
Pre-Lecture

I. You are the Provider

Time: 10 minutes

Small Group Activity/Discussion

Purpose

This activity is designed to help introduce your students to the content of this chapter.

Instructor Directions

1. Direct students to read the “You are the Provider” scenario found throughout Chapter 51.
2. You may wish to assign students to a partner or a group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions.
3. You may also assign this as an activity and ask students to hand in their comments on a separate piece of paper.

Lecture

I. Introduction

Time: 5 minutes

Slides: 2, 3

Lecture

A. Potentially violent situations

1. Paramedics face these thousands of times each year.
 - a. Physical domestic argument
 - b. Paramedics have been severely injured or killed in violent incidents.
2. Avoid violence.
 - a. Sound survival skills training
 - b. Retreat to a safe location and await the assistance of law enforcement.

II. Awareness

Time: 10 minutes

Slides: 4–7

Lecture

A. Overview

1. Violence is not only an urban event.
2. Problems can occur at every social and economic level and in every size community.
3. Scene size-up
 - a. Contact law enforcement personnel

B. Being Confused With Law Enforcement Personnel

1. Patients and bystanders mistake paramedics for police officers.
 - a. Uniform similar
 - b. Aggressive behavior intended for the police may be unintentionally directed at you.
2. Options for self-defense limited

C. Body Armor

1. Most police officers wear soft body armor.
 - a. Some agencies provide all EMS with soft body armor.
 - b. Some fire departments provide it for fire fighters.
2. Not bulletproof
 - a. Six levels of protection
 - b. Does not shield your neck or head

D. Indicators of Violence

1. Can often be predicted
 - a. Dispatched to a shooting, stabbing, or attempted suicide (potential for violence)
 - b. Agitated family member (potential for escalation)
 - c. Previous calls to a location where there has been violence
 - d. Known territories/zones where there are illegal activities (gangs, drug dealing, etc.)
2. Quickly identify potentially dangerous situations.
 - a. Do not become so completely involved with patient care that you fail to see the possibility of physical harm to the patient or other care providers.
 - b. Tunnel vision

E. Standard Operating Procedures

1. Specific procedures developed for dealing with potentially violent incidents
 - a. Methamphetamine labs
 - b. Civil disturbances
 - c. Hostage or barricade incidents
 - d. School or workplace incidents

F. You are the Provider

Slide: 8

Lecture/Discussion

1. Present the case study provided on the slide:

- a. It is midnight on a hot summer night. You are dispatched to a residence based on a 9-1-1 hang-up. The police are en route, but are not on scene as you arrive.
- b. You approach the scene, and bystanders scream, "Please help him." The scene seems safe.

III. Highway Incidents

Time: 10 minutes

Slides: 9–12

Lecture

A. Approach and Vehicle Positioning

1. Vehicle with potential for danger
 - a. Your vehicle should be positioned a minimum of 15 feet behind the stopped vehicle.
 - b. 10° angle to the driver's side facing the shoulder (see Figure 51-3)
 - c. Wheels turned all the way to the left (protection in the event of gunfire)
2. After dark
 - a. Use high beams and spotlights to illuminate the interior and exterior of the patient's vehicle.
 - b. Bright light will conceal your approach.
 - c. Do not walk between the spotlight and the vehicle.
3. Before leaving your vehicle
 - a. License number of the motor vehicle should be recorded and left by radio or called into dispatch. (Consider the fact that the vehicle license may be stolen.)
 - b. Include the name of the state where the license tag was issued.
 - c. Call in the vehicle description to dispatch including number of occupants.

B. Approaching the Motor Vehicle

1. Systematic approach
 - a. Not usually needed in cases of personal injury accidents at a busy intersection, accidents where the motor vehicle is found torn wide open, or situations with bystanders already around the motor vehicle
 - b. Used when you have an uncomfortable feeling about the situation
2. Two or more paramedics in the unit
 - a. Incident commander or paramedic in charge makes the approach.
 - b. All other members remain with the ambulance.
 - c. Proceed to the rear passenger-side trunk area (place the response bag or jump kit at the rear of the motor vehicle out of the path of travel).
 - d. Look for people hiding out in the trunk. (Ensure that the trunk lid is properly closed; if it is open retreat to your vehicle.)
 - e. Using a belly-in movement, proceed to the "C" column on the passenger side of the motor vehicle (creates as small an image as possible for the occupants of the motor vehicle to see).

