



## Failure to Train

Are you and your agency properly prepared?

The EMS community has started off 2009 with a lot of press regarding scene safety for EMS and ER staff due to the recent murders of two EMS providers. It is a tragedy that the deaths of these comrades have not received more attention from the media.

On January 20<sup>th</sup>, 2009 the AP reported a story, out of Great Falls Montana, where a 37 year-old EMT was shot and murdered outside of the hospital after returning from an emergency call.

On January 31<sup>st</sup>, 2009, [www.news10now.com](http://www.news10now.com), out of Cape Vincent, NY, reported that an EMT was shot and murdered while attempting to provide medical treatment to a male patient. The patient has been charged with second-degree murder.

January 10<sup>th</sup>, 2009 the Edmonton Journal ran a story of a patient who pulled a loaded gun on the paramedic's in the back of an ambulance. The paramedic's were attending to the patient's injuries at a traffic accident. Witnesses describe observing one of the providers jumping out of the side door and hiding behind a fire truck. The providers did not receive any physical injuries, but the incident certainly had a psychological impact.

- According to the study released by the NAEMT in 2005, the number one injury to EMS providers is assault (52%).
- In 1999 Bureau of Labor Statistics estimated that 2,637 nonfatal assaults occurred to hospital workers—that is a rate of 8.3 assaults per 10,000 workers. This rate is significantly higher than the rate of nonfatal assaults for all other private-sector industries, which are 2 per 10,000 workers.

## Defensive Tactics for Emergency Medical Services

- According to the Bureau of Labor Statistics, a healthcare provider is more likely to be assaulted, while on the job, than a police officer or a prison guard.
- OSHA has identified a **Potential Hazard** in relation to the increased risk of violence in the medical setting, and the ineffective training of staff to deal with or identify potential violent problems. There are specific OSHA recommendations for the health care setting.
- The ENA (Emergency Nurses Association) has taken the position “Health care organizations have a responsibility to provide a safe and secure environment for their employees and the public.” And “emergency nurses have a right to take appropriate measures to protect themselves and their patients from injury due to violent individual.”
- According to Brian J. Maguire, Dr.PH, MSA, Clinical Associate Professor, University of Maryland, Baltimore County:

“The risk of non-fatal assault resulting in lost work time among EMS workers is 0.6 cases per 100 workers per year; the national average is about 1.8 cases per 10,000 workers per year. So the relative risk for EMS workers is about 30 times higher than the national average. The relative risk of fatal assaults for EMS workers is about three times higher than the national average. It is not yet clear how the specific assault risks compare to other specific occupations such as health care or police. What is also not answered is how interventions might reduce these risks.”

It is unfortunate that it takes the murder of EMS providers to bring to light the dangers faced by EMS or Emergency Room providers. Regardless of how many studies are conducted, there is still the reluctance on the part of EMS agencies or hospital administrations to provide training to effectively address workplace violence. Many EMS agencies and hospitals do not want to acknowledge that there is a problem with workplace violence and subsequently do not perceive the need for defensive training for their providers. Some administrators erroneously perceive “defensive training” as a form of “offensive fighting”. Regardless of the reason for failing to provide training for staff, it would be difficult for an agency to defend the actions of an employee who uses inappropriate and excessive force to defend him/herself.

In every ER and ambulance base across the country there are anecdotal stories of assaults. Many times administrations are not aware of these reports due to a failure to report the incidents to supervisors or law enforcement. Sometimes the healthcare provider is ashamed to report the incidents due to the old saying “it’s just part of the job”.

## Defensive Tactics for Emergency Medical Services

Being a victim of an assault it is not accepted in any other profession, so why should it be accepted in the medical field? The DT4EMS course provides training in documentation skills that needs to take place after an assault, which in turn will prepare the staff for the prosecutorial process.

OSHA has offered some possible solutions for employers. Below is a list of those possible solutions and how DT4EMS, LLC can be a part of the solution for you and your agency.

- One of the first recommendations for a workplace violence protection program is training for employees. Since 1996, DT4EMS, LLC has been training EMS, ER and security staff to be liability conscious. **DT4EMS emphasizes the recognition, avoidance, and escape from a violent situation.** Included in the class are documentation skills, which fully describe the violent encounter and the all the variables, surrounding the incident.
- DT4EMS, LLC provides training, as recommended by OSHA, by a team of individuals who specialize in the field of defensive training. DT4EMS is not a martial arts type program that teaches offensive fighting skills. DT4EMS is not a law enforcement style-training course that teaches “control” or pain compliance style techniques. It is the belief of the staff of DT4EMS that an EMS provider or Emergency Room personnel should learn to recognize a potential threat, learn avoidance skills, and ultimately escape a violent encounter without injury. We do not believe that an EMS or ER person should try to subdue or arrest a violent individual. That would be the task of security or the police.
- OSHA offered the recommendation of having a staff member on site that would be responsible for a workplace violence program, which would encourage your employees to seek assistance at a much earlier stage. DT4EMS, LLC offers an instructor level (train-the-trainer) course which provides training for a staff member on site to be the “go-to” person for questions regarding situational awareness and scene safety. This person would be responsible for training staff in the mental, physical, verbal, and documentation skills of the DT4EMS curriculum.

In DT4EMS we believe training for verbal de-escalation throughout the program not just a “block”, provides better incorporation of the verbal skill into daily use. Verbal skills are as important as the physical skills the providers possess. IN DT4EMS the provider is trained that **“Good Customer Service”** can prevent many assaults from taking place. This training is an attempt to remove “machismo” from an EMS scene.

## Defensive Tactics for Emergency Medical Services

Our training programs are cost effective. The cost of training is significantly lower than the potential liability lawsuit that could arise from an injured patient or staff member. “Failure to train” should not be part of the problem.

At the end of this course, the participants will be able to:

- Describe types of calls that have the potential for violence
- Describe the Assault Response Levels (levels of force)
- Discuss laws of self-defense and patient restraint
- State the need for proper documentation
- State the need for physical fitness in delivering EMS
- Demonstrate verbal skills to diffuse potentially violent situations
- Demonstrate escape techniques
- Demonstrate basic pressure distraction points
- Discuss pitfalls of common restraint techniques
- Demonstrate Defense Principles
- Discuss the DT’4’ EMS battle grounds- Mind, Physical, Media, Courtroom

For more information regarding DT4EMS, LLC visit [www.dt4ems.net](http://www.dt4ems.net) or Call 417-699-4877. email [dt4ems@gmail.com](mailto:dt4ems@gmail.com)