

з тим, у інших складах кримінальних правопорушень, вчинених шляхом шахрайства (обману), обманні дії застосовуються для заволодіння біоматеріалами людини, сексуальними, робітничими та іншими послугами, предметами спеціального призначення (зброєю, боєприпасами, наркотичними засобами тощо), документами, печатками та штампами тощо. Тобто, йдеться про обманне заволодіння матеріальними об'єктами або обманне отримання послуг від однієї особи до іншої. Як виявилось, при одних і тих самих характеристиках, такі дії заявляються по-різному – як вчинені шляхом обману, або вчинені шляхом шахрайства.

Виходячи з цього, вважаємо, що дії, спрямовані на обманне заволодіння майном (правом на майно), іншими матеріальними об'єктами чи послугами від особи слід розглядати як такі, що вчинені шляхом шахрайства. Тобто, ми акцентуємо на необхідності уніфікації деяких складів, в основі яких міститься обман, який є синонімічний терміну «шахрайство».

З метою врегулювання вказаних ситуацій слід внести зміни до КК України, зокрема до ч. 2 ст. 142 КК України, ч. 2 ст. 143 КК України, ч. 1 ст. 144 КК України, ч. 1 ст. 149 КК України, ч. 1 ст. 173 КК України, ч. 1 ст. 303 КК України.

Вказані зміни внесуть відповідну раціональність до вказаних статей КК України.

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**PECULIARITIES OF PROVIDING FIRST AID AFTER MISSILE
ATTACKS ON CIVILIAN INFRASTRUCTURE**

We would like to start speaking about the relevance of the raised topic with several examples from the period of the full-scale invasion of the Russian Federation on the territory of our independent state.

July 14, 2022 – three missile strikes on the office center and the parking lot

near the local household of Vinnytsia. 23 perished and 64 hospitalized.

October 9, 2022 – targeted shelling was directed at residential buildings in Zaporizhzhia. In this attack, the Russians killed 13 people (including a child) and injured 89 people (including eleven children). In total, Russians damaged about 40 houses that day.

October 10, 2022 – there were damages of various degrees in Kyiv that day: residential buildings — 45; objects of critical infrastructure and housing and communal services — 5, educational institutions — 6 (3 schools, 1 kindergarten, 2 out-of-school education buildings), social sphere institutions — 2, cultural institutions — 6, health care institutions — 5, administrative buildings — 2. 11 people perished and almost 90 were wounded.

November 17, 2022 – an attack on an industrial enterprise in the city of Dnipro, 14 high-storied buildings were damaged. 23 people were injured, including a 15-year-old girl (passers-by, local residents, and employees of the object hit by the enemy). In fact, all of them have been cut with glass, there are concussions and contusions. An 83-year-old woman had a heart attack. November 26, 2022 – Russian missiles hit the private sector in Amur-Nizhnyodniprovsky district. Seven houses were destroyed, one person died, 13 were injured [6].

Unfortunately, this list can be continued for a long time, but as we can see, many people who were injured could have been saved. We tried to draw attention to the first aid for victims of rocket attacks on civilian infrastructure, which can be provided both by ordinary caring citizens and by rescue workers, state fire brigade employees, police officers and other people, who do not have medical education, but in the course of their official duties must have practical skills in providing pre-medical care in accordance with current legislation to the Law of Ukraine «On Emergency Medical Aid» [3].

Of course, such an assistance cannot replace medical assistance, however, sometimes it requires immediate intervention before emergency (ambulance) medical assistance teams arrive at the scene.

Recently, many trainings have been held by Ukrainian instructors and foreign partners on providing pre-medical care during critical bleeding, pre-hospital trauma, breathing disorders, etc. By gaining knowledge and practicing skills on simulator dummies, you can really achieve high results, having a large number of wounded, and not get confused, being in the zone of missile attacks.

The legislative basis for providing first aid to victims of hostilities or martial law is the Order of the Ministry of Health of Ukraine dated March 9, 2022 No. 441, which contains the Procedures for providing first aid, including to victims of hostilities / martial law, by persons who do not have a medical education, but according to their official duties must provide pre-medical care.