- f. Stop at the left C column and look in the rear and side windows (number of people, location of their hands, items lying on the seat or floor, weapons).
 - g. If you see a weapon, retreat to a safe location, call law enforcement, and wait for them to arrive.
 - h. If the backseat is occupied, do not pass the C column.
 - i. If there are no passengers in the back seat, move forward to the B column (conceals you from the passengers of the vehicle).
 - j. Examine the front-seat area (same as at the C column).
 - k. Do not move past the B column (driver's door area is called the kill zone).
 - l. Tap lightly on the window and announce yourself
 - m. After the IC or paramedic in charge declares that the incident is safe, follow SOPs for your department.
3. Flashlight
 - a. Keep it off until you need it.
 - b. Hold the light at arm's length and away from your body before you turn it on.
 - c. Illuminate the scene for only a few seconds during each use.
 4. Vans
 - a. Take special precautions.
 - b. Can carry many types of cargo
 - c. Modified approach (remain clear of the side door of the van throughout the approach—10 to 15 feet away from the passenger side at a 45° angle)

C. Retreating From Danger

1. Safest means of retreat
 - a. Back away (never turn your back on the threat).
 - b. Call for law enforcement. (Be discreet to avoid escalation of the situation.)
 - c. Many portable radios have an emergency button on them. When activated this will automatically summon law enforcement if your agency has such an SOP in place.
2. If your partner is injured
 - a. Back away and call for assistance.
 - b. Remain in your vehicle.
3. Provide the dispatcher with all the needed information.
 - a. Number of aggressors (try to note as accurate a description as possible)
 - b. Number and types of injuries
 - c. Number and types of weapons
 - d. Make, color, body style, and license number of the vehicle
 - e. Direction of travel if the vehicle leaves the scene

IV. Residential Incidents

Time: 5 minutes

Slides: 13–15

Lecture

A. Warning Signs

1. Obvious level of caution
 - a. Injured in an assault, domestic dispute, shooting, or stabbing
 - b. Response to an "injured person" may have been an intentional attack by a person who remains on the scene
 - c. Allow law enforcement to secure the scene before your entry.
 - d. A secured scene by law enforcement means you stage at least a block away, and you *do not* proceed to the scene until dispatch advises that law enforcement has cleared you in. (Many colleagues have made the mistake of seeing multiple law enforcement vehicles on-scene and just "going in" without receiving notice that it is safe to do so.)

B. Approaching a Residence

1. Information may be limited.
 - a. All calls have a potential for violence.
 - b. Listen for loud, threatening voices.
 - c. Look for visible weapons.

C. Entering a Residence

1. Doors
 - a. Law enforcement considers this a dangerous position.
 - b. Stand to the doorknob side of the door when preparing to knock. (You're less visible.)
 - c. Knock on the door and announce: "Paramedics" (avoid being mistaken).
 - d. Ask the person who answers the door to lead you to the injured person. (This gets you to the patient quickly, and the person leading provides you a shield.)
2. Entering
 - a. Identify a primary exit and a secondary exit.
 - b. Try to keep at least one means of escape accessible at all times.
3. Patient's location
 - a. Scan the room for weapons.
 - b. Concealed weapons
 - c. Move any potential weapons out of the patient's reach.

D. Domestic Violence

1. Among the most dangerous situations
 - a. Chapter 43
2. If a violent or physical dispute is in progress
 - a. Wait for law enforcement.
 - b. Tempers may flare. Use good communication skills in conjunction with eye contact and appropriate body language. (Defuse the situation.)
 - c. Voice: useful tool; know what words to avoid; tone, pacing, pitch, and rhythm; respect.
 - d. Contact and cover.

- e. Conduct yourself as a professional.
- f. Crisis intervention is not your job.

