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## STOPPING CRITICAL BLEEDING BY WORKERS WITHOUT MEDICAL EDUCATION

**Тетяна Пакулова, Ганна Бідняк. ЗУПИНКА КРИТИЧНИХ КРОВОТЕЧ ПРАЦІВНИКАМИ БЕЗ МЕДИЧНОЇ ОСВІТИ.** В науковій роботі зосереджено увагу на особливостях надання домедичної допомоги для зупинки критичних кровотеч немедичними працівниками в цивільних та військових умовах. Зауважено, що в умовах сьогодення навіть зони надання допомоги можуть різко змінюватись і тоді надання домедичної допомоги проводиться в залежності від умовної зони знаходження потерпілого та рятівника. Серед дієвих засобів зупинки критичної кровотечі розглянуто тиск, турнікет, тампонаду з тиснутою пов'язкою та особливості їх застосування. Аргументовано заперечення використання саморобних пристроїв, які працюють по типу турнікета.

Ґрунтуючись на рекомендаціях бойових медиків, інструкторів, волонтерів, СоТССС, Центра тестування турнікетів надано назви турнікетів та інших пристроїв, рекомендованих для зупинки критичних кровотеч. Також надано пропозиції щодо підвищення рівня домедичної підготовки з зупинки критичної кровотечі у немедичних працівників.

**Ключові слова:** критичні кровотечі, масивні кровотечі, турнікет, тампонада, немедичні працівники, домедична допомога.

**Relevance of the study.** The urgency of the mentioned topic both in peacetime and during the period of military aggression of the russian federation on the territory of independent Ukraine does not raise doubts. As is known, more than 92 % of the victims of the accident are victims of critical blood edema. Previously, the causes were the consequences of road traffic accidents, fights, industrial injuries, accidents, etc. Today, these are massive rocket strikes on residential buildings, multi-surface areas, office centers, parking lots, petrol stations, critical infrastructure facilities, educational institutions, kindergartens, cultural institutions, health care facilities, industrial enterprises. Therefore, for the population, law enforcement officers, volunteers, military, all ordinary citizens need basic knowledge and skills to stop critical bleeding.

**Recent publications review.** Some aspects of pre-medical care for victims were considered by both domestic and foreign colleagues, in particular: A. Biryukova, M. Voronkova, A. Voynarovych, I. Dubivka, S. Huriev, M. Horbachova, D. Giannouloupoulos, I. Golovan, E. Jill, V. Zaborovsky, N. Kotliar, Iu. Kuntsevych, V. Kryliuk, G. Letsas, P. Malanchuk, O. Maslak, O. Myslyva, O. Maslyuk, V. Nor, O. Nykyforova, S. Overchuk, V. Tertyshnyk, Te. Theodore, D. Surkov, V. Cherniakhovskiyi and others. However, the current conditions require additional research on such an important topic as stopping critical bleeding.

**The article's objective** is to study the peculiarities of providing pre-medical assistance for stopping critical blood tests by immediate workers in civilian and military conditions.

**Discussion.** In the Soviet literature description of blood father always touched the classification of the injured vessel, in particular, captain, venous, arterial, parenkhimatozna. In recent years, pre-medical training has reached a new level, has moved away from a large volume

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of theory and has a more practical orientation. Therefore, it is important for immediate workers to recognize critical or massive bleeding, which means a large loss of blood (more than a half-liter of each wound) in a short period of time (several minutes) and requires immediate action to stop.

Pre-medical specialists currently distinguish external and internal bleeding. To provide assistance, it is important to identify the bleeding that is life threatening. Out of all life threatening conditions, the most dangerous are external bleeding from the extremities and "vulva" bleeding (neck, groin, groin). If you do not stop such bleeding, a person can be killed for several minutes. Massive (or critical) bleeding from the extremities is the most common cause of death that can be prevented (approximately 2/3 all deaths that could have been prevented) [2, p. 91]. It is important to understand that the final stop of bleeding is carried out by medical personnel in health care facilities, and rescuers on the scene can only temporarily stop bleeding. At the same time absence of consciousness or pulse, a pale skin does not always indicate bleeding. Scientists recommend to pay attention to the following signs of massive bleeding: pulsating or rapidly leaking blood from the wound; a bottle of blood on a rapidly-growing clothes; the llood of the blood around the victim; amputation or separation of the limb [1, p. 28].