Therefore, during rocket attacks, it is conditionally necessary to determine zones for providing assistance:

zone of direct threat is a place where combat operations are carried out and there is a high threat to the rescuer's life, which is caused by external factors, or

when the action of external factors is more threatening to the victim than the damage received;

an indirect threat zone is a place that is close to the combat zone and there is a possibility of being injured for people providing paramedic assistance;

an evacuation zone is a place that is far from the place of hostilities, safe from the point of view of receiving injuries, and from which the victims are evacuated [2].

Actions, sequence and scope of providing pre-medical care to victims will be slightly different in each zone. In addition to the lifeguard's safety, which always comes first.

Therefore, in the red zone or direct threat (it is also called «under fire»), it is necessary to find shelter and provide self-help. When a rocket hits a building, a lot of smoke is possible, which requires the use of a respirator, mask, scarf, etc. Limited visual control does not exclude the possibility of providing pre-medical care, although it significantly complicates it.

In the scientific literature, as well as in the Procedures, it is recommended to remove the injured person from a burning car or building and move them to a relatively safe place, after which do everything possible to stop the burning of the injured person [1, 2]. Then, if possible, use special anti-burn blankets.

The most dangerous are critical bleedings, which, if possible, must be stopped even in this zone with the help of a tourniquet at the level of the shoulder or thigh as high as possible, while the time of application, checking of other affected places and further examination of the victim is carried out in the shelter zone.

It should be noted that in some literature the recommended time for applying the tourniquet is specified, the legislation prohibits attempts to loosen or remove the tourniquet until the victim is examined by a doctor. If consciousness is disturbed and it is impossible to move the victim to a shelter or a zone of indirect threat, the victim should be turned on his stomach or in a stable lateral position. When trying to evacuate the victim to a shelter or the next zone, it is necessary to assess the safety of its implementation, taking into account the path of movement of the victim, his body weight, the threat of external factors, including combat operations.

In the zone of indirect threat or shelter, all actions are performed according to the generally accepted MARHE algorithm:

assess the presence of massive external bleeding and, if it is present, apply a tourniquet, tampon the wound or use direct pressure on the wound;

assess the patency of the respiratory tract, having previously assessed the victim's level of consciousness, by simply asking: «Can you hear me?». If the victim does not respond, ensure the patency of the respiratory tract and assess breathing for up to 10 seconds. In the absence of breathing, cardiopulmonary resuscitation should be started if possible;

in the presence of breathing and unconsciousness: maintain the patency of the respiratory tract – manually (with hands) or by ensuring a stable lateral

position.

With massive facial injuries, the victim is conscious:

provide a comfortable (forced) position – sitting with the body bent forward;

inspect the chest for penetrating wounds, if there are any, apply bandages made of waterproof material, if after applying them the state of the victim has deteriorated sharply, remove them and do not make any further attempts to apply them;

examine the victim from head to toe, pay special attention to the effectiveness of stopping external bleeding, if it was done at the previous stage. In case of continuous bleeding, direct pressure should be applied to the wound and tamponade the wound and/or apply an additional hemostatic tourniquet, be sure to specify the time of applying the tourniquet;

stop any bleeding that was detected during the examination - put bandages on the wounds. Also put bandages on any other wounds, including burns;

do not tampon or apply excessive pressure to head wounds, do not tampon chest or abdominal wounds;

do not put pressure bandages on the eye;

if possible, call for emergency medical assistance and follow the instructions of the call dispatcher [2].

The analysis of cases of rocket attacks on populated areas indicates the fact that most of the people received shrapnel wounds when they continued to move to the safest place in their opinion. Therefore, it is important to wait in the place where the attacks were initially located.

Summing up, let us note that during missile attacks on civil infrastructure objects, the provision of first aid depends on the zone of the victim and the rescuer. In the Zone of direct threat, in addition to moving the victim to shelter, it is only possible to apply a tourniquet to stop critical bleeding. In the zone of indirect threat, the actions of the rescuer must strictly comply with the MARHE algorithm.

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