E. You are the Provider (continued)

Slide: 16

Lecture/Discussion

1. Continue reading the case study provided on the slide:
 - a. The bystanders say that they heard gunfire and saw a male run away from the house, so they called 9-1-1.
 - b. You approach the door and your partner peers in the window and sees a male lying in a pool of blood.
 - c. *Should you enter?*

V. Violence on the Streets

Time: 10 minutes

Slides: 17–21

Lecture

A. Clandestine Drug Laboratories

1. Growing problem
 - a. Methamphetamine
2. Hazardous site
 - a. Highly flammable chemicals
 - b. Toxic chemicals
 - c. May look like a high school chemistry laboratory
 - d. Others concealed (large amounts of over-the-counter cold remedies containing ephedrine or pseudoephedrine, gallon containers of camping fuel, and sulfuric acid in the form of lye)
 - e. Booby traps (fragmentation and incendiary devices, animal traps, and impaling stakes)
 - f. Remain clear of the area until the scene is secured by trained law enforcement personnel and hazardous materials specialists.

B. Gangs

1. Increasing threat in communities across the nation
 - a. Now a problem in smaller suburban and rural communities
 - b. According to the FBI there are approximately 30,000 violent street gangs, motorcycle gangs, and prison gangs.
 - c. More than 800,000 members
2. Operate on their own “three Rs”:
 - a. Reputation: status
 - b. Respect: may actually be fear
 - c. Retaliation: maintain respect and reputation

3. Use common sense.
 - a. Do not use hand signs or slang.
 - b. You may be advised to obtain police escorts.
 - c. Limit the amount of care provided in the open.
 - d. Get your patient into the ambulance to avoid being seen or targeted.

C. Multiple-Casualty Shootings and Snipers

1. Paramedics are an integral part of emergency operations at these scenes.
 - a. Prepare, plan, and train for these complex and difficult violent incidents.
 - b. Remain in the staging area until the scene is secured by law enforcement personnel.
 - c. Staging areas may need to be 1/2 to 1 mile away.
 - d. Line of sight and line of fire from windows must be avoided.
2. Cover and concealment
 - a. Cover objects: trees, utility poles, mail-collection boxes, dumpsters, curbs, vehicles, and depressions in the ground (usually impenetrable to bullets)
 - b. Concealment: tall grass, shrubbery, and dark shadows
3. SWAT-trained paramedics
 - a. Specially trained medics
 - b. Provide care for barricaded patients, patients being held hostage, and other special operations

D. Hostage Situations

1. Law enforcement problems
 - a. Until secured
 - b. Armed assailants
2. If you are taken hostage
 - a. Most last between 4 1/2 and 5 hours
 - b. Behavior can greatly enhance your chances of survival.
 - c. Anticipate the feelings and actions of the hostage taker and the negotiators.
3. Psychological results
 - a. Often of greater concern than physical problems
 - b. Posttraumatic stress disorder
4. Stages of a hostage situation
 - a. Six stages (surveillance, capture, transport, holding, move, and resolution)
 - b. Hostage taker is usually as surprised as the captured paramedic.
 - c. During the capture: hostage taker extremely nervous, hostages in grave danger
 - d. Do not attempt to escape (antagonizes abductor).
 - e. Hostage taker may order you to move to a more secure location. (Expect to receive harsh commands and physical abuse.)
 - f. You may be tied, gagged, and blindfolded.
 - g. Obtain as much information as possible about your location.

- h. During the holding stage: hostages may develop psychological and emotional problems .
- i. Your chances of survival increase proportionally from the time of your capture to the time of your release.
- j. Do not try to predict an exact time of release.
- k. Manage yourself and your personal environment. (Do not attract unwanted attention.)
- l. Other hostages may look to you for guidance and strength. (Make every effort to be inconspicuous.)

E. You are the Provider (continued)

Slide: 22

Lecture/Discussion

1. Continue reading the case study provided on the slide:
 - a. As you enter, you see a male patient lying on the floor in a pool of blood that is coming from his head. There is no pulse or breathing.
 - b. *What are your concerns now?*

VI. Contact and Cover

Time: 10 minutes

Slides: 23–26

Lecture

A. Overview

1. Never assume you will not be harmed.
 - a. Always assume a person with a gun will shoot anyone in sight.
 - b. Do not remain in the vicinity.
 - c. Remember the difference between cover and concealment.
 - d. Shooter from a high position can usually see over the top of your cover.
 - e. Motor vehicle: use the engine block and wheel area; avoid the fuel tank and the area between the wheels.
 - f. Indoors: structures can provide cover and concealment depending on their construction.
2. Using walls as cover
 - a. Not necessarily safe cover
 - b. Brick and concrete-block walls are safe.
 - c. Cinder-block walls are less safe.
 - d. Use areas near the door or window frames (made with more wood).

B. Evasive Tactics

1. Changing locations
 - a. Only if new location is better cover, farther from the hostile atmosphere, and can be reached without revealing yourself
 - b. Don't change just for the sake of changing.

- c. Quickly look several times.
- d. Do not run directly away from the assailant's position. (Run in a zigzag varying pattern.)

C. Concealment Techniques

1. Tall grass, shrubbery, and dark shadows
 - a. Considered areas of concealment
 - b. Use when cover is not readily available
 - c. More common after dark than during daylight hours
 - d. Move into the darkness or shadows and stand still.
 - e. In rural areas, tall grass or a cornfield can conceal you whether it is day or night. (Remain motionless so that the foliage does not move.)

VII. Self-defense

Time: 10 minutes

Slides: 27–30

Lecture

A. Overview

1. Effective defensive moves
 - a. May be able to resolve the situation without getting hurt
2. If someone prevents you from reaching your patient
 - a. Identify yourself and say "Move back! That person may die if you don't let me help!"
 - b. Inform the person that you will be forced to call the police if they do not comply.
3. Unexpected attack
 - a. Always use the interview stance (defensive position).
 - b. Stand an arm's length from the person with your body at a 45° angle.
 - c. If someone grabs your wrists, jerk your forearms against their thumb.
 - d. If someone grabs the front of your shirt, twist their hand toward the thumb. (Flash your free hand through your attacker's field of vision.)

B. Self-defense in Armed Encounters

1. Distraction techniques
 - a. Very useful in breaking the chain of events
 - b. Do not have to be elaborate
 - c. Provoke a flinch or blink
 - d. Throw your patient care report pad directly at their nose.
 - e. Turn towards your vehicle, get out of the possible line of fire, and run to safety.
 - f. Use physical force as a defensive technique, not an aggressive motion.

C. You are the Provider (continued)

Slide: 31

Lecture/Discussion

1. Continue reading the case study provided on the slide:
 - a. You notice a spent gun cartridge lying a few feet away, and you see what appear to be two bullet holes in the wall.
 - b. The police arrive and cordon off the area.
 - c. What are your responsibilities at this point?

VIII. Crime Scenes

Time: 5 minutes

Slides: 32–34

Lecture

A. Preserving Evidence

1. Types of evidence
 - a. Testimonial evidence: oral documentation by a witness of the facts
 - b. Physical evidence: ties a suspect or a victim to a crime and includes body materials, objects, and impressions
2. Follow law enforcement direction.
 - a. Park in a specific area or avoid a certain location.
 - b. Try to alter the scene as little as possible.
 - c. Be mindful of bullet casings, weapons, blood spatter, and puddles.
 - d. Don't touch things unnecessarily.
 - e. Clothing removal
3. You can be called to provide testimonial evidence in court.
 - a. Regarding what you saw or heard at the scene
 - b. Imperative that the incident is documented properly
 - c. Description of the scene (number of patients, patient's position on arrival, location and number of weapons, noteworthy characteristics)

B. You are the Provider Summary

Slide: 35

Lecture/Discussion

1. Continue reading the case study provided on the slide:
 - a. This is a crime scene! The patient is beyond help. Your attention now must be to protect the crime scene.
 - b. You should prevent entry by others
 - c. Make sure that you do not step in blood, or destroy or alter any evidence.
 - d. Note the location of any evidence such as the cartridge, bullet holes, and so on.
 - e. Document what you see on your call report, and illustrate the layout to allow accurate reference later at trial.

C. Summary

1. Awareness
2. Highway incidents

3. Residential incidents
4. Contact and cover
5. Self-defense
6. Crime scenes

Post-Lecture

I. Prep Kit Activities

Time: 65 minutes

Note: This section contains various student-centered end-of-chapter activities designed as enhancement to instructor's preparation. As time permits, these activities may be presented in class. They are also designed to be used as outside homework/activities.

A. Assessment in Action

Time: 20 minutes

Individual/Small Group Activity/Discussion

Purpose

This activity is designed to assist students in gaining a further understanding of the chapter content. This activity allows students an opportunity to analyze an emergency care scenario, develop responses, and integrate what they have learned.

