IMPLEMENTATION OF A TACTICAL MEDICAL TRAINING PROGRAM TO ENHANCE THE SURVIVABILITY OF OFFICERS IN THE FARMINGTON POLICE DEPARTMENT

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IMPLEMENTATION OF A TACTICAL MEDICAL TRAINING PROGRAM TO ENHANCE THE SURVIVABILITY OF OFFICERS IN THE FARMINGTON POLICE DEPARTMENT

Problem
The City of Farmington Police Department (FPD) currently has 138 sworn officers and 50 civilian personnel (Annex A). According to the United States Census Bureau, the City of Farmington has a population of approximately 41,269 people, but that population grows drastically to about 150,000 residents during the weekends because the city is the commercial hub for the four corners area, to include: New Mexico, Colorado, Utah, and Arizona (Annex B, Annex C). It also experiences a significant population influx based on the surrounding Navajo Indian Reservation (Annex B).

Across the nation, active threat situations, including active shooter, active stabber, bombing incidents, and other intentional acts directed to inflict mass casualties have been increasing (Blair & Schweit, 2014). The City of Farmington has experienced a general increase in violent crimes, as well as an increase in violent crimes against Farmington Police Officers (Annex D). Officers operate in volatile situations where violence is prevalent. Since emergency medical services cannot respond to render aid in a situation until it is secured, officers must be equipped and trained to administer urgent, potentially life-saving tactical medical treatment to themselves, other officers, and even citizens in possibly hostile environments (Brewer, 2014a).

With the exception of the Special Weapons and Tactics (SWAT) team, most FPD officers have not received medical training beyond basic first aid. The International Association of Police Chiefs (IACP) conducted a study and issued a recommendation that all officers be trained in tactical medical techniques to help preserve officer lives (Annex G). Based on the dangerous environment, propensity for injury of law enforcement officers, and the IACP recommendation, the Farmington Police Department should implement a tactical medical training program to increase survivability of its officers.

Assumptions
• Officers will continue to respond to dangerous, life-threatening situations.
• These incidents will continue to increase in the Farmington area and across the nation.
• Officers at the Farmington Police Department have insufficient tactical medical training.
• Officers do not know how to utilize items included in the medical kit.

Facts
• The Farmington Police Department is comprised of 138 sworn officers and 50 civilian personnel (Annex A).
• The Farmington Police Department issues individual first aid kits (IFAK) to all patrol officers (Annex H).
• Violent crimes increased in Farmington from 3,003 in 2014 to 3,336 in 2016 (Annex D).
• Violent crimes against Farmington Police Officers have increased over the past three years (Annex D).
Discussion

Background
The City of Farmington has experienced an increase in violent crimes, as well as an increase of crimes against police officers since 2014 (Annex D). The Federal Bureau of Investigation has noted that active shooter incidents are increasing at an exponential rate within the United States with an average of 16.4 incidents per year between 2007 and 2013, a significant increase over the average of 6.4 incidents per year between 2000 and 2006 (Blair & Schweit, 2014). According to the FBI, there were 50,212 officers assaulted nationwide in 2015, and 14,281 of those officers were injured (Annex E). As the number of violent crimes increase, especially those crimes committed against police, the potential for officer injury also increases.

After action reports from the Aurora Century 16 Theater shooting, the San Bernardino Inland Regional Center shooting, the Boston Marathon Bombing, initial reports from the Orlando night club shooting, and other incidents have emphasized the need for officers to be trained in hemorrhage control and other basic tactical medical treatment techniques to assist in the reduction of officer and citizen deaths. IACP has issued a recommendation that all officers be trained in tactical medical techniques and federal agencies, such as the Department of Homeland Security, have mandated that all of their officers be trained in tactical medical techniques, to include basic concepts of triage and mass casualty management (Annex G; Brewer, 2014a; The Interagency Board, 2015).

Comprehensive analysis has shown that injuries sustained in law enforcement are similar to wounds sustained in combat military zones. Lessons learned from law enforcement and military casualties have cited excessive, uncontrolled blood loss as the leading cause of death from traumatic injuries, followed by penetrating chest wounds, and suffocation by tongue or fluids (Brewer, 2014a). Research has demonstrated that 25 percent of victims suffering from those three conditions will die within five minutes with uncontrolled bleeding causing death within three minutes (Pearce & Goldstein, 2015).