Using the known MARHE algorithms, XABCDE or CABCADE will check for the presence of massive blood flow, even if none of the above symptoms are immediately visible to exclude their presence. We pay attention to areas of neck, underarms, groats, upper and lower ends. Methods of blood flow stop represent a discussion issue among the experts of premeditational help. However, the rule of three "T" works always, that is: A tournament tamponade-stamping bandage. It is clear that direct pressure on the wound or the clamping of large vessels above the wound is always used to help the victim and is passed to all the mentioned "T", i.e. laying of a tournament, or tampon, or a pressing bandage. In case of self-help, of course, pressure can not always be done.

For stopping critical bleeding there is a lot of specially created structures, including turnstiles and other means.

CoTCCC Recommended Devices & Adjuncts:  
Combat Application Tourniquet (CAT) Gen 7  
Combat Application Tourniquet (CAT) Gen 6  
Ratcheting Medical Tourniquet –Tactical (RMT-T)  
SOF Tactical Tourniquet – Wide (SOFTT-W)  
Tactical Mechanical Tourniquet (TMT)  
TX2 Tourniquet (TX2)  
TX3 Tourniquet (TX3)  
Emergency & Military Tourniquet (EMT)  
Combat Gauze (CG) Z-Fold (QuikClot Combat Gauze)  
Celox Gauze, Z-Fold 5'  
ChitoGauze  
X-Stat, Single Applicator  
iTClamp

Absolutely effective means for quick stopping of massive blood flow from the ends is tournament, in literature it is described as a jam with a twist. Apart from the ones mentioned in the list above, the tournament kits of the leading Ukrainian producer of blood-stop jguts "RICH-Tourniquet", which are equipped both civilian and military pharmacies, are widely used in Ukraine. It is a special construction, which in any weather conditions, in wet, snow-covered, contaminated condition, when heated or severely cooled, quickly stops mass bleeding of the extremity and will withstand extreme renumbering [11].

It should be noted that in the modern period of full-scale invasion of russia on the territory of our state, military medical personnel recommend "RICH-Tourniquet" along with the world-recognized "CAT". In our opinion, it is very convenient when providing self-help, because the metal gate allows to open the tournament from martial position with one sharp movement and to lay very quickly on the injured end with one hand.

The quality of the tunkets is a guarantee of stopping critical bleeding and, as a result, saving the life of the victim. However, in recent years Ukraine has been provided with a lot of low-quality products as humanitarian aid. Unfortunately, the practice of combat doctors testifies to numerous counterfeits of both domestic and foreign manufacturers. The instructions for such pseudo turnstiles also indicate false information, for example, "do not delay" or "relax after two hours". We hope that the reason for this is a lack of awareness about critical blood flow and

underestimation of the negative consequences caused by them. The price of such a kidnapping is someone's life!

Recall, the tourniquet put on clothes or directly on the skin 5-8 cm above (proximal) from the wound. If it is difficult to determine the place of bleeding, the gut is put as high as possible, but not on the sugla. The effectiveness of the tourniquet's teaching is determined by stopping bleeding and the absence of pulse lower (distal) from the wound. It is necessary to indicate the time of teaching (on the tourniquet itself, on the skin of the injured, for example, on the cheeks or on the head) immutable marker. If the victim has his own tourniquet – put it first. Your tourniquet is for you. It is not recommended to put your gut to other victims. When laying tourniquets injured rescuer should use gloves [2, p. 92].

It should be noted that in some outdated literature specified time to lay the tourniquet in summer and in cold season. The law prohibits attempts to relax or withdraw the jute until the injured medical has been taken into account. Instead of the tourniquet use a rubber gut like Esmach. Quite effective, however, has its drawbacks. First, he will be torn by improper storage conditions. Also, very uncomfortable when providing self-help with one hand, cannot be applied directly on the skin, etc.

Of course, we could not give attention to tamponade. Wound amputation is more often used in places of "vulva" blood edema (groans, groin) – in places where it is impossible to put a gut, but also apply also on extremities, especially with a large layer of muscles (hips, shoulders). Do not tamper with the body cavity (black, chest, small pelvis, head). The essence of the tamping is to compress the broken vessels in the wound with a large amount of material (bandage, gauze). Often use special hemostatic gauze or bandages – a material, highlighted by special chemical substances, which contribute to the creation of thrombus. After full filling the wounds carry a direct pressure on the wound: If the tamponade with hemostat – not less than 3 minutes, if the usual material – not less than 10 minutes [2, p. 92].

