DT4EMS Refresher

REFRESHER

SITUATIONAL AWARENESS (ALWAYS ON)

- Scene safety is dynamic — things can change in seconds; our mission is patient care, not fighting
- Weapons awareness is part of all patient contacts; ask if they carry weapons, needles, or sharps
- Areas under both arms and the center of the chest could easily hide a weapon
- Search: hands over pants, coat and vest pockets, belt line, both ankles — check boots
- Constantly scan for escape routes, cover and barriers, and warning signs of aggression
- Trust your instincts: if something feels wrong, it probably is
- Don't get complacent — age, sex, or skill level gives no advantage; a weapon levels all playing fields

RECOGNIZE & DE-ESCALATE

- Pre-incident indicators: raised voice or aggressive language; clenched fists, pacing, glaring
- Indicators: invading personal space, ignoring commands or questions, threatening statements ('You better...')
- Early recognition gives you time to act safely
- Keep a calm, professional tone; set firm but respectful boundaries ('I want to help you, but I need you to stay back')
- Avoid 'calm down' or 'relax' — they often have the opposite effect
- Always leave the person a face-saving way out
- Protecting yourself from injury is NOT patient abandonment — your safety always comes first

PHYSICAL TACTICS & FORCE

- Defensive stance: hands up ('interview stance'), body bladed at 45 degrees
- Move to redirect grabs or pushes and parry (deflect) incoming strikes; move offline — don't stand still in front of a threat
- Breaking free matters more than 'winning' — create distance and disengage
- Never attempt a 'take down' or restraint unless policy and law absolutely require it
- If attacked in the ambulance: control the left arm with an underarm grab above the elbow, push the shoulder, push them away to their right side
- Force continuum: force must be proportional, reasonable, and necessary — the least amount needed to escape safely

IN THE AMBULANCE & DRIVER ACTIONS

- Sit where you can see the patient at all times; have the patient uncover arms covered by a blanket
- Waist locking buckle at all times, with shoulder and leg straps
- Escape is still the priority: call for help (radio, emergency button, mobile device), exit the compartment to create distance if needed
- Do NOT stay confined and 'fight it out' — isolate, contain, escape; use barriers like bags or stretcher frames
- Driver: pull over immediately at the nearest safe location, take the keys as the crew escapes, lock the ambulance
- Driver: secure your own safety first — don't open rear doors until law enforcement is present unless absolutely necessary; call law enforcement; advise dispatch
- Once safe, report the incident immediately following agency protocols

Take Home Message:

Your job is patient care, not fighting: recognize the warning signs early, de-escalate, and escape — the least force necessary, always.