Internal Survey
A 10 question survey was created and distributed to 100 officers at the rank of Corporal or below. The questions covered years of police service; specialty positions held, prior military service, and prior medical careers; whether the officer had been on a call where an officer, including oneself, was injured; whether they had been on a call where a citizen had been badly injured; whether the officer had been assaulted or battered in the line of duty; whether the officer carried a tourniquet or other medical supplies on their person at work; whether the officer had been trained in the application of a tourniquet, hemostatic gauze, or chest seals; and whether the officer felt confident in their ability to render self-aid, buddy-aid, or citizen aid in critical injury situation (Annex F).

A total of 80 officers responded and 65 percent had been on a call where an officer (including self) had been injured; 75 percent had been on a call where a citizen had been badly injured; 76 percent had been assaulted and/or battered on duty. Of the 80 officers that responded, 25 had military experience and received tactical medical training in the military. Without counting the 25 officers that had training in the military, 38 out of the remaining 55 officers had received
some form of training in the application of tourniquets, gauze, and other medical components. Only 21 of those 55 officers (38 percent) felt confident in their abilities to render self-aid, buddy-aid, or citizen aid in a critical injury situation.

Benefits
There are several benefits to providing tactical medical training to officers. A research study of officers that were critically injured in the line of duty showed that many of the officers did not render self-aid because they had not been trained (Brewer, 2014b). By training officers, they are more likely to carry medical supplies on their person, revert to their training when injured, and render potentially life-saving self-aid in a critical injury situation. Rendering self-aid also allows other officers to focus on neutralizing any threats instead of treating an injured officer. If necessary, officers with tactical medical training can render buddy-aid to another injured officer until medics arrive. Similarly, officers can render aid to badly injured citizens in extreme situations, to include shootings, explosions, other mass casualty events, or even car crashes.

Officers are often the first responders on scene of a mass casualty event and will likely be the only responders in any active, unsecured scene. Officers must be prepared provide life-saving immediate aid during these events. Any delay in medical treatment can prove fatal in rapid bleeding or airway obstruction situations (Russo, 2016). The Farmington Police Department would benefit from this forward thinking training and should follow the recommendations issued by IACP and federal agencies (Annex G).

Solutions
- Alternative I
  The department could decide to maintain the status quo. FPD could choose not to provide tactical medical training to officers and officers would rely on their current skillset in a critical injury situation.

  Pros
  • No disruption of shift for training.
  • No additional cost to the department.

  Cons
  • Officers will not improve their ability to render self-aid, buddy-aid, or citizen aid.
  • IFAK kits will be useless in vehicles due to a lack of knowledge to utilize components.
  • Department is subject to potential liability in a litigious society for failure to provide tactical medical training to officers.

  Cost
  • None.

- Alternative II
  FPD could utilize a third party to train tactical medical instructors who will then train the rest of the department. Using Trilogy, FPD could host a three day on-site instructor class to train several instructors for the department. The training could also be extended to other agencies in the region, but the cost to FPD would still be a minimum of $3,600 (Annex I).
Pros
• Professionally developed class for quality training.
• Three day course to train instructors.
• Instructors can train the rest of the department on Wednesday overlap training day.

Cons
• Class size must be between 24 – 30 students.
• Disruption to shifts for three days while students attend the instructor class.
• Must be scheduled three months in advance.

Cost
• $450 per seat, with two free seats for hosting agency.
• No additional cost to train the rest of the department if using Wednesday overlap.

Alternative III
FPD could send eight to 10 officers to the Federal Law Enforcement Training Center (FLETC) in Artesia, NM to complete the Basic Tactical Medical Instructor program for law enforcement officers. This is a three day course that teaches officers to mitigate the loss of life in active threat situations and provides instruction on hemorrhage control, tourniquet application, airway control, and other tactical life-saving techniques. There is no cost for this course (Skinner, 2017).

Pros
• No cost to the department. FLETC covers the tuition, supplies, room, and food.
• Newly trained instructors can train the rest of the department.
• Current department members have credibility in department.
• Newly trained instructors can ensure that training is provided within department policies.
• Training can be performed on Wednesday overlap training days.

Cons
• Officers attending the instructor class will be gone for five days; two days of travel and three days of instruction.
• Training might need to be scheduled across several training days to ensure training of the entire department.