Really effective means to stop critical bleeding in those places where it is possible, ie where you can press the finger. However, for medical workers does not cause problems with work in the morning, large amount of blood, etc. Sometimes, rescuers without medical education may have problems because of fear, fear of blood, the appearance of wounds and he will not be able to effectively use this method.

The compression (pressure) connection is applied directly to the open wound of the limb, neck, smell, smell or tamponade. Use clean cloth (preferably non-colored), gauze and elastic bandages. In recent years, the most effective link has been the so-called "Israel bandage". This is a special connection consisting of a sterile cushion and an elastic bandage with a plastic compression element and a clip. When applying the injured compression (pressing) connection to the open wound of the limb, the pulse on the limb below the bandage should be determined [2, p. 93].

Also, almost all ordinary rescuers who have not passed the training course on stopping critical bleeding, there is an idea to use self-made means with improvised screw-ins on the type of "fabric and palitsa". In this regard, we note that the place where the victim is located and during which time he will be delivered to the hospital or transferred to medical personnel. In combat conditions, when the evacuation of the wounded takes several hours instead of minutes, this way stopping critical bleeding will definitely lead to the wrong consequences. So, before using such a dubious method, the rescuer must answer his question whether he is ready to play roulette and accept his mistake in the form of death of the victim?

Denying one means of stopping critical bleeding, you can offer an alternative. We agree with experts who offer direct pressure on the wound with critical bleeding or higher wounds, for example, the middle of the folds or the middle of the inner thigh when the lower extremity is affected. Each rescuer will be able to exert pressure on the whole body on equal hands in the elbows for 10-15 minutes, putting any tissue on the wound first. This way will stop bleeding and allow in such a position to wait for medical care or rescuer with the tourniquet.

We would like to draw attention to the relatively new in Ukraine, but on positive responses, an effective means is iTClamp, an advanced device for stopping bleeding. FDA-approved bleeding at the extremities, in the groin and groin areas, on the head and neck – where the wounds can easily be brought closer. Tightly closes the wound edges to reduce further blood flow until the wound is surgically restored.

According to studies, iTClamp outperforms the usual dressing on wound due to patient survival, survival time (>180 minutes) and total blood flow (120 cc). It is applied in seconds by one hand and with minimal pain for the patient (1 on a scale of pain from 1 to 10). Creates a

localized pressure without the help of hands, which quickly forms a stable clot and prevents further blood flow. Localized pressure is still the easiest, time-tested way to control severe bleeding. The search mechanism does not overcover distal perfusion as most jguts.

Application is intuitive – every medical worker with minimal training will be able to immediately stop life-threatening bleeding, which is not subject to the imposition of a jgut (more than 90 % of the success of application from the first attempt). This is the only effective product for "help under fire" or in other situations where the competition cannot be cured. The device is lightweight, portable and easy to adjust when needed.

ITClamp minimizes time spent on the event:

- easy application during mobile evacuation of the victims (e.g. ambulance or helicopter);
- eliminates the need for 3 minutes of manual pressure after dressing on wound;
- ideal addition to apply hemostatic bandage and can be imposed on most types of clothing;
- controls bleeding in a stable and/or coagulant patient;
- creates the effect of the power multiplier;
- can be applied during initial assessment at sorting of mass victims;
- frees the hands of doctors to help other victims [12].

The legislative basis for the provision of premeditated care to the victims with critical blood-edema is the order of the Ministry of Health of Ukraine No. 441 of March 09, 2022, which contains the procedures for the provision of premeditated care, including those suffering from massive external bleeding who do not have medical education, however, they must provide medical care for their duties.

But such an algorithm is appropriate in civil life. During the shooting in the zone of direct threat there are its peculiarities. In previous work we tried to draw attention to the first aid to victims of rocket attacks on civilian infrastructure, which can be provided by both ordinary citizens and persons who, in accordance with the Law of Ukraine "on emergency medical assistance" are obliged to provide pre-medical assistance to the person in urgent condition [7, p. 201]. These are rescuers of emergency rescue services, state fire guards, police, pharmaceutical workers, passenger car drivers, flight attendants and other persons who do not have medical education, but should have practical skills in providing pre-medical care [9].

