Medical Rescue in the Police — the Past, Present and Future

Medical Rescue in the Police – the Past

Since being established, the Polish Police have been providing a valuable service to their citizens. Oriented at helping other people, the actions of police officers, are most often noticeable in situations where people’s lives or health are at risk. Police officers, often at the risk of their own lives, help those in need, regardless of the threats which appear every day in their service, thus fulfilling the police oath. Every situation in which human life or health is at risk is different. Ryszard Kalużyński notes that helping people in danger is an example of human bravery. Bravery is probably shown not only by police officers, but also by other people, however, it is in the police work where it is easily noticeable on every-day basis. In many situations of providing help to other people, apart from their knowledge and first-aid skills, law enforcers have to show readiness to carry out rescue operations in emergency situations, and with their courageous attitude, they often risk their own lives.

Thanks to their reliable service, the Polish Police are perceived as a professional organisation which has enjoyed respect and trust in the society for many years. The most recent survey conducted by the Centre for Public Opinion Research (CBOS) in March 2020 indicates that 80% of the citizens of the Republic of Poland evaluated police performance at a very high level — the service was ranked first among public institutions.

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In the deliberations, a hypothesis has been adopted that the medical rescue service of the Polish Police, after many years of transformations, has become an indispensable element of the daily police service. In order to validate this hypothesis, research has been conducted, which included, among other activities, an examination of relevant police records. Wiesława Ciechaniewicz points out that examining documents and other products of human activity is a research technique used to collect information, e.g. about the institution being examined, and a document can be defined as any item that may be a source of information for issuing opinions about objects, people and processes⁴. The analysis herein included documentation on police education, media reports and selected publications on emergency medical rescue in the Police.

According to the dictionary of the Polish language rescue is ‘1. «a set of measures and methods for saving human life and providing help in conditions of danger»’. 2. ‘emergency services’⁵. Rescue is understood here as helping a person who is in some kind of danger or in a difficult situation. Difficult situations are defined by experts by making a reference to a specific incident. Jarosław Rudniański believes that a difficult situation can be created by various factors, forcing specific behaviours on people, while the situation itself is difficult because, as a rule, it requires extreme effort to be made easy or at least easier. This involves physical as well as mental or psychological effort — and often all three are combined. For one person, a given situation can be difficult, while for another, it does not have to be such⁶. Providing help to other people who find themselves in a difficult situation — most often in a situation of sudden threat to health or life — very often requires extreme physical as well as mental effort. A situation of sudden health emergency is defined as ‘a state involving a sudden or immediately foreseeable appearance of symptoms of deterioration of health, an immediate consequence of which may be serious damage to bodily functions or injury or loss of life, requiring immediate medical rescue and treatment’⁷. Medical rescue, in simple terms, is activities performed by emergency medical staff operating in pre-hospital care. Police actions towards a person in a state of health emergency are referred to as first aid, or, if a police officer is a medical rescuer, as advanced first aid. According to the provisions of the Act on State Medical Rescue, first aid is defined as a ‘set of actions taken to rescue a person in a state of emergency, performed by a person at the scene of the incident, including the use of medical devices and equipment’⁸.

In the past, such activities were called pre-medical assistance. Nowadays, such a term is no longer to be found in Polish dictionaries and it has been replaced by the term of first aid.

⁷ Ustawa z 8 września 2006 o Państwowym Ratownictwie Medycznym (DzU No. 191, item 1410 as amended.; hereinafter: ustawa o PRM), Article 3(8).
⁸ Ibid., Article 3(7).
Ever since the Polish Police was established, police officers have been preparing to help those injured or taken suddenly ill at first-aid classes. Created in the Police Training Methodology Centre in Legionowo in 1994, the program of basic training for newly recruited police officers was designed not only to provide students with universal skills, but also to prepare officers to perform strictly understood police activities, and to develop as many as 33 specific skills necessary to perform official duties. Such skills included, among others:
— acting in extreme situations,
— maintaining confidentiality of activities,
— using IT resources,
— using principles of tactics to perform official duties,
— dealing with the HIV-positive and mentally ill,
— sobriety testing,
— providing pre-medical assistance,
— behaving in accordance with ethical principles.