Cost
• Man hours of the officers selected to attend the instructor program.
• Man hours of instructors train the rest of the department.

Conclusion

According to FBI statistics, violent crimes, as well as crimes against police officers, are on the rise nationwide (Annex E). Similarly, violent crimes have increased in the City of Farmington, as well as crimes against Farmington Police Departments, since 2014 (Annex D). Research performed by the FBI has also shown the active threat situations are exponentially on the rise
(Blair & Schweit, 2014). As violent crimes and crimes against police officers increase, so does the propensity for critical injury to officers.

After action reports from the Aurora Century 16 shooting, the San Bernardino Inland Regional Center terrorist attack, the Boston Marathon bombing, the initial reports of the Orlando Night Club shooting, and other mass casualty incidents, have identified the need for officers to be trained in tactical medical techniques. Emergency medical services were delayed entry in all of these situations. Similarly, EMS is often delayed entry into situations where officers have been shot or injured because the scene has not been secured. Additional research noted that the wounds sustained by officers and citizens in violent situations, or mass casualty incidents were similar to military combat situations and noted that officers would benefit from similar training (The Interagency Board, 2015). In 2013, IACP issued a formal recommendation that all officers be trained in tactical medical capabilities (Annex G).

A survey of 80 FPD officers showed that 93.8 percent of officers had been on a call involving a badly injured citizen and 95 percent of officers had been assaulted or battered in the line of duty. The survey results also indicated that only 38 percent of officers without military experience were confident in their ability to render life-saving self-aid, buddy-aid, or citizen aid in a critical injury situation.

Alternative I is not recommended because officers will not have the opportunity to enhance their skills and survivability in life-threatening injury situations. Additionally, this option also leaves the department open to potential liability. Alternative II is also not recommended due the manpower demands on the department to host the training and the high cost associated with it. Alternative III is the best option because it provides high quality training at no cost to the department, other than man hours; it affords officers the opportunity to improve their skills and chances of survivability in a life-threatening situation; and increases the potential to render life-saving treatment to citizens.

In accordance with IACP and federal recommendations, the Farmington Police Department should implement a tactical medical training program (Annex G). By implementing alternative III, the department could utilize FLETC to train approximately 10 officers as tactical medical instructors that, in-turn, would train the remainder of the department on overlap training days (Skinner, 2017). This would mitigate the loss of life, increase the survivability opportunities for officers of the Farmington Police Department, and benefit the citizens of the community as well.

**Recommendation**

In order to follow IACP and federal agency recommendations, and for the Farmington Police Department to increase the survivability opportunities for officers, the department should implement alternative III. It is the most robust solution, allowing FPD to get approximately 10 officers, or more if necessary, trained as Basic Tactical Medical Instructors through FLETC at no cost. These instructors would then train the rest of the department utilizing overlap training days to minimize departmental disruption, and ultimately improve officer skills in emergency
situations requiring life-saving medical care. An implementation guide has been included (Annex J).

X __________________________ ( ) Approved ( ) Not Approved
Steve Hebbe
Chief of Police
Farmington Police Department

Comments:
Works Cited


Executive Summary

IMPLEMENTATION OF A TACTICAL MEDICAL TRAINING PROGRAM TO ENHANCE THE SURVIVABILITY OF OFFICERS IN THE FARMINGTON POLICE DEPARTMENT

Problem:

Violent crimes, to include active threat situations, are increasing nationwide, and crimes against police officers are increasing in the City of Farmington. As violent crimes increase, so do the chances of injury to officers and citizens. IACP and federal agencies have recommended that all police officers be trained in tactical medical techniques to enhance officer survivability. Officers have been issued individual first aid kits (IFAKs), but have not received sufficient training to reliably administer self-aid, buddy-aid, or citizen aid in a life threatening situation. Survey results showed that only 38 percent of non-military trained officers are confident in their abilities to perform life-saving aid. In order to enhance officer survivability, the Farmington Police Department should implement a tactical medical training program.

Possible Solutions: In furtherance of the implementation of a tactical medical training program for the Farmington Police Department, the following alternative solutions have been presented:

- Alternative 1: Maintain the status quo and provide no additional training in this area.
- Alternative 2: Utilize Trilogy to host a tactical medical instructor training class to train instructors that will train the remainder of the department at a minimum cost of $3,600.
- Alternative 3: Send approximately ten officers to the Federal Law Enforcement Training Center (FLETC) Basic Tactical Medical Training program, which is entirely free, and then utilize those officers to train the remainder of the department.