Thus, during missile attacks it is necessary to define zones for providing assistance:

- a direct threat zone is the place where the action is carried out and there is a high threat to life of the rescuer caused by external factors, or when the action of external factors is more threatening for the victim than the damage received;
- an indirect threat zone is a place that is close to the combat zone and is likely to be injured by persons providing pre-medical assistance;
- the evacuation zone is a place that is far from the place where the fighting takes place, safe from the point of view of injury and from which the evacuation of the victims takes place [3, 8].

The actions, sequence and volume of the provision of pre-medical care to the victims will be somewhat different in each zone. In addition to the safety of the rescuer, who always takes the first place. Therefore, in the red zone or a direct threat (also called "under fire") it is necessary to find shelter and provide self-help. When the rocket is left in the building, a large smoke is possible, which requires the use of a respirator, mask, cosine, etc. Limited visual control does not exclude the possibility of providing pre-medical care, although it considerably complicates it.

As we have already noted, the most dangerous are critical bleeding, which is possible to stop even in this zone with the help of a tourniquet at the level of shoulder or thigh as high as possible, while the time of laying, check other affected places and further examination of the victim is conducted in the zone of the shelter. In case of a breach of consciousness and inability to move the victim in the shelter or area of an indirect threat the victim should be returned to the stomach or to a stable side position. When attempting to evacuate a victim in the shelter or the next area, it is necessary to assess the safety of its implementation, taking into account the path of movement of the victim, his body mass, threat of external factors, including combat actions.

In the area of indirect threat or closure, all actions are performed according to the commonly accepted algorithm MARHE: assess the presence of external massive bleeding and if it is available – place a blood-stop gut, put the wound under pressure or use direct pressure on the wound; assess the progress of the respiratory tract by assessing the level of consciousness of the injured person:

– in advance by simple appeal: "Do you hear me?" If the victim does not respond – to ensure the passage of respiratory tract and to estimate respiratory motion up to 10 sec. In the absence of breathing, if possible, begin heart-lung resuscitation;

– in the presence of breathing and absence of consciousness: to maintain the passage of respiratory ways – manually (by hands) or to ensure stable lateral position [8].

In recent years, many trainings have been held from Ukrainian instructors and foreign partners in providing pre-medical care during critical blood tests, pre-hospital trauma, respiratory disorders, etc. Getting the knowledge and skills on dummy-simulators can really achieve high results, having a lot of wounded, and not to break, having found in zone of rocket attacks.

In view of the above, in order to achieve a high level of pre-medical preparation for stopping critical bleeding, we fully agree with the proposals of scientists, in particular, O. Misliva, O. Nikiforova, Yu. Kuncevych. Thus, the best standards of emergency care should be implemented in police training and activities, in particular, derived from both: our own research and positive foreign experience:

1. The use of interactive methodological approaches gives a stable result of long-term actions in the training of TECC police officers. Further introduction of interactive forms of TECC police training is an important aspect of modernizing the approach to premedical police training.

2. Interactive methods of TECC police officers training are aimed primarily at increasing the activity and motivation of cadets to educational and professional activities. Interactive methods allow active use of passive learning in model or real situations of professional activity, which improves the quality of training of future professionals.

3. Police training should be not only standardized but also unified to ensure the completeness, integrity and continuity of maintaining the stable condition of the victim until he or she receives qualified medical care in any country in the world; legal and coordinated work of units designed to provide premedical care, based on algorithms of action both in everyday situations and in crisis (extreme / emergency) situations.

In particular, A. Givati, C. Markham, K. Street "The bargaining of professionalism" emphasizes the need for professional regulation and standardization of education in high-income countries, as it not only indicates their political stability, but also has a positive effect on the image of the institution and the demand for its specialists. Based on interviews with leading paramedics, paramedic teachers and paramedic students in the south of England, these researchers explore how paramedical education reforms have affected the professionalization of paramedics and its development.

4. The integration of pre-medical care into the discipline "Tactical and special training" is a mandatory and justified requirement for simultaneous performance of professional and combat missions by police officers.

5. Algorithms for first aid provided by the police should be adapted to unforeseen emergencies and describe the protocol of action in situations of unknown risk, as in the recently adopted in March, 2020 protocol "Provision of medical care for the treatment of coronavirus disease (COVID-19)" emphasis is placed on the absence at the time of approval of specific antiviral treatment for coronavirus disease [8-10].