The main objective of the then implemented course was to prepare police officers to carry out tasks assigned to the Police. Rescue issues were aimed at preparing students to provide pre-medical assistance to a person at the police station. The educational objectives of such a course were to make sure that the student knew the legal consequences of failure to meet the obligations required of police officers, was able to make the right decision on how to provide pre-doctoral assistance, and was able to examine the heart rate and carry out basic reanimation activities (currently resuscitation), could stop external bleeding and knew how to deal with a suspected HIV infection. Pre-medical classes lasted 14 teaching hours at the time and were carried out — according to the course programme — by a doctor, using basic CPR manikins and police officers’ first-aid field dressings. Although this type of dressing was supposed to stop massive hemorrhages, its construction left a lot to be desired, because, among others, the inflexible bandage easily ripped while wounds were being dressed and hemorrhages were being stopped.

The year 2000 turned out to be a breakthrough for Medical Rescue in the Polish Police, when, for the first time, international recommendations on first aid and education in this field, called the guidelines of the European Resuscitation Council 2000 (hereinafter: ERC), were introduced in training programmes. Those guidelines introduced a completely different approach to assisting people in a health emergency than before. There appeared manikins in police schools which gave students feedback as to whether their actions were correct or needed to be corrected. It was also an asset that training provided exclusively by or under the supervision of doctors was abandoned and the possibility was introduced for first aid courses and training to be provided by medical rescuers and nurses. These changes resulted in a professional approach to education in this

10 European Resuscitation Council has been developing the best and latest first aid regulations since 1988. Since 2001, it has had a Polish representative — the Polish Resuscitation Council based in Krakow.
field and the use of specialists who not only knew how to save human lives, but above all had experience in the service. In most cases, classes in police schools and centres were conducted by police officers experienced in the medical profession (nurses, medical rescuers). After 2000, the standards of the American organisation dealing with pre-hospital emergency care — the BTLS (Basic Trauma Life Support) — also appeared in police training programmes. These issues mainly concerned the way in which the victim of an accident was examined, thus filling a gap that existed then in the ERC guidelines. These procedures were nothing more than a simple examination aimed at recognising the state of immediate threat to life during a brief visual examination of the injured person. The examination started from the victim’s head, through the neck, chest, abdomen, pelvis, lower and upper limbs, and ended with an examination of the back and buttocks. Such a procedure guaranteed the recognition of serious injuries (e.g. entry and exit gunshot wounds) during assistance provided by a police officer. With some technical changes, this approach currently operates as part of providing assistance to people in a health emergency. It is worth noting that for the majority of police officers, the completion of basic training at that time ended their education in the field of medical rescue — only a few police officers could continue their education and professional training in this area.

Subsequent changes brought about by the 2005 and 2010 resuscitation guidelines consolidated the principles of providing first aid to victims to such an extent that they were based not only on people with medical professions, but also on all services responsible for providing assistance to victims. In the Polish Police, there were training courses in first aid, addressed mainly to police officers serving in counter-terrorist subunits. The year 2011 was also a breakthrough for the Polish Police, when a series of training courses in advanced first aid for police officers was launched, thanks to which several thousand officers gained their rescuers’ qualifications.

**Medical Rescue in the Police – the Present**

In accordance with Article 25 of the Act on the Police\(^\text{11}\), admission of a candidate for service in the Police shall take place after conducting a recruitment procedure aimed at determining whether the candidate meets the requirements for admission to service in the Police and determining his/her predisposition to perform this service. After having been recruited to service, an officer is obligatorily sent for basic police training, during which, within the scope of the first aid training, he or she learns how to save human life and health. There are 42 hours of teaching classes scheduled for this preparation. The training programme based on the

guidelines of the European Resuscitation Council of 2015 and the procedure of pre-hospital care in accordance with ITLS standards (International Trauma Life Support — BTLS until 2005)\textsuperscript{12} envisages the preparation of a police officer to provide assistance in the following health emergencies:

— loss of consciousness,
— sudden cardiac arrest,
— airway obstruction,
— hemorrhages,
— shock,
— bodily injuries,
— heart attack,
— drowning,
— burns and frostbite,
— electrocution,
— multi-organ trauma,
— seizure,
— diabetes,
— stroke.