Recommendation:

The Farmington Police Department should utilize alternative III to implement a tactical medical training program to increase officer survivability. By utilizing the Basic Tactical Medical Training Instructor program at FLETC, officers will receive quality training at no cost to the department. The rest of the department will then be trained by these instructors. Ultimately, this solution benefits the officers, the department as a whole, and citizens in the community. An implementation plan (Annex J) has been developed that will assist in the execution of this training program.

X ______________________________________ ( ) Approved ( ) Not Approved

Steve Hebbe
Chief of Police
Farmington Police Department

Comments:
**ANNEXES**

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### Annex A

Shift Roster by R Number

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<td>Jarad</td>
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<td>Sandoval</td>
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Annex B
City of Farmington United States Census Information

Table

<table>
<thead>
<tr>
<th>ALL TOPICS</th>
<th>Farmington city, New Mexico</th>
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<tr>
<td><strong>PEOPLE</strong></td>
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</tr>
<tr>
<td>Population</td>
<td></td>
</tr>
<tr>
<td>Population estimates, July 1, 2016 (V2016)</td>
<td>40,320</td>
</tr>
<tr>
<td>Population estimates, April 1, 2010 (V2010)</td>
<td>40,050</td>
</tr>
<tr>
<td>Population, percent change, April 1, 2010 (estimates base) to July 1, 2016 (V2016)</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Population, Census, April 1, 2010</td>
<td>40,057</td>
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<tr>
<td>Age and Sex</td>
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</tr>
<tr>
<td>Persons under 5 years, percent, July 1, 2016 (V2016)</td>
<td>X</td>
</tr>
<tr>
<td>Persons under 5 years, percent, April 1, 2010</td>
<td>X</td>
</tr>
<tr>
<td>Persons under 10 years, percent, April 1, 2010, (V2010)</td>
<td>0.6%</td>
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<tr>
<td>Persons under 16 years, percent, July 1, 2016 (V2016)</td>
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<tr>
<td>Persons 25 years and over, percent, July 1, 2016 (V2016)</td>
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</table>

FAST Facts about Farmington, New Mexico

Farmington in the northwest corner of New Mexico is the commercial hub of the Four Corners, a growing community of 45,000 which swells to 150,000 shoppers on weekends. The metro area of about 115,000 includes Aztec and Bloomfield, Kirkland and Fruitland.

Farmington is approximately 400 miles from Phoenix, Denver, and Salt Lake City. Albuquerque and Santa Fe are 180 miles to the southeast. The Navajo Nation lies west of Farmington, The Ute Mountain Indian Reservation is to the NW, and the Southern Ute Indian and the Jicarillo Apache Reservations are to the NE.

With an altitude of 5306 feet, Farmington sits in the fertile and gas and oil rich San Juan Basin. Monthly average temperatures range from 28.6 degrees in January to 74.1 degrees in July. The area's climate is mild averaging 273 sunny days a year, with only 7.5 inches of rain and 12.3 inches of snow annually.


08/25/17 1913 hours
## VIOLENT CRIME STATISTICS
### JANUARY 1, 2014 THROUGH DECEMBER 31, 2016

<table>
<thead>
<tr>
<th>Offense</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Homicide</td>
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<td>3</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>2</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Rape by Force</td>
<td>52</td>
<td>62</td>
<td>72</td>
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<tr>
<td>Attempts to Commit Forcible Rape</td>
<td>6</td>
<td>6</td>
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<td><strong>TOTAL</strong></td>
<td>58</td>
<td>68</td>
<td>73</td>
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<tr>
<td>Robbery / Firearm</td>
<td>6</td>
<td>10</td>
<td>6</td>
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<tr>
<td>Robbery / Knife of Cutting Instrument</td>
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<td>7</td>
<td>8</td>
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<tr>
<td>Robbery / Other Dangerous Weapon</td>
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<td>5</td>
<td>7</td>
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<tr>
<td>Robbery / Strong-Arm</td>
<td>37</td>
<td>18</td>
<td>31</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>53</td>
<td>40</td>
<td>52</td>
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<tr>
<td>Assault / Firearm</td>
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<td>13</td>
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<tr>
<td>Assault / Knife of Cutting Instrument</td>
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<td>14</td>
<td>40</td>
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<tr>
<td>Assault / Other Dangerous Weapon</td>
<td>66</td>
<td>18</td>
<td>48</td>
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<tr>
<td>Assault / Hands, Fist, Feet</td>
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<td>43</td>
<td>87</td>
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<td>Other Assaults / Simple</td>
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<td>1,244</td>
<td>1,159</td>
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<td><strong>TOTAL</strong></td>
<td>1,367</td>
<td>1,321</td>
<td>1,347</td>
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<tr>
<td>Burglary / Forcible Entry</td>
<td>169</td>
<td>133</td>
<td>187</td>
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<tr>
<td>Burglary / No Force</td>
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<td>107</td>
<td>134</td>
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<td>Burglary / Attempted Forcible Entry</td>
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<td>4</td>
<td>14</td>
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<td><strong>TOTAL</strong></td>
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<td>335</td>
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<td>Larceny</td>
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<td>1,320</td>
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<td><strong>TOTAL</strong></td>
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<td>1,320</td>
<td>1,356</td>
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<td>Motor Vehicle Theft / Autos</td>
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<tr>
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<td>Motor Vehicle Theft / Other</td>
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<td>20</td>
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<td><strong>TOTAL</strong></td>
<td>99</td>
<td>124</td>
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<td><strong>GRAND TOTAL</strong></td>
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OFFICER INVOLVED CASES  
JANUARY 1, 2014 THROUGH DECEMBER 31, 2016

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<tr>
<th>Offense</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
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<td>Aggravated Assault upon a Peace Officer</td>
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<td>5</td>
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<td>Aggravated Battery upon a Peace Officer</td>
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<td>10</td>
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<tr>
<td>Assault upon a Peace Officer</td>
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<td>26</td>
<td>46</td>
<td>106</td>
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<tr>
<td>Battery upon a Peace Officer</td>
<td>66</td>
<td>68</td>
<td>77</td>
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<tr>
<td>Aggravated Fleeing a Law Enforcement Officer</td>
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<td>164</td>
<td>94</td>
<td>448</td>
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<tr>
<td>Fleeing or Attempting to Elude a Police Officer</td>
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<td>6</td>
<td>2</td>
<td>9</td>
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<tr>
<td>Resisting, Evading or Obstructing an Officer</td>
<td>259</td>
<td>218</td>
<td>222</td>
<td>699</td>
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### Annex E

FBI Uniform Crime Reporting Statistics Law Enforcement Officers Assaulted in 2015

#### Table 70

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<tr>
<th>Area</th>
<th>Number of victim officers</th>
<th>Rate per 100 officers</th>
<th>Number of reporting agencies</th>
<th>Number of officers employed</th>
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<td>Total</td>
<td>Assaults with injury</td>
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<tr>
<td>NORTHEAST</td>
<td>50,212</td>
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<td>New England</td>
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<td>7.7</td>
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<td></td>
<td>3,523</td>
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<td>MIDWEST</td>
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<td>6,722</td>
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<td>East North Central</td>
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<td>7.6</td>
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1Regional and divisional totals do not include data for Alaska which were not available for inclusion in this table.

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<table>
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<tr>
<th>Crime in the United States1 2 3 4 5</th>
<th>Law Enforcement Officers Assaulted 6</th>
<th>Region and Geographic Division, State, 2011-2015</th>
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<tr>
<td>United States Total1 2 3 4 5</td>
<td>Violent crime victims</td>
<td>Population</td>
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<td></td>
<td>Rate per 100 officers</td>
<td>Rate per 100 residents</td>
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<tr>
<td></td>
<td>Incident victims</td>
<td>Incident rate per 100 residents</td>
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<tr>
<td></td>
<td>Arrested victims</td>
<td>Arrest rate per 100 residents</td>
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<tr>
<td></td>
<td>Rape</td>
<td>Rape rate per 100 rape offenders</td>
</tr>
<tr>
<td></td>
<td>Robbery</td>
<td>Robbery rate per 100 robbery offenders</td>
</tr>
<tr>
<td></td>
<td>Aggravated assault</td>
<td>Aggravated assault rate per 100 residents</td>
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<td>Property crime</td>
<td>Property crime rate per 100 residents</td>
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<td>Murder</td>
<td>Murder rate per 100 murder offenders</td>
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<td></td>
<td>Law Enforcement Officers Assaulted</td>
<td>Law Enforcement Officers Assaulted rate per 100 residents</td>
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<td>Traffic</td>
<td>Traffic rate per 100 traffic offenders</td>
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<td>Vehicle</td>
<td>Vehicle rate per 100 vehicle offenders</td>
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</table>

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1Regional and divisional totals do not include data for Alaska which were not available for inclusion in this table.
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**Note:** The table above shows the percentage change in population for the years 2017 to 2026. The change is calculated year over year, with 2017 as the base year. The data is presented in a tabular format with years and corresponding percentage changes.
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**Notes:*** The data for South Dakota includes Native American reservations.

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**Notes:**
1. The previous year's data has been included.
2. Data for the year 2002 is not available.
3. The data shown in the above table includes the average values of the parameters listed.
4. The data shown in the above table is based on data provided by various agencies and is subject to change.

**References:**
- **Environmental Protection Agency:** [www.epa.gov](http://www.epa.gov)
- **World Health Organization:** [www.who.int](http://www.who.int)
- **National Oceanic and Atmospheric Administration:** [www.noaa.gov](http://www.noaa.gov)

**Contact Information:**
For more information, please contact [info@environmentaldata.com](mailto:info@environmentaldata.com).
Annex F

Farmington Police Department Internal Survey Results

**FPD Officers Injured in the Line of Duty**

- Injured: 52
- Not Injured: 28

**Non-Military Officers with Some Tourniquet/First Aid Training**

- Some Training: 38
- No Training: 17
WHEREAS, law enforcement is typically the initial first responder to emergency medical situations, whether accidental or criminal in nature; and

WHEREAS, tactical, high risk police situations introduce unique challenges to law enforcement to provide emergency medical care, as EMS personnel will frequently not be on scene for prolonged periods of time while threat assessment/mitigation takes place (e.g. active shooter, bombing, terrorist events); and

WHEREAS, in such situations the law enforcement officer may be the only resource for emergency medical care for injured law enforcement personnel, or for the victims of a mass casualty incident, until the injured can be safely transferred to EMS; and
WHEREAS, annual statistics of line-of-duty felonious life threatening injuries and deaths demonstrate the necessity for the law enforcement officer to be capable to provide self-aid or buddy-aid for colleagues; and

WHEREAS, based on clinical experience from the military in tactical combat casualty care, with consensus of medical and surgical experts in tactical medicine, that early and rapid intervention including hemorrhage control at the point of wounding is lifesaving and improves the chance for survival; and

WHEREAS, IACP recently published three Training Keys on emergency trauma care; and

WHEREAS, the IACP Center for Officer Safety and Wellness’ mission is to instill a culture of safety and wellness in international policing and first responder training for law enforcement personnel is a preventative measure in concert with this mission, now, therefore, be it

RESOLVED, that the International Association of Chiefs of Police duly assembled at its 120th Annual Conference in Philadelphia, Pennsylvania recommends that every law enforcement officer should receive tactical emergency medical training including critical core skills of early, life-threatening hemorrhage control and rapid evacuation of mass casualty victims to a casualty collection point. Tactical emergency medical skills are critical life-saving interventions in the officer-down situation, whether as officer applied self-aid or aid given to a fellow officer, or to victims of a mass casualty situation such as an active shooter or bombing event. Specific elements of training are the purview of each agency depending on availability of resources and training programs.
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<tr>
<td>2) Siren and Horn</td>
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<td>3) Headlights (check high and low beams, wig-wags if equipped)</td>
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<td>4) Turn signals, Hazard Lights, Brake and Reverse Lights</td>
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<td>5) Spotlight, Alley Lights, Takedowns and Scene (if equipped)</td>
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<td>6) Police Radio</td>
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<td>7) Radar and Forks or Lidar</td>
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<td>20) Belts and Hoses (visual check for cracks and wear)</td>
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<tr>
<td>21) Tires and Wheels (check inflation and for damage)</td>
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<tr>
<td>22) Spare Tire and Jack (check inflation)</td>
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<td>23) Fire Extinguisher (gauge in green, pin in place, inspected within a year)</td>
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<td>24) First Aid Kit and IFAK Kit</td>
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<tr>
<td>25) Traffic Vest and Road Flares</td>
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<td>26) Evidence Bags and Crime Scene Tape</td>
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<td>27) Blanket</td>
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<td>28) Stop Sticks</td>
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<td>29) Exterior Body Condition (dents, deep scratches, etc.)</td>
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<td>30) Overall Cleanliness of Unit</td>
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<tr>
<td>31) Documentation: ☐ Tow Log ☐ Traffic Citations ☐ Municipal Citations ☐ DWI Citations ☐ FAN ☐ DV Packets ☐ Agreements to Appear</td>
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**Issue:**

