 477-3211.

### SCSO USE ONLY

Confirmation Notice Sent?  Date: \_\_\_\_\_

Cancellation Notice Sent?  Date: \_\_\_\_\_

Paid?  Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Did the Student Withdraw? Yes  Date: \_\_\_\_\_  
Check Returned? Yes  No  N/A  Date: \_\_\_\_\_

Comments: