UNIT TERMINAL OBJECTIVE

8-5 At the completion of this unit, the EMT-Critical Care Technician student will have an awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

COGNITIVE OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

8-5.1 Explain how EMS providers are often mistaken for the police. (C-1)
8-5.2 Explain specific techniques for risk reduction when approaching the following types of routine EMS scenes: (C-1)
- a. Highway encounters
- b. Violent street incidents
- c. Residences and "dark houses"

8-5.3 Describe warning signs of potentially violent situations. (C-1)
8-5.4 Explain emergency evasive techniques for potentially violent situations, including: (C-1)
- a. Threats of physical violence.
- b. Firearms encounters
- c. Edged weapon encounters

8-5.5 Explain EMS considerations for the following types of violent or potentially violent situations: (C-1)
- a. Gangs and gang violence
- b. Hostage/ sniper situations
- c. Clandestine drug labs
- d. Domestic violence
- e. Emotionally disturbed people
- f. Hostage/ sniper situations

8-5.6 Explain the following techniques: (C-1)
- a. Field "contact and cover" procedures during assessment and care
- b. Evasive tactics
- c. Concealment techniques

8-5.7 Describe police evidence considerations and techniques to assist in evidence preservation. (C-1)

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

8-5.8 Demonstrate the following techniques: (P-1)
- a. Field “contact and cover” procedures during assessment and care
- b. Evasive tactics
- c. Concealment techniques

DECLARATIVE

I. Hazard awareness control and avoidance
  A. Determining the need
    1. Increasing violence
      a. Street violence (assault, robbery, etc.)
      b. Threat groups
      c. Domestic violence
      d. Drugs and drug users
    2. EMS providers on the street
      a. Violent crimes require EMS response
      b. EMS may arrive before police
    3. Local issues of concern
  B. Approach to the scene
    1. Approach is part of scene size-up
      a. Key point - identify and respond to dangers before they threaten
      b. Safety concerns begin with dispatch information
      c. Use available resources before arrival
        (1) Computer aided dispatch (CAD) information
        (2) You or your partner's prior calls at this location or area
        (3) Information from other crews and rigs
      d. Retreat from the scene if the scene cannot be made safe; there is no such thing as dead hero!
      e. Know local protocols
      f. Begin observation several blocks before the scene
      g. Use red lights and siren appropriate for the call
        (1) Urban scene - excess use could draw a crowd
        (2) Highway scene - lights required for safety
        (3) Joint law enforcement agency/ EMS response posturs
          (a) EMS code 3 but law enforcement agency code 1
          (b) Need for inter-agency cooperation and understanding
      h. Remember non-violent dangers such as hazardous materials, power lines, dangerous pets, etc.
      i. Scene safety considerations must continue throughout the call
        (1) Violence can resume
        (2) Crowds gather or turn violent
        (3) Additional persons can enter the scene
        (4) Violence may occur even with police present
        (5) EMS personnel may be mistaken for police
          (a) Uniform colors
          (b) Badges
          (c) Exiting a vehicle with lights and sirens
          (d) This could cause aggression toward you as an authority figure
        (6) Others could expect you to intervene in violent situations
        (7) Remember to include an “escape and strategic escape plan” in your protocols
    2. Known violent scenes
      a. Stage safe distance from the scene until police advise scene "secure”
        (1) Out of sight of the scene
        (2) If you can be seen, people will come to you

(3) Entering an unsafe scene adds another potential victim
(4) You may be injured or killed
(5) You may become a hostage (hostage negotiations techniques)
(6) You may be another patient in a scene which is already an MCI

C. Specific dangerous scenes
1. Approach to residences
a. Everyday response - all calls require a certain level of caution
(1) Even calls that appear "routine" require size-up
(2) Begin assessment of scene even before exiting your vehicle
b. Warning signs of danger - residential calls
(1) Past history of problems or violence
(2) Known drug or gang area
(3) Loud noises or items breaking
(4) Seeing or hearing fighting
(5) Intoxication or drug use
(6) Evidence of dangerous pets (droppings, barking, signs)
(7) Unusual silence or darkened residence
c. Approach - choose tactics that match threat or situation
(1) If actual danger is present - retreat and call for police
(2) Do not broadcast approach with lights/ sirens
(3) Foot approach using unconventional path (i.e. not sidewalk)
(4) Do not backlight yourself (getting between rig and residence)
(5) Stand to the side of door opposite hinges (doorknob side)
(6) Listen for signs of danger before announcing presence
2. Highway encounters
a. Danger from vehicular traffic
(1) Vehicle positioning to protect scene (fire truck in back - ambulance close to patient)
(2) Wear reflective clothing (be aware there is some controversy about use of this clothing)
(3) Stay out of traffic flow
(4) Beware of speeding and/ or intoxicated drivers
b. Danger from violence - application
(1) Disabled vehicles
(2) "Man slumped over wheel" calls
(3) Motor vehicle crashes
(4) Occupants may be
(a) Intoxicated/ drugged
(b) Wanted or fleeing felons
(c) Armed
(d) Violent/ abusive from altered mental status etiology
(e) Warning signs of danger
(f) Suspicious movements within vehicle
i) Grabbing or hiding items
ii) Arguing or fighting between passengers
iii) Lack of activity where activity is likely
(5) Signs of alcohol or drug use
(6) Open or unlatched trunks
(a) May occasionally hide people

c. Approach to vehicles
(1) One person approach
(2) Drive remains in ambulance which is elevated and provides greater visibility
(3) If nighttime, use ambulance lights to illuminate vehicle
(4) Notify dispatch of situation, location, license plate number and state
(5) Approach passenger side of vehicle
(a) Protection from vehicular traffic
(b) Not usually expected - police approach to driver's side
(6) Do not walk between ambulance and other vehicle
(a) Ambulance lights cause backlighting
(b) Could be injured if vehicle backs up
(c) For EMT to approach passenger side of vehicle, walk around rear of ambulance then to passenger side of vehicle
(7) Posts (a, b, c) provide best ballistic protection
(8) Observe rear seat; do not move forward of "c" post unless there are no threats in the back seat
(a) Observe front seat from behind "b" post
(b) Move forward only after assuring safety
(9) Retreat at the first sign of violence or problem

3. Violent street incidents
a. Murder, assault, robbery
(1) Involve dangerous weapons
(2) Perpetrators may be on-scene or return to scene
(3) Even patients may be violent toward EMS
b. Dangerous crowds and bystanders
(1) Crowds may quickly become large and volatile
(2) Violence directed against everything/ everyone in it's path
(3) EMS status not immunity from violence
c. Warning signs of danger - street scenes
(1) Voices become louder
(2) Pushing, shoving
(3) Hostilities toward any other persons at scene (perpetrator, police, victim, etc.)
(4) Rapid increase in crowd size
(5) Inability of law enforcement to control crowds
d. Safety actions - crowds
(1) Constantly monitor crowd
(2) Retreat from scene if necessary
(3) Take patient with you if possible and safe to do so
(a) Prevents return to scene later
(b) May require limited or tactical assessment of the patient at the scene

D. Violent groups and situations
1. Street gang awareness
a. Threat groups
(1) Crips
(2) Bloods
(3) Latin Kings (Almighty Latin King Nation)
(4) Hell's Angels

(5) Outlaws
(6) Pagans
(7) Banditos
(8) Other gangs
(9) Local variations
(10) Drug distribution groups

b. Gang characteristics
(1) Clothing
(a) Unique clothing - specific to group
(b) Identifies affiliation and rank within group
(c) Defiguring or disrespecting gang colors may provoke violence from member
(2) Graffiti
(a) Identifies gang presence
(b) Marks gang territory

c. Safety issues in gang areas
(1) Potential for violence
(2) We appear to look like law enforcement and, therefore, we must be extremely cautious

2. Clandestine drug labs
a. Identification
(1) Chemical odors
(2) Chemistry equipment
(a) Glassware
(b) Chemical containers
(c) Heating mantles, burners
(3) Suspicious persons, activities, deliveries
(4) Area fits the needs for a clan lab
(a) Privacy
(b) Utilities
(c) Ventilation
(5) Types of drug labs
(a) Synthesis - creates drugs from chemical precursors (LSD, methamphetamine)
(b) Conversion - change drug forms (cocaine HCl to base form)
(c) Other types (i.e. tableting, extraction)

b. Hazards
(1) Toxic inhalation
(2) Fire and explosion
(3) Booby traps
(4) Armed or otherwise violent occupants
(5) Actions if lab identified
(a) Leave area immediately
(b) Notify law enforcement
(c) Initiate ICS and hazardous materials procedures
(d) Local hazardous materials teams/ fire service
(e) Police/ Drug Enforcement Administration
(f) Chemist/ chemistry specialists
(g) EMS concerns
i) Area evacuation?

ii) Do not touch anything
iii) Never stop any reaction or alter equipment

3. Domestic violence (refer to the abuse and assault unit)
   a. Definition
      (1) Violence between persons in a domestic relationship
      (2) May be spousal, boy/ girlfriend, same-sex relationships
      (3) Victims may be male or female
      (4) Violence may be physical, emotional, sexual, verbal, economic
   b. Indications
      (1) Apparent fear of household member
      (2) Different or conflicting accounts by parties at the scene
      (3) One party preventing another from speaking
      (4) Patient reluctant to speak
      (5) Injuries do not match reported mechanism of injury
      (6) Unusual or unsanitary living conditions or hygiene
   c. EMS actions
      (1) Treat the patient
      (2) Do not be judgmental about the situation
      (3) Provide phone number for domestic violence hot line or shelter
      (4) Notify authorities
         (a) If consistent with policy/ regulations
         (b) Mandatory reporting may be required
         (c) Notify ED staff of your concerns

II. Tactical considerations for safety and patient care
   A. Tactics for safety
      1. Avoidance is always preferable to confrontation
         a. Observation
         b. Knowledge of warning signs
         c. Knowledge of proper tactical response
            (1) To avoid danger
            (2) To deal with danger when you can't avoid
         d. Staging - dispatcher learns of danger and advises not to approach scene until danger is handled by appropriate authorities
      2. Tactical retreat
         a. Leaving the scene when danger is observed
            (1) Violence or indicators of violence displayed
            (2) Immediate, decisive actions required
            (3) Retreat in a calm, safe manner
            (4) Be aware of the danger which is now behind you
            (5) Retreat may be on foot or via vehicle (there is nothing in your ambulance that is worth your life!)
            (6) Choose mode and route of retreat that provides least exposure to danger
         b. How far to retreat
            (1) Must protect you from any potential danger
            (2) Must be out of immediate line of sight
            (3) Must be protected from gunfire (cover)
            (4) Must be far enough away to react if danger re-approaches
      3. Retreat - other considerations

a. Notify other responding units and agencies of danger
   (1) EMS agency's SOP
      (a) Code RED
      (b) Other
   (2) Law enforcement agency's reaction/ response
      (a) Their SOPs
      (b) Inter-agency agreement
   (3) Document your observations of danger
   (4) Document your response to danger
      (a) Who was notified of danger
      (b) Your actions
      (c) Time left/ time returned to scene
   (5) Documentation is key to reducing liability
   (6) Retreat for appropriate circumstances is not abandonment

4. Cover and concealment
   a. Concealment
      (1) Hides your body
      (2) Offers no ballistic protection
      (3) Examples
         (a) Bushes
         (b) Wallboard
         (c) Vehicle door
   b. Cover
      (1) Hides your body
      (2) Offers ballistic protection
      (3) Examples
         (a) Large trees
         (b) Telephone pole
         (c) Vehicle engine block
   c. Application
      (1) Be aware of your surroundings
      (2) Cover/ concealment should be integrated in retreat from danger
      (3) Cover/ concealment should be used when "pinned down"
      (4) Cover/ concealment must be used properly
         (a) Place as much of your body as possible behind cover
         (b) Constantly look to improve your protection and location
      (5) Be conscious of reflective clothing that may make you stand out
5. Distraction and evasive tactics
   a. Use of equipment
      (1) Wedge stretcher in doorway to block aggressor
      (2) Throw equipment to trip or slow aggressor
   b. Evasion
      (1) Use unconventional path while retreating
      (2) Anticipate moves of aggressor
6. Contact/ cover tactics
   a. Specific evasive techniques for
      (1) Threats of physical violence
      (2) Firearms encounters
      (3) Edged weapons encounters
   b. Providers have preassigned roles

(1) "Contact" provider
(a) Initiates and provides direct patient care
(b) Performs patient assessment
(c) Handles most interpersonal scene contact
(2) "Cover" provider
(a) In tactical context, main function to "cover" or observe scene for danger while "contact" provider takes care of patient
(b) Generally avoids patient care duties that would prevent observation of the scene
(c) In small crews "cover" provider likely to have other functions (equipment, etc.)

c. Communication between providers
(1) Warning signals
(a) Crews should develop methods of alerting other providers to danger without alerting aggressors
(b) Verbal and non-verbal signals needed
(2) Involve dispatch in danger signal process
(a) Code RED

B. Tactical patient care
1. Body armor
a. Also known as "bullet-proof vests"
b. Offers protection from
(1) Most handgun bullets
(2) Most knives
(3) Reduction of blunt trauma (i.e. steering wheel in MVC)
c. Does not offer protection
(1) High velocity (rifle) bullets
(2) Thin or dual-edged weapons (ice pick)
(3) When not worn
(4) Reduced protection when wet
d. Wearer may feel false sense of security
(1) Never do anything you wouldn't do without body armor
(2) Body armor doesn't cover all of your body
(3) Cavitation even with body armor may be severe (but without penetration)

2. Tactical EMS
a. Providing EMS in violent or tactically "hot" zone
(1) Requires special training and authorization
(2) Body armor and tactical uniform
(3) Compact, functional equipment in small cases
(4) May require risks not taken in standard EMS situations
b. Patient care differences
(1) Extraction of patient from the area safely is a major concern
(2) Frequent care of trauma patients
(3) Care may be modified to meet tactical considerations
(4) Medical and transport interventions must be coordinated with incident commander
(5) Move patient to tactically cold zone for complete patient care and transportation
(6) Use of metal clipboard or chemical agent as a defensive tool

c. Local protocols, standing orders, and medical control issues
d. Joint law enforcement agency/ EMS operation
(1) Law enforcement agency/ SWAT team member
(a) CONTOMS
(b) SWAT-Medic
(c) EMT-T

III. EMS at crime scenes
A. Crime scenes
1. Definition
a. A location where any part of a criminal act occurred
b. A location where evidence relating to a crime may be found
2. Evidence
a. Prints
(1) Fingerprints
(a) Ridge characteristics left behind on a surface with oils and moisture from skin
(b) Unique - no two people have identical fingerprints
(2) Footprints
b. Blood and body fluids
(1) DNA and ABO blood typing
(2) Blood spatter evidence
c. Particulate evidence
(1) Hairs
(2) Carpet and clothing fibers
d. EMS provider's observations of the scene
(1) Patient (victim) position
(2) Patient's injuries
(3) Conditions at the scene
(a) Lights
(b) Curtains
(c) Signs of forced entry
(4) Statements of persons at the scene
(5) Statements of the patient/ victim
(6) Dying declarations
3. Preserving evidence
a. Patient care is the ultimate priority (you may be restricted to only one team member entrance)
b. Evidence protection is performed while caring for the patient (carry in only necessary equipment)
c. Evidence preservation techniques
(1) Be observant
(2) Touch only what is required for patient care
(3) If necessary to touch something, remember it and tell police
(4) Wear latex gloves
(a) Infection control
(b) Prevents you leaving your fingerprints
(c) Will not prevent you from smudging other fingerprints
(5) Report pertinent observations
4. Documentation

a. Note observations objectively, not subjectively
   (1) Put patient's or bystanders' words in quotes
   (2) Patient care records are legal documents
   (3) Avoid opinions not relevant to patient care
   (4) Patient care records will be used in court
b. Mandatory reporting (refer to unit dealing with abuse and assault)
   (1) EMS providers may be required to report certain types of crimes (your protocols, state laws and ethical versus legal considerations)
   (2) Child abuse and geriatric/ elder abuse/ neglect
   (3) Domestic violence
   (4) Certain violent crimes (i.e. rape, gunshot, etc.)
   (5) Follow local policies and regulations regarding confidentiality