6. Modern interactive methods of TECC police officers training, especially role-playing, are the most effective and appropriate, while more intensively used on various web platforms in the form of quests or other types of gaming practices.

7. Foreign experience of training or updating the knowledge of TECC police officers shows that even very short-term but intensive training on narrowly focused topics has a positive effect. This requires investment in training, much of which can be obtained from partner countries and joint research grants [4, p.131].

**Conclusions.** Thus, it should be noted that during the provision of pre-medical care, immediate workers should distinguish civilian conditions from military ones that have certain tactical characteristics. In the present situation, even in remote towns from the front-line zone, shots of civilian infrastructure can occur, and then the provision of pre-medical assistance is carried out depending on the condition zone of the victim and rescuer's finding. Among the effective means of stopping critical bleeding remained steel: Pressure, turnstile, tamponade, which after the appropriate exercises can apply immediate workers.

*Conflict of Interest and other Ethics Statements*

The authors declare no conflict of interest.

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#### ABSTRACT

The scientific work focuses on the features of providing pre-medical care to stop critical bleeding by non-medical workers in civilian and military conditions. It is noted that in today's conditions, even the zones of assistance can change dramatically, and then the provision of pre-medical assistance is carried out depending on the conditional zone of the victim and the rescuer. Effective means of stopping critical bleeding include pressure, a tourniquet, tamponade with a pressed bandage and the specifics of their use. The objection to the use of self-made devices that work like a turnstile is argued.

Based on recommendations from combat medics, instructors, volunteers, CoTCCC, and the Tourniquet Testing Center, names of tourniquets and other devices recommended for stopping critical bleeding are provided. Suggestions for increasing the level of pre-medical training in stopping critical bleeding among non-medical workers are also provided.

**Keywords:** *critical bleeding, massive bleeding, turnstile, tamponade, immediate workers, medical assistance.*

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#### PREVENTIVE ACTIVITY OF THE JUVENILE PREVENTION POLICE: THE EXPERIENCE OF THE USA AND WAYS OF ITS INTRODUCTION INTO THE NATIONAL DOCTRINE

**Карина Пісоцька, Тетяна Борисенко. ПРЕВЕНТИВНА ДІЯЛЬНІСТЬ ПОЛІЦІЇ ЮВЕНАЛЬНОЇ ПРЕВЕНЦІЇ: ДОСВІД США ТА ШЛЯХИ ЙОГО ВПРОВАДЖЕННЯ У ВІТЧИЗНЯНУ ДОКТРИНУ.** У статті розглянуто діяльність поліції Америки в сфері протидії та профілактики адміністративних правопорушень, що вчиняються дітьми та відносно дітей. Здійснено аналіз нормативно-правових актів, які регулюють діяльність поліції та інших спеціалізованих органів і установ у справах дітей у США.

Встановлено, що однією з провідних діяльностей поліції ювенальної превенції США визначається стратегічна співпраця та довгострокові плани дій для попередження правопорушень дітьми, як на загальнонаціональному так і на місцевому рівні. Визначено, що сучасними напрямками в адміністративній діяльності поліції США щодо профілактики правопорушень, що вчиняються дітьми є: широке застосування аналізу факторів та причин, що призводять до дитячих правопорушень, так звана превентивна перспектива; високий акцент на експертності поліцейських та інших фахівців, які займаються профілактикою адміністративних правопорушень, що вчиняються дітьми.

Встановлено основні засади адміністративної діяльності ювенальної поліції та інших органів і установ у справах дітей зарубіжних держав, реалізація яких може бути доцільною в Україні. Аргументовано, що для успішної реалізації позитивного зарубіжного досвіду, рекомендується поетапне та поступове внесення змін, або ж, наприклад застосування новел методом пілотного проєкту на одній з областей чи місті. Така методика дає можливість проаналізувати дієвість змін не зашкодивши правовій системі, державним органам тощо. Кожна держава пройшла свій шлях розвитку та становлення, що відображається в унікальності культури, правової свідомості та світосприйняття. Обґрунтовано пропозиції щодо таких напрямків удосконалення.

**Ключові слова:** *дитина, міжнародний досвід, поліція, США, профілактика правопорушень, адміністративна діяльність.*

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