Instructor Directions

1. Direct students to read the "Assessment in Action" scenario located in the Prep Kit at the end of Chapter 51.
2. Direct students to read and individually answer the quiz questions at the end of the scenario. Facilitate a class review and dialogue of the answers, allowing students to correct responses as may be needed. Use the quiz question answers noted below to assist in building this review.
3. You may also wish to assign these as individual activities and ask students to turn in their comments on a separate piece of paper.

Answers to Multiple-Choice Questions

You and your partner are dispatched to the highway for an unconscious patient in a car. You are informed by your dispatch center that the scene appears to be safe. The person who called 911 was traveling in the opposite direction and noticed the vehicle pulled over on the shoulder of the highway.

1. How and where should you approach the vehicle on the shoulder?
 - A. At a minimum of 15 feet to the rear of the vehicle and on a 20-degree angle
 - B. At a minimum of 15 feet in front of the vehicle and on a 10-degree angle
 - C. At a minimum of 15 feet to the rear of the vehicle and on a 10-degree angle

D. At a minimum of a 10 feet to the rear of the vehicle and on a 15-degree angle

Answer: C. For maximum safety when arriving at incidents with a single vehicle and where the potential for danger is high, your unit should be positioned a minimum of 15 feet to the rear of the stopped vehicle on a 10-degree angle to the driver's side. The wheels should be turned to the left.

2. If you are the person riding in the passenger seat, how should you approach the vehicle?
 - A. Proceed to the rear passenger side trunk area.
 - B. Proceed to the rear driver's side trunk area.
 - C. Proceed directly to the driver's side door.
 - D. Proceed directly to the passenger side door.

Answer: A. Proceed to the rear passenger side trunk area and place the response bag or jump kit at the back of the motor vehicle out of the path of travel. Since people can hide in the trunk area, observe the trunk lid to ensure that it is properly closed.

3. Special attention should be taken when approaching:
 - A. cars.
 - B. motorcycles.
 - C. SUVs.
 - D. vans.

Answer: D. Vans can carry many types of cargo, and the inability to see that cargo is a danger to paramedics. A van can also carry a large number of people or a large quantity of weapons. The approach to a van is a modified version of that made to the passenger side of a standard motor vehicle.

4. What should you do if the situation turns unsafe?
 - A. Stay and deal with it.
 - B. Adapt and overcome.
 - C. Retreat from the scene.
 - D. Try to talk to the patient.

Answer: C. There will be situations where unsafe circumstances necessitate your retreat to a safe area. The safest means of retreat is to back away and call for law enforcement assistance. Back away from the danger zone, remain in your unit, and notify your dispatcher.

5. Information that you need to give to your dispatcher if there is an unsafe condition includes all of the following except:
 - A. The number of aggressors involved
 - B. The patient's name and estimated transport time to the hospital
 - C. The number and type of weapons involved, if any
 - D. The make, color, body style, and license number of the vehicle

Answer: B. You will need to notify the dispatcher of the number of aggressors involved; the number and type of weapons involved; the make, color, body style, and license number of the vehicle; and also the number and type of injuries. Should the vehicle leave the scene, you will also need to notify the dispatcher and police as to what direction the vehicle began to travel. In addition, you need to make certain you document clearly and concisely the events of what happened and why you had to leave the scene.

6. Once you are on the scene, and there do not appear to be any threats to the EMS providers, you can move on to other things, such as treating the patient.

A. True.

B. False

Answer: A. True. You can now turn your attention to assessing the patient; however, there should always be someone on the crew who keeps an eye open for potential hazards.

7. Only certain calls require a scene size-up for violence hazards.

A. True

B. False

Answer B. False. All scenes, including your everyday responses, require a level of awareness that the scene may be or may become dangerous or pose a threat to you or your partner.

Challenging Question

You are dispatched to the scene of a pediatric pedestrian struck outside of an apartment complex. When you arrive on scene, you see an ambulance and a fire truck on scene already. You look for the emergency workers and notice a crowd of approximately 100 angry individuals. You find a police officer and ask her to lead you to where the patient is. When you arrive at the patient's side, you find the ambulance and fire crew. You immediately direct BLS to secure the patient, who appears to be stable, and transfer him to the ambulance.