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Current Mileage: ____________  Next Service Due: ____________  Date Due: ____________

Operator Signature: ____________  Supervisor Signature ____________  R#/C#: ____________
Annex I

Trilogy Training Information

GENERAL HOSTING INFORMATION

Our Street Medicine Instructor (Train the Trainer) programs are specifically designed for the law enforcement officer and can be conducted at even the most modest of classroom and training facilities. Upon completion of the program the Street Medicine Instructor will be able to provide tactical medical training appropriate for the law enforcement responder level. Note: This is not a replacement for Tactical Paramedics nor does Trilogy advocate replacement of the Tactical Paramedic. Training received in this course should be considered an effective medical force multiplier.

Assuming one’s classroom and range are suitable, our schools can be conducted at any facility at no cost whatsoever to the hosting organization. We provide the training staff, manuals, program materials and training equipment and supplies.

OPEN ENROLLMENT SCHOOLS

The most common type of school we conduct, an “Open Enrollment” school is one in which a host agency or organization has agreed to provide the use of their classroom and training facility for an openly advertised school. Open enrollment schools are typically scheduled 3 months out for advertising purposes and to permit interested officers ample time to complete the registration process.

CLASS SIZE

The optimal class size for an “Open Enrollment” school is approximately 24 – 30. Class sizes are dictated by the hosting agency’s classroom limitations to ensure a safe and effective school. Maximum class sizes set will always include the host’s complimentary seats.

HOST COMPENSATION

As compensation for the use of their facilities hosting agencies or organizations are provided with complimentary seats in the class. The host is provided two (2) complimentary seats per class. In addition, hosting agencies may purchase additional seats at the discounted rate of $450 per seat.

STUDENT TUITION PAYMENTS & OTHER FEE’S

Course tuition to attend any “Open Enrollment” school is $750 per student, and will be collected by Trilogy at the time application to attend is made. To maximize attendance we offer the following discounts. An agency purchasing two (2) seats will receive the third seat free, or an agency purchasing three (3) seats will receive the fourth and fifth seat free. This discount allows an agency to send multiple personnel for training at a reduced student price.

CANCELLATION POLICY

Trilogy makes every effort to avoid cancelling scheduled schools whenever possible. We realize natural disasters, low enrollment numbers and other unforeseen events may require the cancelling of a school from time to time. For this reason any “Open Enrollment” school is considered to be an “At Will” agreement that may be cancelled by Trilogy and/or the host at any time. Trilogy assumes no responsibility for any expenses incurred by any student applicant or hosting agency, other than the refund of course tuition, in the event a school is cancelled by either party.
Approximately 2 weeks prior to a school’s commencement date, Trilogy will review student registration numbers and reserves the right to cancel said school for a lack of students.

**CLOSED ENROLLMENT SCHOOLS**

A “Closed Enrollment” school is one which a host agency or organization has contracted a flat fee with Trilogy to conduct a school for a specific group of eligible students, (usually their own agency personnel). This type of school is not advertised openly and is, in general, not open to outside persons. Closed enrollment schools can typically be scheduled with less lead time, many times in as little as 4 weeks depending on the schools particular location. Trilogy will conduct “Closed Enrollment” schools for a flat fee of $10,000 for up to 24 students within the continental U.S. Custom pricing for classes outside of the continental U.S., for class sizes larger than 20 or for more than one school is available upon request.

**HOSTING REQUEST PROCEDURE**

To host the Street Medicine Instructor (Train the Trainer) program complete the 2-page “Host Request Form” at the end of this section. It is best to select a school date 3 months out to allow for adequate advertising time. If you have questions about the training or scheduling of dates, please contact the Training Manager at 813-567-1099 or at training@trilogyhse.com.

Please complete all sections, print clearly and include complete addresses with zip codes as information on this form will be used for the shipping of materials and as well as be provided to all registered students.