First-aid classes are conducted using the latest generation of medical equipment, including manikins equipped with tablets, thanks to which, immediately after an exercise has been performed, the participant of the training receives feedback on how he or she has carried out rescue operations, kits for simulation of bodily injuries equipped with artificial blood, and even vests to learn how to perform rescue activities in the case of choking. The current preparation of a police officer to perform their duties based on realistic scenarios with the use of specialist training equipment indicates that huge progress has been made in this respect. Medical rescue classes before 2000 were largely carried out by one police officer performing the activities on one another. Nowadays, there is no such need, and during the exercises, \textit{e.g.} handling a choking event, officers do not have to ‘backslap’ each other, exposing themselves to unnecessary injuries, but they use specialist equipment for this purpose.

When analysing the current guidelines for cardiopulmonary resuscitation (guidelines of 2015), it can be quite easily seen that for nearly 20 years since the guidelines were established, the relevant knowledge of the people providing first-aid has been significantly enriched by the many experiences of medical rescue specialists. These changes are also noticeable in police medical rescue. Experienced and very well educated instructors, the latest generation of training equipment, and the introduction of advanced first aid courses for police officers have made it possible to say with full responsibility that medical rescue has now become well established in the Polish Police. The vast majority of police officers claim that medical rescue is an essential part of their daily service throughout the country. Police officers are equipped not only with a personal rescue kit,\textsuperscript{12} The ITLS Approach. \textit{Electronic source:} https://www.itrauma.org/education/itls-approach/, \textit{accessed:} 14.12.2019.
but also, depending on their needs, with rescue sets — *e.g.*, an R0 medical rescue kit with the following standard equipment:

— one first-aid kit for a car in a patrol and intervention unit,
— one first-aid kit for a traffic department vehicle,
— one first-aid kit for a vehicle of a police riot squad or subunit,
— one first aid kit for the intervention unit of the Central Bureau of Investigation of the Police,
— one first aid kit for each detention or sobering-up room, emergency youth centre;
— one first-aid kit for duty officers in police units;
— one first aid kit for shooting instructors in police organisational units,
— one first aid kit for instructors of tactics and techniques of intervention in police organisational units;
— one first aid kit for those conducting physical fitness tests in police organisational units,
— for instructors of training units of the National Police Headquarters, regional police headquarters, and Metropolitan Police Headquarters — rescue equipment according to their training needs;
— for the organisational units of the Police and the organisational units responsible for protection on waters and the waterside areas — rescue equipment according to their needs.

R1 medical rescue kits have been allocated, taking into account the specificity of service, in line with the following equipment standards¹³:

— one kit for the company of the riot police squad/subunit,
— one kit for the intervention unit of the Central Bureau of Investigation of the Police,
— for instructors of training units of the National Police Headquarters, regional police headquarters, and Metropolitan Police Headquarters — rescue equipment according to their training needs.

It is also worth mentioning that there are 24 medical teams operating in all units and independent subunits of the riot police in Poland. These medical teams consist of three police officers: one specialist (nurse/medical rescuer with obligatory higher medical education), and two assistants – a nurse/medical rescuer and a nurse/medical rescuer — ambulance driver)¹⁴. The equipment of an ambulance consists of, among others¹⁵:

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¹³ *See: Zarządzenie nr 55 komendanta głównego Policji z 3 czerwca 2019 r. zmieniające zarządzenie w sprawie określania norm wyposażenia jednostek, komórek organizacyjnych Policji i policjantów oraz szczegółowych zasad jego przyznawania i użytkowania (DzU, item 87).*

¹⁴ *Decyzja nr 12 komendanta głównego Policji z 22 stycznia 2016 r. w sprawie utworzenia, struktury organizacyjnej i etatowej oddziałów prewencji Policji oraz samodzielnych pododdziałów prewencji Policji [DzU KGP (Official Journal of the National Police HQ), item 2].*