8. What dangers do large crowds pose to the EMS provider?

Rationale: A crowd may quickly become large and volatile, especially where a child is involved. You need to pay attention to whether the voices are getting louder and any pushing or shoving starts. Any development of hostility toward any other person at the scene can begin to escalate the mood of the crowd. When the police are having difficulty controlling the crowd and begin to call for reinforcements, you know there is going to be some serious trouble and you need to exit the scene.

B. Points to Ponder

Time: 20 minutes

Individual/Small Group Activity/Discussion

This activity addresses the affective objectives of the chapter, allowing you to help students probe the more difficult situations that they face. Use this as an opportunity to

allow them to express differences of opinion and approach, while directing them to be thorough and decisive in their answers. Encourage challenges.

Purpose

To allow students an opportunity to apply critical thinking analysis to a given case study.

Instructor Directions

1. Direct students to read the “Points to Ponder” scenario found in the Prep Kit at the end of Chapter 51.
2. You may wish to assign students to a partner or a group and direct them to review the discussion question at the end of the scenario and prepare a response. Facilitate a class dialogue centered on the discussion point.
3. You may also ask students to complete this activity on their own and hand in their comments on a separate piece of paper.
4. Personally review the scenario and discussion question based on your experience and knowledge as an emergency care worker. Develop your own key points for guiding this discussion.

Scenario

You are dispatched to an assault on a corner in your local town. The local police department asks you to stage approximately two blocks away. After approximately 10 minutes, you are notified that the scene is safe. When you approach the patient, you see that he has two stab wounds to his chest. You and your partner provide full c-spine precautions and provide immediate life-saving care to him. You transport him to the nearest trauma center.

What would you have done if you arrived at the scene before the police?

If the perpetrator were on the scene, what would you do?

Issues

Potential Exposure to Scene Violence, How to Approach the Scene.

Discussion

Assaults and violence unfortunately are part of being in EMS. This violence can continue to be a threat to EMS providers during calls. Street violence that you may encounter can include assaults and robberies, domestic violence, drug-related violence, and unruly mobs. The majority of the time, the police will arrive before you do; however, there will be times when you arrive first. This can be very dangerous. Make every effort to identify and respond to these situations with due caution.

Your safety concerns should begin with the information you receive from your dispatcher. Use all of your available resources, especially the police, prior to your arrival. A very important part of responding to violent scenes—where there may be potential threats, weapons, or violent actions toward the EMS provider—is knowing when to

retreat. Return to your ambulance and drive away until the police make the scene safe. Do not intercede in a violent situation and do not attempt to break up a fight. The police have that responsibility and they have the proper tools.

Remember that people may confuse you with the police. The uniform you wear may have a badge, patch, collar insignias, and a name plate. The uniform that the police wear is very similar. As a result, aggressive behavior may be unintentionally directed at you.

II. Lesson Review

Time: 10 minutes

Discussion

Note: Facilitate the review of this lesson's major topics using the review questions as direct questions or overhead transparencies. Answers are found throughout this lesson plan. Each question includes a reference to the slide where the information is covered.

1. What is your main mission at the end of each shift? (Lecture I-A)
2. A situation where you become so involved in patient care that you fail to see the potential for physical harm to the patient or other EMS providers is what experts call? (Lecture II-D)
3. Agencies should have SOPs that direct EMS personnel how to deal with potentially violent incidents that include? (Lecture II-E)
4. Common locations for weapons in vehicles include? (Lecture III)
5. When approaching a vehicle, the IC should never go past which column? (Lecture III-A)
6. When knocking on the door of a residence, which side of the door should you stand on? (Lecture IV-C)
7. Object that do not allow bullets to penetrate them are referred to which type of protection? (Lecture IV-D)
8. To control an unexpected attack, it is recommended to protect yourself by assuming what type of stance? (Lecture VII-A)
9. When someone unexpectedly grabs your wrist, you should try to break the grip by jerking your arm against which part of the attackers hand? (Lecture VII-A)
10. What are the two types of general evidence collected at a crime scene?" (Lecture VIII-A)

III. Assignments

Time: 5 minutes

Lecture

1. Review all materials from this lesson and be prepared for a lesson quiz to be administered (date to be determined by instructor).
2. Read Appendix A: *Cardiac Life Support Fundamentals* for the next class session.