

LEADERSHIP/MANAGEMENT

Protecting Against Violence in EMS

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The holidays are supposed to be a time of family, friends, and merriment; unfortunately it's become a time of sorrow.

Violence against EMS providers and firefighters is on the rise, and we have to take notice. This latest atrocity was straight out of a domestic terrorism playbook: start a response for a legitimate cause then create a secondary incident. As EMS providers, we've had the mantra of BSI and scene safety drilled into our heads since our original certification classes. But in reality, how many of us actually take the time to consider how safe our scene really is? Can we ever, truly, consider a scene to be safe?

Think about the homes you've been inside in just the past month. Did anything raise the hair on the back of your neck? Did anyone in the home, not necessarily the patient, become angry, start pacing or appear threatening? Did the kitchen have utensils in the drawer?

I know that last one seems silly, but think about it: there's easy access to weapons in the kitchen. When I was a law enforcement explorer, one of the deputies I was assigned to told me "anyone who says there's no weapons in their house is either lying or they don't have a kitchen."

I haven't forgotten that piece of advice nearly 20 years later. I'm always wary of scenes that take place in a kitchen, especially those with patients who are experiencing emotional or behavioral emergencies.

Years later, I was instructed in the concept of situational awareness during training for an air medical program.

The loss of situational awareness creates an exponentially greater risk to those involved. It is my belief that we have become so comfortable with the mantra of "BSI on, scene is safe" that we fail to look at the bigger picture and understand any real threats that exist. This is where we as EMS providers must spend some quality time in training, as soon as possible.

What do EMS providers do? We stage for law enforcement for clearance into scenes with the possibility of violence. But remember, the information disseminated from Dispatch is only as good as the information provided TO the call taker.

How often is the information provided to you close to the situation you encounter? Do you ever suspect the person with the head injury from falling down the stairs to be a victim of domestic violence? Do you treat unattended death scenes as potential crime scenes? How about the altered mental status patient who is really experiencing an emotional or behavioral emergency? If you do, good for you; if you don't, you should. You don't need to be paranoid, but you should never let your guard down.

Agency leadership, training officers, and senior personnel need to set the example and promote the concept of situational awareness among EMS providers. We need to completely re-think how we assess scenes from the cab and how we approach scenes on foot.

Be aware of entrances, exits, and people in the home. Another tidbit I learned during my instructor internship is to ask "are you the only one here, or is someone here with you?" It's a nasty surprise to find another family member, neighbor or someone else standing behind you while you're working a patient in their home, especially when you surmise he or she is alone.

So how do we do it? Immediately, concisely and thoroughly. Start integrating safety briefings into shift changes, having personnel choose from a variety of topics, then working their way through the handling of a particular situation. A topic that's been hot in local circles in the area is emergency radio codes and "trouble" buttons on radios. Integrating personal defense classes into regular training periods so that personnel have a basic understanding of how to

mitigate threats from patients who turn against them is another option. Even “verbal judo” classes to attempt “talking down” subjects who are deemed to be verbally threatening is available. This is only the start, and I’m sure that there are many out there who can add to this list.

We as EMS providers take a risk by the very nature of what we do. We exist specifically to take care of the sick and injured, thereby exposing ourselves to the very cause of our patients’ illnesses or injuries. We transport those who are considered threats to themselves or others. We work in weather extremes, are exposed to emotionally charged situations on a daily basis, and ride unrestrained in the back of our vehicles as they barrel down the road.

When are we, as EMS providers, going to start truly taking the steps to mitigate the risks we face? Though we can never truly consider every possibility, as has been tragically pointed out, we need to start somewhere. The time for talking about our safety is over; the time for action is now. Will you be courageous enough to take a stand on safety?

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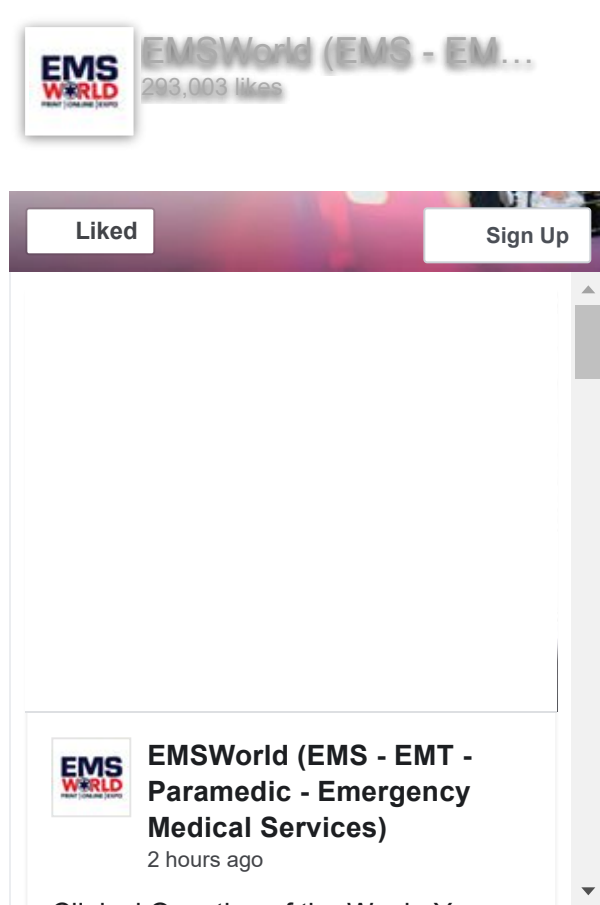
House Passes Bill to Include Dispatchers in Public Safety (</press-release/1223004/house-passes-bill-include-dispatchers-public-safety>)

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7 Alternative EMS Careers: Part 1 (</article/12201102/7-alternative-ems-careers-part-1>)

It’s Hot—Look Professional Anyway (</commentary/1222929/its-hot-look-professional-anyway>)

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