¹⁵ *Zarządzenie nr 55 komendanta głównego Policji z 3 czerwca 2019 r. zmieniające zarządzenie w sprawie określenia norm wyposażenia jednostek, komórek organizacyjnych Policji i policjantów oraz szczegółowych zasad jego przyznawania i użytkowania (DzU KGP, 2019, item 87).*
— an emergency ambulance stretcher,
— a plain stretcher, a carrying sheet and a vacuum mattress,
— a stair chair,
— a long spine-stabilisation board equipped with a head restraint and fastening straps,
— a fracture immobilisation kit, upper cervical spine immobilisation kit and cervical collar kit,
— an evacuation device or a short spine board,
— oxygen cylinders,
— a bag valve mask with oxygen inlet, masks and tubes to clear the air-ways for all ages and an oxygen cylinder,
— a mechanical suction device with a minimum pressure of 65 kPa and a minimum capacity of 1 l,
— a manual blood pressure measurement device, cuff sizes 10–66 cm,
— an oximeter and a stethoscope,
— a thermometer (28 °C to 42 °C),
— a device for measuring blood glucose,
— a diagnostic torch,
— an injection and infusion kit,
— intraosseous catheter,
— syringes, needles and blood transfusion kits,
— an infusion system designed to deliver fluid heated to 37 ± 2 °C,
— a defibrillator equipped with a rhythm and patient data recorder,
— a cardiac monitor, and an external cardiostimulator,
— a kit for clearing airway irritation, and an intubation kit,
— a medication administration kit,
— a nebuliser,
— a chest drainage kit,
— an infusion pump,
— cannulas for central venous access,
— a portable ventilator,
— a capnometer,
— materials for dressing wounds,
— materials for thermal and chemical burns,
— a birth kit,
— Triage system kits,
— personal bacteriological protection kit,
— cleaning and disinfecting materials,
— seatbelt cutter and rescue rucksack.

Police officers, within the framework of rescue operations, closely co-operate with the staff of the State Medical Rescue System. In accordance with art. 15(1) of the Act on State Medical Rescue, the units cooperating with the system are:
— organisational units of the State Fire Service,
— fire protection units incorporated in the national rescue and firefighting system,
— organisational units of the Police and Border Guard;
— units subordinate to the Minister of National Defence,
— authorities responsible for mountain rescue under the provisions of the Act of 18 August 2011 on Safety and Rescue in Mountains and Organised Ski Areas,
— authorities responsible for water rescue under the provisions of the Act of 18 August 2011 on the Safety of Persons Staying in Water Areas,
— authorities responsible for mining rescue under the provisions of the Act of 9 June 2011 — Geological and mining law,
— organisational units of the Maritime Search and Rescue Service referred to in the Act of 18 August 2011 on Maritime Safety,
— authorities not listed in points 1–8 and social organisations which, as part of their statutory tasks, are obliged to provide assistance to persons in a state of sudden health threat, which are listed in the register of authorities cooperating with the State Medical Rescue System.

In 2019, out of 4372 different types of rescue organisations and institutions (referred to in Article 15 of the Act on State Medical Rescue) listed in the register of units cooperating with the State Medical Rescue System, as many as 147 were organisational units of the Police. Taking into account the abovementioned data, it can be concluded that the Police, as a service, is an important element of medical rescue in Poland.

Confirmation of the hypothesis adopted in the article that the medical rescue service of the Polish Police, after many years of transformations, has become an essential element of the daily service of Polish Police officers can be found, among others, in the following examples.

On December 11th, 2019, a police officer on duty received information that there was a man lying on one of the streets of Hajnówka, who obviously needed help. The police officers attended the scene immediately to find that the man had serious breathing problems. The police officers immediately cleared the airway of the injured person and then placed him in a recovery position, controlling his vital functions until the arrival of the emergency medical rescue team (people who are nonresponsive but breathing properly should be placed in a recovery position according to the CPR guidelines of 2015)\(^\text{16}\). It can be concluded with certainty that thanks to the professional actions of the police officers, tragedy was prevented. The man was taken to hospital by the emergency medical team\(^\text{17}\).

On December 12th, 2019, at around 9:00 a.m., police officers in Kędzierzyn-Koźle noticed a man lying on the pavement. The witnesses reported that the man had suddenly got off his bike and then fell to the ground and lost consciousness. When the man stopped breathing, they


began resuscitation. The officers took turns at performing cardiac massage until the medical rescue team arrived, who provided him with further medical assistance and then took him to hospital\textsuperscript{18}. In this situation, the police officers proved to be an essential element in the survival chain of a person in cardiac arrest\textsuperscript{19}.