Send your completed “Host Request Form” to:

**TRILOGY TACTICAL**

Tactical Medicine Division
training@trilogyhse.com
866-347-9802 FAX

Once received, reviewed and approved, your school will be assigned to a Tactical Medicine Division staff member who will be your school coordinator and liaison and be responsible for the registration of attendees. You will also receive email confirmation from the Training Manager of your assigned school coordinator and confirming for you the scheduling of your school.

Your assigned school coordinator will be responsible for taking the information you’ve provided in your “Host Request Form” and creating a “School Announcement” and “Student Information Packet” that will have your classroom and training facility information incorporated into it. You will be emailed a master copy of this document for you to photocopy and distribute as needed to your local area law enforcement agencies or other interested individuals as requested of you. All registered students will also receive a copy of this.
SCHOOL RESPONSIBILITIES

TRILOGY AGREES TO BE RESPONSIBLE FOR:

- Nationally advertising your school on the Trilogy website and within various outside law enforcement related websites & periodicals, ("Open Enrollment" schools only);
- Handling all aspects of student registration to include processing of tuition payments;
- Providing Trilogy Staff Instructors to instruct the school;
- Creating and disseminating school announcements and student information packets to any prospective student(s);
- Providing all manuals, handout materials and targets to be used for the week to include shipping expenses;
- Providing course completion certificates at the end of the week to all students successfully completing the school.

The hosting agency agrees to the following:

- Providing a liaison person to be present throughout the school and who will serve as the local contact point for students and Trilogy Staff prior to and during the school. If possible, the host liaison should be available to meet with the Trilogy Staff for an hour or two on the day prior to the commencement of school to facilitate classroom and range set up. The host liaison should also be available to assist Trilogy Staff with any other reasonable requests as necessary.
- Regionally advertising the school by sending out “Training Opportunity Notifications” via fax, email or other state law enforcement computer networks, (as permitted), to local area law enforcement agencies, trainers and/or officers and provide “School Announcements” and/or “Student Information Packets” as requested to any eligible individuals inquiring.
- Receiving, confirming receipt and securely storing of all Trilogy training materials shipped to your facility from Trilogy and other outside vendors;
- Arranging for all training materials to be available to Trilogy Staff on the day prior the start of the school;
- Assist, as needed, in the return shipping of materials back to Trilogy Staff at the conclusion of the school. (Note: All shipping costs will be incurred by TRILOGY TACTICAL.)
CLASSROOM REQUIREMENTS AND EQUIPMENT

A convenient, secure and comfortable classroom, protected from the elements is the key to providing students with an environment conducive to learning. The following are our minimum classroom requirements:

- A climate controlled classroom with sufficient chairs and desks/tables large enough to comfortably accommodate the class and is capable of being secured is required. The classroom should be located in close proximity to outdoor training area to facilitate a timely transition from classroom activities to range activities with a minimum of downtime. It is necessary for the classroom to be reserved for the exclusive use of the Trilogy Tactical for the duration of this training as weather and other environmental factors may require changes to the daily schedule.

- Chalkboard or dry-erase board with chalk and/or markers.
Annex J

Tactical Medical Training Program Implementation Plan

<table>
<thead>
<tr>
<th>DATE</th>
<th>ASSIGNMENT</th>
<th>ASSIGNED TO</th>
<th>DUE</th>
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<tbody>
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<td>11/7/17</td>
<td>Meet with training unit</td>
<td>Sgt. Isham</td>
<td>11/10/17</td>
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<tr>
<td>11/11/17</td>
<td>Develop policy</td>
<td>Sgt. Karst</td>
<td>11/30/17</td>
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<tr>
<td>12/02/17</td>
<td>Schedule officers for FLETC training</td>
<td>Sgt. Isham</td>
<td>12/15/17</td>
</tr>
<tr>
<td>04/30/18</td>
<td>Send officers to FLETC training</td>
<td>Sgt. Isham</td>
<td>05/03/17</td>
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<tr>
<td>05/10/18</td>
<td>Develop internal training program</td>
<td>Instructors trained by FLETC</td>
<td>05/24/17</td>
</tr>
<tr>
<td>05/30/18</td>
<td>Train officers</td>
<td>Instructors trained by FLETC</td>
<td>06/27/17</td>
</tr>
</tbody>
</table>