On the 14th of December 2019, a football match was played in Gołuchów, during which one of the players fainted. The young man felt unwell and suddenly lost consciousness. A police officer from the Police Headquarters in Pleszew, who was playing with the man on the same team, realised that his teammate was in a state of sudden cardiac arrest. Therefore, together with three other players, they took turns compressing his chest for about 30 minutes. They continued until the arrival of the medical services. Firefighters from the Voluntary Fire Brigade of Gołuchów also joined the fight for the man’s life, who, among others, delivered an automatic external defibrillator (hereinafter: AED). The emergency medical team took the man to hospital, where he regained consciousness\textsuperscript{20}.

Medical Rescue in the Police – the Future

Polish police officers are increasingly better prepared to help people who find themselves in a life or health threatening situation. Their equipment is consistently improving, along with their powers. So what awaits police officers in the rescue area? First of all, an optimal solution would be to equip each police officer with an individual medical rescue kit consisting of, among other things, individual dressings, haemostatic dressings, and a stasis (compression bandage) used to stop massive bleeding from the limbs. Taking into account the specific nature of the service and the new threats, it would also be advisable to equip police officers with dressings to treat wounds (stab wounds, gunshots) to the chest. The necessary elements of an individual rescue kit should also include disposable gloves, a mask for conducting resuscitation, and a device for cutting clothes (\textit{e.g.} a rescue knife or scissors).


A rather important element that may affect the safety not only of police officers but also of every citizen is the proposal to upgrade every police vehicle and every police unit with an AED. The European Resuscitation Council data indicate that defibrillation within 3–5 minutes of cardiac arrest may result in a survival rate of 50–70%\textsuperscript{21}. Given that police officers are in many situations the first responders at the scene, it seems fully justified to equip officers with AEDs.

However, we should not forget about the most important element influencing the future of emergency medical rescue in the Police, i.e. the continuous in-service training of police officers in emergency rescue. Regional police headquarters already have some resources in this respect. These include officers who are: doctors, medical rescuers and nurses serving in the police units and subunits, who may be an essential element in the implementation of the teaching process, because in many cases, police officers’ self-education, although helpful, is nevertheless insufficient to maintain the high level of skills required to save the lives and health of other people.

Another suggestion may be the introduction of obligatory training in advanced first aid for all persons joining the Police during basic training. At present, according to the basic training curriculum, first aid is provided over 42 teaching hours, while training in advanced first aid is provided over an additional 24 teaching hours, which is only 3 days of additional training, and the benefits are huge\textsuperscript{22}. Thanks to such a program, police officers not only obtain rescuers’ qualifications, but also acquire higher skills necessary to rescue people in a health emergency. The programme objectives indicate that training in advanced first aid is aimed at preparing rescuers for units cooperating with the State Medical Rescue system to carry out rescue tasks during rescue operations, including in particular providing assistance to persons in a state of sudden health emergency\textsuperscript{23}.

It may therefore be said that since professional training prepares a police officer to carry out the basic tasks of the Police, the proposed solution is most justified.

Conclusions

Rescuing people who are in a life or health threatening situation is, for many rescuers, police officers, and firefighters, of great importance, and by some of them is perceived even as their mission. A mission in which one person can give to another what is undoubtedly the highest value — life. Very often, risking their own lives, police officers save other people, thereby fulfilling the police oath: ‘I, a citizen of the Republic of Poland,

\textsuperscript{21} Perkins G.D, Podstawowe..., op. cit.
\textsuperscript{22} Decyzja nr 168 komendanta głównego Policji z 22 maja 2019 w sprawie programu szkolenia zawodowego podstawowego, (DzU KGP, 2019, item 83).
\textsuperscript{23} Rozporządzenie ministra zdrowia z 19 marca 2007 w sprawie kursu w zakresie kwalifikowanej pierwszej pomocy (DzU, 2007, item 408).
being aware of the duties of a police officer I am about to undertake, solemnly swear to serve the Nation faithfully, protect the legal order established under the Constitution of the Republic of Poland, protect the security of the State and its citizens, even at risk to my life\textsuperscript{24}.

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\textsuperscript{24} Act on the Police, Article 27.
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Summary: The article, based on an analysis of police records, the author’s own experience and available literature, presents the development of medical rescue in the Polish Police in the years 1990–2019. The article also gives examples of police rescue operations, which indicate police officers’ professional preparation to help other people in a state of sudden health emergency. On the basis of the analysis of the collected relevant literature, the author has adopted a hypothesis that the medical rescue service of the Polish Police, after many years of transformations, has become an essential element of the daily service of Polish Police officers.